

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

Interim Final

Date of Report April 25, 2018

Auditor Information

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Company Name: ACA

Mailing Address: P.O. Box 2231

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Telephone: 352-538-2636

Date of Facility Visit: 3/14 – 3/16/2018

Agency Information

Name of Agency:

Ohio Department of Rehabilitation and Correction

Governing Authority or Parent Agency (If Applicable):

State of Ohio

Physical Address: 770 West Broad Street

City, State, Zip: Columbus, Ohio 43222

Mailing Address: Same

City, State, Zip: Same

Telephone: 614-752-1159

Is Agency accredited by any organization? Yes No

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency mission: To reduce recidivism among those we touch.

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

Agency Chief Executive Officer

Name: Gary C. Mohr

Title: Director

Email: gary.mohr@odrc.state.oh.us

Telephone: 614-752-1164

Agency-Wide PREA Coordinator

Name: Amanda Moon

Title: Chief, Bureau Operational Compliance

Email: Amanda.moon@odrc.state.oh.us	Telephone: 614-752-1715
PREA Coordinator Reports to: Agency Chief Inspector	Number of Compliance Managers who report to the PREA Coordinator 25

Facility Information

Name of Facility: Noble Correctional Institution	
Physical Address: 15708 McConnelsville Road, Caldwell, Ohio 43724	
Mailing Address (if different than above): Same	
Telephone Number: 740-305-1352	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Facility Mission: The mission of the Noble Correctional Institution (NCI) is to reduce violence and recidivism at NCI. We accomplish this through operating as a unit managed facility that addresses the concerns of staff and responds to the needs of offenders."	
Facility Website with PREA Information: http://www.drc.ohio.gov/nci	

Warden/Superintendent

Name: Timothy Buchanan	Title: Warden
Email: timothy.buchanan@odrc.state.oh.us	Telephone: 740-305-1352

Facility PREA Compliance Manager

Name: David Poulton	Title: Operational Compliance Manager
Email: david.poulton@odrc.state.oh.us	Telephone: 740-305-1315

Facility Health Service Administrator

Name: Vanessa Sawyer	Title: Health Care Administrator
Email: vanessa.sawyer@odrc.state.oh.us	Telephone: 740-305-1293

Facility Characteristics

Designated Facility Capacity: 1855	Current Population of Facility: 2443
Number of inmates admitted to facility during the past 12 months	2193

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		2193	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		2193	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		57	
Age Range of Population:	Youthful Inmates Under 18: N/A (range)	Adults: 18-80 (range)	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		2.32	
Facility security level/inmate custody levels:		Level 1 & 2	
Number of staff currently employed by the facility who may have contact with inmates:		395	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		18	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		18	
Physical Plant			
Number of Buildings: 11		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		1	
Number of Open Bay/Dorm Housing Units:		10	
Number of Segregation Cells (Administrative and Disciplinary):		50	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>The facility has a list of areas in the total number of cameras that are placed throughout the institution (both inside and outside the facility). Cameras are used to help prevent, detect, and respond to sexual abuse in prison. NCI is committed to helping eliminate rape in prison and complying with PREA.</p>			
Medical			
Type of Medical Facility:		Outpatient primary care with overnight observation	
Forensic sexual assault medical exams are conducted at:		Southeastern Ohio Regional Medical Center	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		830 volunteers 50 Contractors	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		39	

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit for the Ohio Department of Rehabilitation and Correction (ODRC), Noble Correctional Institution (NCI) facility was scheduled in January 2018 with a site visit planned for March 11-16, 2018 (including ACA site visit). The methodology, the Audit Instrument (including the new December 2018 PREA Audit Report Template), the Auditor's Handbook, and supplemental information and guidance was outlined and generally directed by the PREA Resource Center (PRC) and the auditor's training/testing/experience in conjunction with the aforementioned materials.

Notification of the audit was made in January 2018 by the American Correctional Association (ACA) to certified auditors, James Curington, lead auditor, and Dawn Pearson. Scheduling and assignments included James Curington arriving at the facility, March 11th to be part of the American Correctional Association accreditation audit team preceding the PREA audit. This clearly assisted the lead PREA auditor in observing the operations, touring the facility and learning about the facility's compliance with ACA standards and compliance with PREA standards. Ms. Pearson arrived March 13th to proceed with the PREA audit on March 14, 2018.

After scheduling and notification, the PREA audit process for Noble Correctional Institution began with the necessary and appropriate postings and notifications, to the facility and to the inmate population, of the audit at NCI. During this pre-audit time, there was an exchange of information between the auditors and the facility; the auditors and the ACA; and the auditors and the PRC. Following the exchange of information, the discussions, the notifications, and the time frame information; the methodology was partly outlined as follows:

1. Scheduling through the American Correctional Association with the Ohio Department of Rehabilitation and Correction.
2. Sending a Pre-Audit Report Form to the PREA Resource Center.
3. Making contacts with the agency/facility and obtaining information, documents, the facility Pre-Audit Questionnaire (PAQ), and other information supplied for the auditors' review.
4. Sending an agenda to NCI for the on-site visit.
5. Making an on-site visit to the community and facility to be audited March 11-16, 2018.
6. Making an assessment of compliance/noncompliance prior to, during, and after the site visit with follow-up review of documents and materials. This is the triangulation of pre-audit, on-site visit, and post audit review.
7. Completing an interim/final Auditor Summary Report (the report is the final product of the above-mentioned triangulation of the audit).
8. Notifying the agency/facility of the Summary Report (interim or final report, as appropriate).
9. Sending a Post Audit Report Form, with the Final Audit Summary Report attached, to the PRC.

The following materials furnished by the PRC (through its website) were used to assess and complete the audit report:

The Auditor's Handbook, approximately 100 pages of information and helpful guidelines to direct, inform and guide the auditor(s).

The PREA report template document dated December 2017 with the 43 PREA standards and two additional standards (one, Frequency and Scope of Audits 115.401 and two, Audit Contents and Findings 115.403) was used as part of the audit report.

Further, the materials included the Audit Instrument - PREA Audit Instrument, Adult Prisons and Jails and its seven sections. The seven sections, A-G are detailed as follows: A) the Pre-Audit Questionnaire (PAQ, used throughout the report as documentation, this document obtained through the ODRC and the institution); B) the Auditor's Compliance Tool (used during the pre-audit review, and the on-site visit and the summary review); C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor Summary Report; F) the Process Map; and G) the Checklist of Documentation.

These materials were used as the basis for the auditors' assessment process and were used by the agency/facility to help prepare for the audit.

The lead auditor submitted a daily on-site agenda for Noble Correctional Institution, as follows:

Sunday, March 11

Evening dinner/introductions/meet and greet – facility staff and auditors for ACA and PREA
Lead auditor

Pre-Audit Meetings as appropriate

ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Wed., PREA audit, Wed. – Fri.)

Monday, Tuesday, and Wednesday morning, March 12, 13, and 14 – ACA Audit

The ACA Audit Process including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records including, Litigation, Significant Incidents/Outcome Measures; Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up including the Compliance Tally and Exit Discussion will be coordinated by the ACA Chairperson.

Tuesday, support PREA Auditor (Ms. Dawn Pearson) arrives.

Wednesday, March 14 – PREA Audit/PREA Agenda

8:00 a.m. – Support PREA auditor visits on site at the facility (Lead PREA Auditor continues with ACA audit until ACA closeout). Support PREA auditor tours, reviews documentation, and begins interviews. Note the required number of interviews as outlined in the Auditor's Handbook is at a minimum: 12 Random Staff and 16 Specialized Staff (including volunteers, contractors and visitors); and 50 inmates (see Auditor Handbook, which is on the internet/PRC - page 50).

12:00 noon – The Lead and support PREA auditor will discuss the Audit Instrument of the PREA Resource Center including 1) the Pre-Audit Questionnaire, 2) the Auditor Compliance Tool, 3) the Instructions for the PREA Audit Tour, 4) the Interview Protocols, 5) the Auditor's Summary Report (new template) 6) the Process Map, and 7) the Checklist of Documentation

Attend Shift Briefings – Post Assignments – Afternoon, Evening

Schedule interviews with staff and inmates (facility staff assistance)

Review PREA "Instructions for PREA Audit Tour". Follow up as needed from ACA audit tour

Review PREA Standards/justifications

Review demographics of the facility

Designated Capacity

Actual Capacity

Age Range/Youthful Offenders

Gender

Security Custody Levels

Number of staff: total, security, non-security, program, medical, contract, volunteers, other.

SPECIAL NOTE: Lists of inmates including complete inmate roster.

Inmates with disabilities

LGBTI inmates

Inmates who are limited English proficient

Inmates in segregated housing

Inmates who reported sexual victimization during risk screening

Inmates who reported sexual abuse

Inmates placed in segregated housing for protection from sexual victimization

Complete staff roster

Specialized staff (see Interview Protocols for Staff)

Contractors

Volunteers

All on pages 45 - 59 of the Auditor Handbook

Review facility schematics - # of buildings, # of dorms, # of acres (inside, outside the compound) # of towers, fence (kind, height, length, security features, etc.)

Review Allegations (sexual abuse, harassment, retaliation: investigated-administrative, criminal indicted, prosecuted, referred; founded, unfounded, substantiated, unsubstantiated) and "lists of such".

SPECIAL NOTE, lists are also critical in the following areas:

All grievances in the past 12 months

All incident reports in the past 12 months

All allegations of sexual abuse and sexual harassment reported for investigation in the last 12 months.

All hotline calls made during the last 12 months.

Again, this is in the Auditor Handbook, page 59.

Interviews with staff and inmates. Note PREA "Interview Protocols" i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates

View/review Offender Orientation/Admission

Thursday, March 15

8:00 a.m. Visit and revisit institutional operational areas. Review specialty program areas.

3:00 p.m. Review PREA standards and new template.

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local Mental Health.

Interviews with staff and inmates. Note: PREA “Interview Protocols” Make sure interviews include all staff “shifts”. Make sure inmates from each housing unit are interviewed.

Friday, March 16

Appropriate to the PREA Auditor’s Summary Report, begin “triangulation” of pre-audit, site visit and interviews, information and report.

9:00 a.m. Tour with Warden, Institutional PREA Compliance Manager

11:00 a.m. Review Auditor’s Summary procedures (interim report/final report) with key staff

12:00 noon Depart Noble Correctional Institution

Agenda for the PREA site visit was flexible and tentative. The goal was a thorough, comprehensive, professional and expert PREA audit review in conjunction with the facility Warden, staff and inmates, and the agency PREA staff. The auditors thank the facility and headquarters staff for their help and assistance with this agenda.

The above agenda was accomplished, making adjustments as necessary for visiting all areas of the facility, reviewing the operations of the facility, scheduling, interviews, and observing efforts for compliance with PREA. Interviews with staff and inmates were conducted as outlined in the Auditor Handbook. Specifically, 38 Staff were formally interviewed from scripted protocols (15, random staff, including staff from each shift and 23 specialized staff with specific protocol questions). Numerous informal discussions and informal interviews were also conducted with staff throughout the facility. There were 58 formal inmate interviews (random inmate interviews and interviews listed in table one of the Auditor Handbook, including inmates with disabilities, inmates with limited English proficiency, inmates who identified LGBTI, inmates in segregated housing, inmates who reported sexual abuse, and inmates identified as sexually abusive). Many informal discussions and interviews were also held with individual inmates during the on-site visit.

For this report, the auditor is generally beginning each overall standard compliance narrative with a listing of folders/documents that were submitted to the auditors in the pre-audit information/Pre-Audit Questionnaire (PAQ). The narrative may be supplemented by the auditors’ tour/on-site visit, including observations, interviews and on-site documents review. A final assessment/review process for compliance determination is made upon interim and final summary report, review. This is the triangulation of: 1) pre-audit, 2) on-site tour/visit, and 3) follow-up review/report.

The ODRC and Noble Correctional Institution are committed to PREA compliance and a Zero Tolerance Policy for sexual abuse and sexual harassment in prison. This was noticeable through the interviews with staff and inmates, and the observation of agency and institutional operations, changing the historically violent culture of prison and making it safer for both inmates and staff.

The audit team wishes to acknowledge the leadership, staff and inmates at NCI for their help and assistance in completing this PREA audit.

Facility Characteristics

The Noble Correctional Institution (NCI) of the Ohio Department of Rehabilitation and Correction is located in the southeastern Appalachian region of Ohio, about 30 miles west of the Ohio River and West Virginia. The address location is 15708, McConnelsville Road, Caldwell, OH 43724.

Noble Correctional Institution is a very large, adult, all-male, medium, minimum correctional facility. The Main Unit houses 2443 inmates. There are no youthful offenders at NCI (under the age of 18). The institution is located on 130 acres of land. The institutional compound is composed of 34 acres, housing inmates of security levels 1 and 2 (765 of level 1, minimum; and 1678 level 2, medium). The compound is enclosed with an oval shaped perimeter road of 1.2+ miles with two surrounding 12 foot high chain-link and razor ribbon protection fences. The facility is secured by armed patrol vehicles. The ODRC designates security levels on a 1 to 5 scale; level 1, minimum; level 2, medium; level 3, close; level 4, maximum; and level 5, high maximum. The higher levels of 3, 4, and 5 are transferred/assigned to other more secure facilities and not housed at NCI. There are a total of 215 cameras with pan, tilt, zoom, recording capabilities and interior (195) and exterior (20) coverage is accomplished to assist in monitoring and supervision. Recordings are routinely maintained for 21 days, but retention can be extended based on security/investigative needs.

The facility itself began construction in 1993 and was opened in 1996, described as a campus style facility with large open spaces and good lines of visibility. Within the main perimeter there are 11 main buildings: Administrative Building; Multipurpose Building; Inmate Health Services Building; Segregation/Transitional Program Unit (TPU); Inmates Services Building; Recreation Building; Sallyport; and 5 secured housing/dormitory buildings. The TPU is a 50 cell housing unit for special security needs. It was noted by the auditors that the Segregation/TPU is used very judiciously and only 39 inmates (2443 total population) were housed there during the audit. The five large inmate dormitory housing units consist of 484 inmates. These are divided into two levels, upper-level of 242 inmates and lower-level of 242 inmates. There is no joint use of facilities. There is an officer's station on each level and each level has its own entrances and exits. Outside the main perimeter double fencing are the parking lots, warehouse, garage, wastewater disposal building, and the firing range.

All inmates at the facility have a work assignment and/or program assignments. Work programs include: orderlies, housekeeping, janitorial; food service with varying levels and stations from janitorial to specialized food preparation and food service positions; maintenance positions of various trades; recreation positions; lawn, landscaping, and grounds positions; departmental assistant positions in the areas from janitorial to the tutor/mentor assistant positions; laundry positions; and clerk positions (non-confidential/non-security, such as regular library, law library, laundry, maintenance, Chapel/religious, housekeeping). Program assignments include academic and vocational education; which covers areas from English as a Second Language (ESL), to literacy, to General Equivalency Diploma (GED), to vocational trades; self-help programs, therapeutic community programs for drug treatment, veterans programs, faith-based programs and reentry programs.

The mission of the Ohio Department of Rehabilitation and Correction is:

“To reduce recidivism among those we touch.”

The Noble Correctional Institution mission is:

“To reduce violence and recidivism at NCI. We accomplish this through operating as a unit managed facility that addresses the concerns of staff and responds to the needs of offenders.”

The Noble Correctional Institution is accredited by the American Correctional Association, March 2-4, 2015; and recommended for reaccreditation to the ACA Commission on Accreditation March, 2018.

Summary of Audit Findings

Number of Standards Exceeded: Seven (7) standards

Standard 115.11 Zero tolerance exceeded the standards based on the agency and facility emphasis on the Zero Tolerance Policy and the Noble Correctional Institution’s management and leadership, including the Warden, the Southern Region ODRC Compliance Supervisor for PREA, and the Institutional PREA Manager.

Standard 115.21 Evidence Protocol and Forensic Medical Examinations exceeded standards based on the MOU’s with the Ohio State Highway Patrol and the local rape crisis center.

Standard 115.31 Staff Training exceeded standards based on the staff training, the testing of staff, and the intranet training of staff.

Standard 115.41 Assessment exceeded based on the assessment tool, the utilization of the assessment tool, and the individual treatment observed.

Standard 115.51 Reporting, which was based on the inmate interviews, which supported knowledge of the procedures for reporting as well as the special *89 hotline/anonymous number that was accessible and well known, this standard exceeded.

Standard 115.71 Criminal and Administrative Agency Investigations were found to exceed standards based on the professionalism of the OSHP who have offices at the institutions and the Institutional Investigators who professionally work with OSHP.

Standard 115.88 Data Review for Corrective Action exceeded standards based on the comprehensiveness, thoroughness, and emphasis placed on the Annual Internal Report on Sexual Assault Data and the use of such data by the Agency Director and Agency PREA Coordinator to change the culture of violence in prison and to make inmates and staff safe.

Number of Standards Met: Thirty-six (36) standards
Plus two (2) standards from new template

In addition to these 36 “meets standard”, and the above seven (7) “exceeds standard” in the 115.11 to the 115.89 group, there are now two additional standards in the new template; 115.401 Frequency and Scope of Audits and 115.403 Audit Content and Findings that were assessed as “meets standard”.

Number of Standards Not Met: Zero (0)

This is the Auditor’s Summary Final Report and all standards were met or exceeded standard.

Summary of Corrective Action (if any)

Corrective action was not required, this of course is not to say that some standards could be improved, moving towards an “exceeds” assessment or improved upon the level of “meets standard compliance”.

PREVENTION PLANNING

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

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*)

The auditors reviewed the pre-audit file folders, consisting of the following:

- 1) agency policy 79-ISA-01 Prison Rape Elimination,
- 2) agency policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation,
- 3) institutional policy, 03E-01 Prison Rape Elimination Institutional Zero Tolerance policy,
- 4) institutional organizational chart and
- 5) agency organizational chart.

It was recognized by the auditors that the ODRC and Noble Correctional Institution have a comprehensive and thorough zero-tolerance policy. The policy directs efforts to eliminate sexual abuse and sexual harassment in prison. The ODRC policy 79-ISA-01 states that the purpose of the policy is "to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation, and tracking."

The auditors interviewed inmates and staff and asked scripted questions. The questions for staff included questions about training and specifically about training concerning the agency Zero-Tolerance Policy. The staff were knowledgeable of the Zero Tolerance Policy, were trained on the Zero-Tolerance Policy, and the training was documented. Questions for inmates included questions about information against sexual abuse and harassment in prison and further questions about the inmates' right not to be sexually abused or sexually harassed. The inmates were knowledgeable of their rights, received information concerning zero tolerance of sexual abuse and sexual harassment, and the training is documented.

The Agency PREA Coordinator, and the Institutional PREA Manager were both interviewed and were found knowledgeable, expert, and committed to zero tolerance. They both had time to accomplish and perform their duties and responsibilities. Additionally, the PREA Coordinator has direct access to the Agency Director and the Institutional PREA Manager has direct access to the Warden of the facility. The Institutional Organizational Chart was reviewed by the audit team. The Agency Organizational Chart was also reviewed by the audit team. Both positions were identified on the organizational chart and reflected that they were a significant part of the agency and institutional management teams.

The institution has its own Zero-Tolerance Policy 03E-01, further emphasizing the agency's Zero Tolerance Policy and the rights of inmates not to be sexually abused or sexually harassed in prison.

Information concerning PREA is accessible to the general public on the agency's website. The information is also accessible through postings at institutions and the agency headquarters which the general public has access to. There are inmate handbooks at the facility and accessible intranet training tools for staff that further educates inmates and staff regarding PREA. This information outlines the agency's commitment to eliminate rape in prison and further emphasizes its zero tolerance policy.

Based on the above information, interviews with staff and inmates, and the auditors' review of critical information concerning zero tolerance of sexual abuse and sexual harassment, this standard is assessed as "exceeds standard".

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

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

The Noble Correctional Institution does not contract with other entities for the confinement of inmates.

The Ohio Department of Rehabilitation and Correction does have facilities with which it contracts for the housing of inmates and these facilities are required to comply with PREA. The contracts were reviewed and the contract administrator was interviewed supporting ODRC compliance with this standard.

This standard is assessed as “meets standard”.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the

need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

The auditors reviewed the pre-audit file folders, consisting of the following:

- 1) policy 50-PAM-02 Inmate Communications/Weekly Rounds,
- 2) 79-ISA-01 Prison Rape Elimination,
- 3) shifts and schedules, daily rosters, and
- 4) institutional spiral bound notebook - Employee Visit Record.

The ODRC policy 79-ISA-01, Prison Rape Elimination, directs that each institution shall develop, document, and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and, where applicable, supplement with video monitoring supervision, and monitoring efforts to protect inmates. The agency and the facility take into consideration those above factors, so listed in section (a).

This standard was assessed as “meets standard” based on the policies of the ODRC, the review of records, the tour of the facility, observation of facility operations, and interviews with staff and inmates.

ODRC policies 79-ISA-01, Prison Rape Elimination and policy 50-PAM-02 Inmate Communication/Weekly Rounds and the NCI Staffing Plan, specifically address supervision and monitoring; communications; and employee visits.

The auditors reviewed the PREA Staffing Plan (signed by the Warden and reviewed by the Institutional PREA Manager). The auditors also reviewed shift schedules for NCI, PREA Staffing Deviation logs; and the Employee Visits Record/employee signed logs. The Warden signs off on any staffing deviations.

During the tour of the facility and while visiting over three days, the auditors reviewed operations, observed interaction between staff and inmates, and observed custody, care and control. These observations and reviews supported compliance of this standard.

The auditors interviewed the Warden, the Human Resources Manager, the Institutional PREA Manager, and specialized staff, which confirmed compliance with this standard. Higher-level staff conduct unannounced rounds confirmed, both by interviews and supervisory logs.

There are internal and external cameras strategically placed throughout the facility (215 cameras at NCI). The Major (Chief Correctional Officer) and his staff are continually monitoring the institution through this technology (sensitive to clothing/toilet/shower privacy issues). Cameras, recordings, and retention, all reviewed by the auditors.

Based on the above policies, reviews, camera/technology reviews, interviews, visit/tour and observations, the auditors assess this standard as “meets standard”.

Standard 115.14: Youthful inmates

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*)

The ODRC does not house inmates under the age of 18 at the Noble Correctional Institution. The facility does not have youthful inmates. Thus, this standard is assessed as “meets standard”.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates?
 Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their

breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

The auditors reviewed the pre-audit file folders, including the following:

- 1) agency policy 79-ISA-01 Prison Rape Elimination,
- 2) agency policy 79 ISA-05 Lesbian, Gay, Bisexual, Transgender, Intersex Policy (LGBTI),
- 3) Statement of Status, no body cavity or cross gender searches at Noble Correctional Institution (NCI),
- 4) Statement of Status, there are no females at NCI, it is an all-male facility,
- 5) e-learning roster for completion of training,
- 6) policy, 310-SEC-01 Inmate and Physical Plant Searches,
- 7) PREA Pat-down Video Script – training, and
- 8) Male Staff Member Pat-down of Transgender or Intersex Inmates - video training.

Noble Correctional Institution is an all-male facility and does not house nor maintain female inmates.

The ODRC policy 79-ISA-01, Prison Rape Elimination, and policy 310-SEC-01 Inmates and Physical Plant Searches address and stipulate that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches except in exigent circumstances. By policy, if any searches are made involving exigent circumstances, policy requires that these searches be documented.

All security staff received annual training, video training, online training, and shift briefing trainings covering policy and procedures, searches, and the inmates' right not to be sexually abused or sexually harassed. As observed by the auditors, staff are knowledgeable and professional in conducting searches and, when interviewed, attested to their training and knowledge of the PREA concerning cross gender viewing and searches. 100% of all security staff have received training on conducting cross gender searches, pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner consistent with security needs.

In the past 12 months there have been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates (this information from the NCI Pre-Audit Questionnaire). The facility requires documentation of any cross gender strip searches and cross gender visual body cavity searches. There have been no searches of female inmates at NCI by male staff as this facility does not receive nor house female inmates.

The auditors toured the facility including all housing units, inmate bathrooms and showers. It was evident that inmates could shower, use the toilet, and change clothes without being viewed by a staff member of the opposite gender. There are appropriate curtains and dividers to assist with privacy.

Staff members of the opposite gender from the male inmates housed at NCI announce themselves to the inmate population of the housing unit they enter by annunciator/alarm and blinking light. This was visually and audibly observed by the auditors.

Agency policy 79-ISA-05 LGBTI prohibits staff from searching or physically examining a transgender or intersex inmate for determining that inmate's genital status.

The auditors found this standard in compliance based on the agency policy, the procedures outlined in the policies, the review of bathroom, shower and housing accommodations, and based on staff and inmate interviews, which all confirmed that inmates can perform bodily functions, change clothing, and shower without staff of the opposite gender viewing them.

Based on the above, this standard is assessed as compliant, "meets standard".

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

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*)

The auditors reviewed this standard on inmates with disabilities and inmates who are limited English proficient to ensure that all inmates, including those with disabilities and limited English proficiency: a) benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; b) have meaningful access to information to prevent, detect, and respond to sexual abuse and sexual harassment, including providing interpretation; and c), do not rely on inmate interpreters/readers except in limited circumstances. Zero (0) number of inmate interpreters or readers have been used as stipulated in the PAQ. The ODRC policy 64-DCM-02, titled Inmates with Disabilities, addresses disability needs, interpretation needs, and accommodations. The Prison Rape Elimination policy 79-ISA-01 also addresses inmates with low literacy levels and those who are not fluent in English, such that they may benefit from ODRC's efforts to eliminate rape in prison.

To quote policy 64-DCM-02 referenced above, "It is the policy of the Ohio Department of Rehabilitation and Correction not to discriminate against individuals on the basis of disabilities in the provision of services, program assignments, and other activities, as well as in making administrative decisions, and to provide reasonable accommodation to inmates when a demonstrated need exists."

Also, upon reception to the ODRC and as directed by policy, the inmates receive a health evaluation and screening to include intellectual and developmental disabilities. Inmates then receive both oral and written instructions (Inmate Handbook), not only about zero tolerance but also about: a) prevention; b) self-protection; c) reporting; and d) treatment and counseling. Inmates are also instructed about reasonable accommodations for individual needs. The auditors reviewed these forms and evaluations.

The auditors also reviewed the inmate video with “signing” and with “captioned” subtext. They reviewed the contracts for translation services, effective through 2019, and the contract for deaf service coordination, effective through 2019. The auditors used the above information and reviews; the Spanish-language information, posters, and handbooks; and the interviews with staff, inmates, and disabled inmates to assess this standard as compliant. This standard “meets standard”.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

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

115.17 (b)

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

115.17 (c)

- 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*)

Hiring and promotion decisions at the ODRC and specifically at the NCI, are crucial to the safety of the public, the staff, the inmates and effect the operations, management, and the conditions of confinement. NCI's Human Resources/Personnel Department coordinates with the ODRC Support Services Office in Columbus, Ohio for background information, background checks, and personal history checks required to employ staff, and to approve volunteers, contractors, and interns.

The auditors reviewed the eight subsections (a-h), addressing hiring, promotion, and background checks. The review consisted of examination of records and discussion and review of the policies, and forms of the ODRC and the State of Ohio (including civil service applications, law enforcement checks, and personal disclosures). The auditors also interviewed the Human Resource staff in the ODRC Central Office and the Human Resource staff at the facility.

The ODRC policy 31-SEM-02 Standards of Employee Conduct and policy 34-PRO-07 Background Investigations outline the specific procedures. The policy and procedures prohibit hiring or promoting anyone who may have contact with inmates who has been engaged in sexual abuse in a jail, lockup, community confinement facility, juvenile facility, or other institution. They also prohibit hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, or who has been criminally or administratively adjudicated to have engaged in sexual abuse. The procedures further outlined directions on how to appropriately complete a background check by using the agency "Background Checklist" form for staff; and a Contractor Background Spreadsheet for contractors and interns. Volunteers are also thoroughly reviewed.

The Standards of Conduct requires employees to self-report any criminal, sexual abuse and/or sexual harassment behavior or activity. Acknowledgment PREA forms concerning backgrounds are also signed by volunteers, contractors, and interns.

Based on the auditors' reviews of the above information, and interviews mentioned above, the auditors assess this standard as compliant; "meets standard".

Standard 115.18: Upgrades to facilities and technologies

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*)

The auditors reviewed the pre-audit file folders, including the following:

- 1) Statement of Status.
- 2) PREA Staffing Plan

There has been no substantial modification or expansion of existing facilities at NCI. This attested by a "Statement of Fact" signed by the Warden, the PAQ, and review of the previous PREA audits and ACA reports.

There are 215 cameras at the facility and some proposed cameras are being requested. This is a medium, minimum facility and use of technology and any expansion of technology as requested is assessed as appropriate by the audit team. The audit team reviewed camera logs, schematics and placement of existing and proposed cameras, and camera video retention/pan/tilt/zoom use. Cameras are continually updated, and their use reviewed by staff and specifically by the Sexual Abuse Response Team (SART).

The audit team assesses Standard 115.18 as "meets standard".

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

The auditors reviewed the pre-audit information, including the following:

1) ODRC policies 79-ISA-01 Prison Rape Elimination and 79 ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation;

- 2) Medical Service Agreement between Ohio State University Hospital and the ODRC stipulating forensic examinations;
- 3) the memo to all concerned (institutions) and a Statement of Fact that the ODRC does not conduct forensic examinations, and appropriate and lawful forensic examinations will be performed at local hospitals or the Ohio State University Hospital for ODRC;
- 4) Victim Support Persons (VSPs), training lists, lesson plans, and activity reports with detailed support services documented;
- 5) Memorandum of Understanding between the ODRC and the Ohio State Highway Patrol (OSHP) outlining investigative responsibilities;
- 6) OSHP evidence protocol directions/outline;
- 7) OSHP Investigative Policy, and
- 8) Haven of Hope (rape crisis center) and Noble Correctional Institution Memorandum of Understanding.

The auditors reviewed standard 115.21 Evidence Protocol and Forensic Medical Examinations beginning with the Memorandums of Understanding (MOU's) between the ODRC and the Ohio State Highway Patrol (OSHP); the major forensic hospital, Ohio State University (OSU) Hospital; the Southeastern Regional Medical Center and local hospitals. The auditors then reviewed the ODRC policies 79-ISA-01, Prison Rape Elimination; 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, and appendix A of this policy that addresses investigator protocol, adhering to the National Protocol for Sexual Assault Medical Forensic Exams. Forensic medical exams are accomplished at OSU Hospital or the local hospital in emergency situations. No medical exams are performed at NCI. In the past 12 months, there were no forensic medical exams performed (this information obtained from the PAQ).

The auditors also reviewed the OSHP guidelines: a) Investigative Policy, and b) Evidence Protocol; which are used by this law enforcement investigative agency. Every allegation of sexual abuse and sexual harassment is investigated. Each begins with notification to the OSHP.

Further information concerning this standard was viewed including Victim Support Persons (VSPs) training logs; VSP certificates; lesson plans for VSP training; and incident reports. There are 14 VSPs at NCI to assist with victim support services as outlined in policy.

Services are provided without cost to sexual abuse and harassment victims.

The auditors interviewed numerous specialized staff, including the Warden, the OSHP, the VSPs, and the Institutional PREA Manager all of whom were very positive in their commitment to the prevention, detection, and response to sexual abuse and harassment in prison.

The auditors were impressed with the efforts made by the ODRC, the OSHP, the OSU Hospital, the local crisis and help centers, the VSPs at the facility, and the staff at the facility to help eliminate rape in prison.

The auditors assess this standard as "exceeds standard".

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The auditors reviewed the pre-audit information, including the following:

- 1) ODRC policy 79-ISA-02
- 2) Investigative Summary Report
- 3) e-mail message alerts
- 4) ODRC investigative protocol
- 5) OSHP investigative protocol
- 6), Ohio administrative code incident reporting and investigation

The agency policies 79-ISA-01 Prison Rape Elimination and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, direct the duty and actions for security and non-security first responders. There is a checklist attached to these policies and the checklist itself is a step-by-step action process that is thorough and comprehensive and helps ensure appropriate referrals. The above procedures and policies also help address and ensure that all allegations are properly investigated.

All allegations of sexual abuse and sexual harassment at NCI are investigated.

When an allegation is made, the first responders follow the protocols for reporting this process through the appropriate channels to immediate and higher level supervisors, the Medical and Mental Health Departments, Victim Support Services, the Institutional Investigator, the Ohio State Highway Patrol, and the PREA Compliance Manager at the facility. There is a "PREA incident packet" for staff to complete as designated by the above noted checklist. The checklist also includes notifications to victims.

During the past 12 months there have been 13 number of allegations of sexual abuse and sexual harassment that were received. Of these 13 allegations, 13 resulted in an administrative or criminal investigation (these numbers from the Noble CI PAQ).

Based on the above information and review of the allegations of sexual misconduct and interviews with staff and inmates, this standard is assessed as "meets standard".

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

The auditors reviewed the pre-audit information, including the following:

- 1) ODRC policy. 39-TRN-18 Employee Orientation Training;
- 2) ODRC policy 79-ISA-01 Prison Rape Elimination, (section, employee training);
- 3) EXCEL/e-learning training log logs with dates, scores, titles, and names;
- 4) Statement of Status (no transfers from an all female facility);
- 5) PREA training for all staff, video script, video, and the curriculum-fiscal year 2018;
- 6) Intranet Web ODRC PREA Information; and
- 7) Lesson outline-appropriate supervision of the LGBTI and sex offender population.

Staff training was expert and this standard compliance is assessed as exceeds based on the random staff interviews, staff testing scores, and the observation of the facility's daily operations. Specifically, staff were knowledgeable concerning the following:

- 1) agency Zero-Tolerance Policy,
- 2) how to fulfill PREA responsibilities,
- 3) inmates' right to be free from sexual abuse,
- 5) the dynamics of sexual abuse in confinement,
- 6) common reactions of sexual abuse/sexual harassment victims,
- 7) how to detect and respond to signs of threatened and actual sexual abuse,
- 8) how to avoid inappropriate relationships,
- 9) how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, and intersex inmates, and
- 10) how to comply with relevant laws related to mandatory reporting of sexual abuse.

There is annual in-service training, new employee orientation training, intranet training, and continuous briefings and alerts for employees at Noble Correctional Institution. Training is tailored to the gender of the inmates at the facility (male) and, in the past 12 months, 395 staff were employed by the facility who may have contact with inmates and all were trained. This information obtained from the PAQ.

It was noted by the auditors that staff felt safe, were knowledgeable in contingency and emergency plans, and were positive in their attitudes towards the performance of their duties and responsibilities. Based on this information and the many formal and informal interviews conducted with staff and inmates throughout the facility, the auditors assess this employee training as "exceeds standard".

Standard 115.32: Volunteer and contractor training

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*)

The auditors reviewed the following, pre-audit information:

- 1) volunteer/contractors training module,
- 2) PREA contractors training session report,
- 3) contractors and volunteers acknowledgment form and
- 4) training script from the contractor and volunteers video, and the Zero Tolerance Training Policy for contractors, volunteers and interns.

In the past 12 months there have been 50 volunteers who have been trained regarding sexual abuse and sexual harassment prevention, detection and response. Training is documented.

Based on interviews with volunteers and contractors, and based on interviews with staff and inmates, and review of the above information, this standard is assessed as compliant, "meets standard".

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

12 items of pre-audit information were reviewed by the auditors, including the following:

- 1) posted PREA information/how to report/and various bulletins and posters,
- 2) inmate orientation, including documentation of all inmates orientation,
- 3) the inmate orientation checklist completed on each inmate,
- 4) the inmate education video,
- 5) the inmate handbook, including appendix A and the inmate handbook in Spanish,
- 6) the inmate transfer list and,
- 7) policy 79-ISA-01, outlining inmate education, policies outlining the availability of education, including inmates who are limited English proficient, deaf, visually impaired, limited in their reading skills, or who are otherwise disabled.

In the past 12 months, 2202 inmates were given intake information at NCI. Additionally, these 2202 inmates (whose length of stay in the facility was more than 30 days) received comprehensive education. It is noted that zero (0) number of inmates at the facility as of the date of the audit did not receive comprehensive education within 30. This information obtained from the PAQ.

Based on the auditors' reviews of the policies and documents, the inmate handbook, and interviews of the inmates throughout the facility, both formal and informal, this standard is assessed as "meets standard".

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Six items of the pre-audit documentation and policy/procedure information were reviewed by the auditors, including the following:

- 1) agency and institutional policy 79-ISA-01 PREA,
- 2) three National Institute of Corrections (NIC) training certificates,
- 3) NIC PREA video/slide training, and
- 4) specialized training agenda (three days of training for investigators).

NIC training is extended to, and required for, Ohio State Highway Patrol investigators who are stationed (have an office) at each correctional facility. This NIC training addresses: investigating sexual abuse in confinement settings and supplements OSHP investigative training.

Specialized training from the ODRC includes training for interviewing techniques of sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection, and the criteria and evidence required to substantiate any case for administrative action or prosecution referral. Specialized training is divided into modules that assist in understanding the unique nature of sexual abuse investigation in correctional settings, legal issues, agency liability, first response, the audit process, forensic exams, evidence collection, and investigative scenarios.

There is a Memorandum of Understanding (MOU) between the ODRC and the OSHP concerning the cooperative effort and eliminating rape in prison. Both investigative staff of the ODRC and the OSHP were interviewed.

Based on the interviews above, the MOU, the training curriculum, investigations, and the documentation of training, the auditors assess this standard as “meets standard”.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The auditors reviewed ODRC Policy 79-ISA-01 Prison Rape Elimination which directs the following: “all full-time and part-time medical and mental health staff, and contractors receive specialized training to include, but not limited to:

- a. How to detect and assess signs of sexual misconduct;
- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual misconduct; and
- d. How and to whom to report allegations or suspicions of sexual misconduct.”

Further, this policy emphasizes zero tolerance of sexual abuse and sexual harassment in prison and the agency’s commitment to preventing, detecting, and responding to sexual abuse and sexual harassment in prison.

The auditors also reviewed the following:

- a. specialized mental health training (2-training, attendance documented),
- b. memo Statement of Status (no forensic exams at NCI/ODRC),
- c. e-learning report,
- d. contractor/volunteer/intern training acknowledgment form,
- e. ODRC Policies 79-ISA-01, 02, 03, 04, and 05, and
- f. PREA Medical and Mental Health Specialized Training and pre-test FY 2018.

During the on-site visit, the auditors reviewed healthcare operations and interviewed staff and inmates about healthcare that was extended to the inmate population. Healthcare was assessed to be comparable or better than the community level of healthcare. Based on this information, and the specialized interviews of medical and mental health practitioners, administrative healthcare staff, and random facility staff, the auditors assess this standard as compliant, “meets standard.”

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

The auditors reviewed eight items of pre-audit information and documentation concerning screening for risk of victimization and abusiveness which included the following:

- 1) PREA Risk Assessment and Accommodation Strategies, ODRC Policy 79-ISA-04,
- 2) inmate transfer list form,
- 3) inmate transfer list video screen,
- 4) PREA Assessment screen,
- 5) PREA Assessment form (medical or case manager form),
- 6) inmate transfer list screen,
- 7) Incident Report and supplemental attachments, and
- 8) PREA Assessment Process (directions, information and PREA classifications).

The auditors' review of the assessment process that is used throughout the ODRC and their review of the agency's policy, PREA Risk Assessment and Accommodation Strategies, as well as in-depth interviews with Unit Management staff and with inmates, supported an exceeds assessment of this standard. Certainly no assessment is perfect when it comes to predicting human behavior, but the professional evaluations accomplished by the staff at Noble Correctional Institution and their emphasis on individual treatment, as well as making this facility a safe and secure facility for both staff and inmates, was impressive.

The screening requires that inmates are screened within 72 hours of intake, 2202 inmates were screened at NCI. Additionally, 2202 inmates who were at the facility for more than 30 days, were reassessed if additional information was received. This information obtained from the PAQ.

Inmates are not disciplined for refusing to answer or for not disclosing their own perception of gender, previous victimization or information about their own perception of vulnerability. Staff is well-trained concerning PREA and the dynamics of sexual victimization/sexual harassment.

Based on the interviews with staff and inmates, based on the quality of the screening instrument, based on the fact that the instrument is a multidisciplinary format beginning with the review by medical and mental health staff, followed up with Unit Management staff, and appropriate security staff; and based on the ODRC classification system, Departmental Offender Tracking System (DOTS), the auditors assess this standard as "exceeds standard".

Standard 115.42: Use of screening information

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? Yes No
- 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? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

The auditors' pre-audit review included these seven items of policy, procedure and practice:

- 1) the policy PREA Risk Assessments and Accommodation Strategies 79-ISA-04,
- 2) 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Policy,
- 3) PREA Assessment Process instructions,
- 4) PREA Accommodation Strategies Team (PAST) computer review screen,
- 5) Statement of Fact memo (indicating no transgender or intersex inmates),
- 6) lists of LGBTI inmates (as applicable), and
- 7) PREA classification reports, computer screen.

The assessment tool, as developed by the ODRC and addressed in standard 115.41, is clearly used in preventing, detecting, reporting, and eliminating rape in prison. Moreover, this key document used by the Unit Management Teams in conjunction with the Security Department assists in individual treatment, and individual security of each and every inmate at the facility. The information is used by authorized individuals (security and password-protected information) to assist in screening inmates for proper placement in housing locations, work locations, and program assignments, and to identify special needs inmates, and special accommodations that are required to accomplish this safety, custody, care and control of all inmates at Noble Correctional Institution.

NCI makes determinations on how to insure the safety of each inmate on an individual basis. The Unit Management Teams make assignments for inmates on an individual basis and specifically address transgender and intersex inmates on a case to case basis, also giving consideration to the inmates' opinions and perceptions of their own safety and vulnerability.

Based on the auditors' review of the above policies, procedures, and documents, and their interviews with Unit Management staff, and specialty interviews with intake and assessment staff, as well as interviews with random inmates and random staff, this standard is assessed as compliant "meets standard".

Standard 115.43: Protective Custody

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

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made. This prohibition against the placement of inmates in protective involuntary segregated housing unless this assessment is made as outlined in ODRC policy 79-ISA-04 Risk Assessment and Accommodation Strategy. This policy indicates that if any inmate is placed in involuntary segregated housing, each inmate will be reviewed at least every 30 days to assess whether there is a need for separation from the general population. Further, this policy outlines that all available alternatives will be reviewed and considered before placement in involuntary segregated housing. This was confirmed by interviews with key administrative staff, and security staff throughout the facility. It is also noted that the NCI has limited security cells and use of involuntary segregation is minimal.

In the past 12 months, there were zero (0) number of inmates at risk of sexual victimization who were held in involuntary segregated housing for any amount of time.

The auditors assess this standard as compliant “meets standard” based on the review of policies and procedures, the review of the segregated housing, and interviews with staff and inmates, including those staff who work in segregation and inmates who have been placed in segregation.

REPORTING

Standard 115.51: Inmate reporting

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? Yes No

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*)

The auditors reviewed 11 items of pre-audit policy, information, documents, and practices, including the following:

- 1) pictures of PREA posters,
- 2) departmental Rehabilitation and Correction Policy 52-RCP-10 information for inmate handbook,
- 3) 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation,
- 4) Incident Report form,
- 5) actual incident report,
- 6) MOU between the ODRC and the Ohio Department of Youth Services (DYS), for reporting,
- 7) the inmate video training script,
- 8) the Inmate Handbook,
- 9) MOU detailing reporting to an entity not part of the ODRC,
- 10) staff training (first responder training), and
- 11) intranet staff training handbook (for and including inmate reporting options).

While on-site, the auditors took many opportunities to review inmate reporting procedures. Internal, external and anonymous ways to report include the following:

- >verbally to any staff member,
- >in writing to any staff member,
- >the operations support center,
- >the outside agency hotline phone * 89, and
- >in writing to the Ohio Bureau Chief of the Office of Quality Assurance and Improvement, Department of Youth Services.

The auditors used the * 89, number to anonymously call (the test case was successfully accomplished).

The agency requires documentation of reports of sexual abuse and sexual harassment, whether made verbally, in writing, anonymously, or from third parties. Staff can also report, privately, sexual abuse and sexual harassment of inmates.

The auditors were especially impressed with the ODRC's commitment to PREA reporting and their specific commitment to "Breaking the Silence" i.e. changing the culture of violence in prison. ODRC is clearly making efforts to prevent, detect, respond, and to eliminate rape in prison.

Based on the above information, and interviews with staff and inmates at the facility, this standard is assessed as "exceeds standard".

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

The ODRC does not use an inmate grievance process for reports of allegations of sexual abuse or sexual harassment. A memo from the Agency PREA Coordinator details the process for reporting, and the timeframes required to comply with PREA. The ODRC does educate inmates that forms filled out

will immediately be channeled to the Institutional Investigator for proper handling and not through the grievance process. This standard is non-applicable and thus “meets standard” as assessed by the auditors. Please note that the previous standard 115.51 Inmate Reporting is assessed as exceeds.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Noble Correctional Institution is directed by the ODRC policy 79-ISA-01 Prison Rape Elimination, to furnish the inmate population, addresses and phone numbers for access to outside confidential support services. This is accomplished by posters throughout the facility, information in the inmate handbook, verbally and in written handouts at intake, and by direction through the medical and mental health staff at the facility.

The auditors reviewed the following:

- 1) the above agency policy,
- 2) MOU between Noble CI and the Haven of Hope (rape crisis center, with phone number), and
- 3) the posters and Inmate Handbook outlining access to these sources of confidential support services.

Confidential support services are offered through nationwide and area wide phone numbers and addresses, institutional victim support services from the facility, Haven of Hope Rape Crisis Center, *89 confidential phone number, and the Bureau Chief of the Office of Quality Assurance and Improvement.

Based on the above, and based on the inmate and staff knowledge of confidential reporting, the auditors assess this standard as compliant, "meets standard".

Standard 115.54: Third-party reporting

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*)

Inmate reporting can be accomplished through a third-party simply by having a friend or a relative/family member, contact the agency through the PREA reporting number (614) 995-3584 or by emailing the ODRC at the website available on the Internet.

One of the questions asked by the auditors when interviewing random inmates was whether are not they knew they could have a friend or relative make a "report for you" (taken directly from the scripted

questions provided by the PREA Resource Center). The inmates answered this question positively. Additionally, third-party reporting is posted in the inmate visitor area and is accessible through visitor information (printed information and website postings).

Based on the above, the review of policy and procedures, the website, and interviews with staff and inmates, the auditors assess this standard as compliant, "meets standard".

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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*)

The auditors reviewed the following pre-audit materials, documents, and policies which assisted them in making a compliance determination concerning staff and agency reporting duties:

- 1) ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation,
- 2) ODRC form documenting "informed consent",
- 3) Statement of Status regarding third-party reports (none), and anonymous reports (none), and
- 4) Statement of Status regarding reporting by inmates with developmental disabilities (none).

The ODRC and Noble Correctional Institution (as with all ODRC facilities) requires all staff to report immediately and according to policy 79-ISA-02, any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at the facility. The report must be made immediately. This policy also stipulates that retaliation and third-party and anonymous reports shall be reported to the Institutional Investigator and to the OSHP.

NCI/ODRC has a zero tolerance for sexual abuse and sexual harassment. The facility and the agency's commitment to zero tolerance is outlined in the agency policy 79-ISA-01 PREA, which has been discussed in standards noted earlier.

The staff interviewed included specialized staff consisting of higher level staff, administrative staff, health care staff, intake and assessment staff, and all were aware of their "duty to report". Again, all staff are to report immediately and according to policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment.

Based on the formal and informal staff interviews and discussions with staff during the on-site visit and their responses that clearly indicated that staff were committed to zero tolerance, the audit team determines this standard to be compliant, "meets standard".

Standard 115.62: Agency protection duties

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*)

The agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation states in Section F, page 13, how to handle reports of substantial risk of imminent sexual abuse. All reports require immediate action to protect the inmate. (It is noted that it takes some action to assess and implement appropriate protective measures without unreasonable delay.) The following is outlined from the above policy:

- 1) All reports shall immediately be forwarded to the Investigator, the Unit Management Chief, and the Shift Supervisor.
- 2) When considering the protection of staff or inmates, staff shall consider housing changes, transfers, and/or removal of alleged staff or abusers.
- 3) The risk of imminent sexual abuse shall be investigated by a staff member assigned by the managing officer.
- 4) Inmates shall not be placed in involuntary segregation unless there is no alternative.
- 5) Appropriate paperwork will be completed.
- 6) The managing officer's designee shall provide a documented response within 48 hours.
- 7) A documented final decision shall be made within five calendar days.
- 8) The imminent risk of sexual abuse form will be sent to the Unit Management Team for special screening.

In the past 12 months, there has been zero (0) number of times that the facility NCI has determined that an inmate was subject to substantial risk of imminent sexual abuse. This information obtained from the PAQ.

Based on the ODRC policy and procedures, and based on interviews with inmates and staff, including the Warden and the PREA Manager, this standard is assessed as compliant, "meets standard".

Standard 115.63: Reporting to other confinement facilities

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*)

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, requires that upon receiving an allegation of sexual abuse while confined at another facility, the head of the receiving facility/designee must notify the head of the facility or appropriate office of the agency facility where the sexual abuse is alleged to have occurred.

During the past 12 months there have been zero (0) number of allegations the facility received that an inmate was abused while confined at another facility. A statement of status indicates that there have been zero (0) number of allegations that the facility has received any allegation that an inmate was abused while confined at another facility.

In the past 12 months there have been two (2) allegations of sexual abuse the facility received from other facilities. Agency policy requires that allegations received from other facilities are investigated in accordance with the PREA standards. These allegations have been investigated and the documentation was reviewed by the auditor team.

Based on the policy and procedures, review of investigations, and documents and interviews with the Institutional Investigator, the PREA Compliance Manager, and the Warden, this standard is assessed as compliant, “meets standards”.

Standard 115.64: Staff first responder duties

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*)

The auditors' pre-audit review included the following five items:

- 1) ODRC policy 79-ISA-02 (specifically addressing reporting and response),
- 2) First Response, Noble CI policy,
- 3) First Response Checklist,
- 4) PREA Incident Report, and
- 5) Statement of Status, no reports in the past 12 months that an inmate was sexually abused made to a non-security member who was the first responder.

Staff first responder duties are clearly outlined in ODRC policy 79-ISA-01 Prison Rape Elimination. The policy indicates the following duties upon receipt of a report of an allegation of inmate sexual abuse:

- 1) the first responder, non-security, separate victim and abuser, advise the victim not to destroy any evidence, and notifies the shift supervisor (completes incident report),
- 2) the first responder, security, will separate victim and abuser, preserve and protect the crime scene, review time periods, contact medical services, notify the Institutional Investigator/OSHP, notify the PREA Manager, notify victim support, and complete the incident reports. These steps taken from the policy.

It is noted that the staff, when interviewed, responded with answers that closely resembled or paraphrased the above first responder duties and responsibilities. Training records support first responder training. Annual training, e-learning, and supplemental briefings and information were all reviewed by the audit team.

Based on the above policy and procedures and interviews with staff, the auditors assess this standard as compliant, "meets standard".

Standard 115.65: Coordinated response

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*)

Noble Correctional Institution has a policy number 03E-02 Prison Sexual Misconduct (12 pages), the purpose of which is “to establish the facility’s coordinated actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health staff, investigators, and institutional leadership. This plan shall be used as a supplement to the Department policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.”

The policy, addresses the following:

- > first responders,
- > medical responsibilities,
- > mental health responsibilities,
- > investigations,
- > retaliation,
- > institutional, Sexual Abuse Response Team (SART),
- > SART procedure,
- > PREA accommodation strategy, and
- > facility leadership.

All of these, outline actions and procedures, and help accomplish the goal of preventing, detecting, responding to, and eliminating sexual abuse and sexual harassment in prison.

Based on the above information, review of operational procedures, and interviews with the Warden, the specialized staff including SART members, and the Agency Director, this standard is assessed as compliant, “meets standard”.

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

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*)

A memo to the PREA auditor from the Agency PREA Coordinator (Chief, Bureau of Agency Policy and Operational Compliance) referencing standard 115.66 “preservation of ability to protect inmates from contact with abusers” details and directs the following:

“The Ohio Department of Rehabilitation and Correction has entered into a new or renewed collective bargaining agreement since August 20, 2012. Effective July 1, 2015 the below listed unions have entered into a new collective bargaining agreement with the Ohio Department of Rehabilitation and Correction.

OEA/NEA; OCSEA/AFSCME; SEIU/1199”

The auditor reviewed the agreements and discussed them with the Warden, the Agency PREA Coordinator, and the Institutional PREA Manager. All agreed that these contracts, as outlined in the Management’s Right section of the contract, preserve the agency’s ability to protect inmates from contact with abusers.

The auditors assess this standard as compliant based on the above, contracts, and interviews, “meets standard”.

Standard 115.67: Agency protection against retaliation

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 residents 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*)

The pre-audit review included the following:

- 1) ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation,
- 2) PREA Incident Reports, and
- 3) PREA Investigative Notifications to inmates.

The above policy protects inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

NCI reacts promptly to remedy any retaliation in accordance with the ODRC policy. The policy at NCI designates the Institutional Investigator and the Institutional PREA Coordinator the responsibility for monitoring possible retaliation. Those who monitor retaliation are also instructed to ensure 30, 60, and 90 day status checks of suspected retaliation (this is more than the 90 day review period required by PREA). The agency/institution also continues monitoring beyond 90 days, if warranted.

The auditors' interviews with the Warden, the Institutional Investigator, the Institutional PREA Manager, and random staff and the auditors' review of allegations, investigations, and investigative notification, confirm compliance, "meets standard".

Standard 115.68: Post-allegation protective custody

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*)

The pre-audit review included the following two items:

- 1) ODRC Policy 79-ISA-04 Risk Assessment and Accommodation Strategies and
- 2) ODRC classification screen information referencing inmates previously held in involuntary segregation.

Involuntary segregation is used only as a last resort for protection. The above policy states “inmates at high risk for victimization shall not be placed in involuntary Transitional Program Unit under Restricted Housing or Limited Privilege Housing conditions, 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.” The policy also indicates that if an inmate is held in the involuntary segregated housing, there is a review every 30 days.

Unit Management Teams individually assess inmates and appropriately screen all inmates to ensure safety, custody, care, and control. The auditors reviewed assessment screens and the assessment process. There is limited segregation cell space at NCI, moreover, the PAQ reflects that there have been zero (0) number of inmates who allege to have suffered sexual abuse, who were held in involuntary segregated housing in the past 12 months for any period of time.

The ODRC system classification screen for inmates previously in involuntary segregation from the most recent screen printout reveals zero (0).

Based on the above policy, classification information, and based on interviews with Unit Management staff, assessment staff, and other specialized staff, this standard is assessed as compliant, “meets standard”.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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*)

OSHP and NCI investigators were interviewed by the auditors and found to be very cooperative, informative, professional, and knowledgeable concerning criminal and administrative PREA investigations. ODRC policy 79-ISA-01 Prison Rape Elimination, and ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation are very thorough and comprehensive. The policies alone address procedures such that investigations are accomplished successfully.

Every allegation of sexual abuse and sexual harassment is investigated in the ODRC.

There is a Memorandum of Understanding (MOU) between the OSHP and the ODRC that further outlines and details the professional collaboration of the Highway Patrol and the ODRC investigators concerning criminal and agency administrative investigations. The following categories are addressed and detailed, and procedures outlined:

- 1) PREA incident investigations
- 2) victim of sexual abuse examinations
- 3) victim advocate/rape crisis center assistance
- 4) specialized training
- 5) investigator evidence collection
- 6) investigator interviews
- 7) credibility of victims, witnesses
- 8) documentation
- 9) substantiated allegation referral
- 10) departure of victim or abuser from employment or control of the facility.

The OSHP has an office at NCI as part of the Institutional Investigator's office and interview office/conference/area. Simply, there is a special relationship and a very professional cooperation between OSHP and ODRC.

Substantiated allegations that appear to be criminal are referred for prosecution. There were zero (0) number of sustained allegations that appear to be criminal during this audit. The agency retains written reports concerning all investigations. These reports are retained for 10 years after an inmate has reached final release or 10 years after an employee is no longer employed by the agency. The OSHP requires that records are to be maintained indefinitely for all criminal investigations.

Based on the above information, and interviews with specialized staff at NCI, the auditors assess this standard as "exceeds standard".

Standard 115.72: Evidentiary standard for administrative investigations

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*)

As part of the pre-audit process, the following were reviewed:

- 1) ODRC policy 79-ISA-02, and
- 2) Investigative Summary Report, Administrative Investigation.

The ODRC policy mentioned above, 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigations, and Prevention of Retaliation, directs that the agency “imposes a standard no higher than a preponderance of the evidence for administrative investigations”.

The agency policy and interviews with the Warden, the Institutional Investigator, and the Institutional PREA Manager supports compliance, assessed as “meets standard”.

Standard 115.73: Reporting to inmates

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

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requires that when an inmate makes an allegation of sexual abuse, he is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

Noble Correctional Institution abides by this policy and informs inmates, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

There have been five (5) criminal or administrative investigations of alleged inmate sexual abuse in the past 12 months. In the past 12 months, the number of notifications to inmates that were provided pursuant to this standard were five (5). All five of the notifications have been documented.

The auditors reviewed incident reports, PREA incident packets, documentation of notification, and interviewed the Warden, the investigative staff, and the specialty staff. This standard is assessed as compliant, "meets standard".

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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*)

The ODRC policy 79-ISA-01 Prison Rape Elimination and Personnel policy 31 SEM 02 Standards of Employee Conduct, and 31 SEM 07 Unauthorized Relationships, stipulate that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policy.

Pursuant the Ohio Revised Code, sexual contact with an inmate or anyone under the supervision of the ODRC is considered criminal. The ODRC will refer and pursue all cases for criminal prosecution.

In the past 12 months there have been zero (0) number of staff from the facility who have been terminated or resigned prior to termination for violating sexual abuse or sexual harassment policies. In the past 12 months there have been zero (0) number of staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies. In the past 12 months there have been zero (0) number of staff from the facility that have been reported to law enforcement or licensing boards following their termination or resignation prior to termination for violating agency sexual abuse or sexual harassment policies. This taken from the Pre-Audit Questionnaire.

Based on the above information, and review of personnel and agency policies, and interviews with the Warden, and the investigative staff, this standard is assessed as compliant, "meets standard".

Standard 115.77: Corrective action for contractors and volunteers

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*)

Corrective action and discipline for contractors and volunteers is defined by policy 79-ISA-01 Prison Rape Elimination and 71-SOC-01, Standards of Conduct for Contractors and Volunteers. The Ohio Revised Code may also apply to contractors and volunteers. Contractors, volunteers and others who fall under the standard have been trained in and alerted to these policies, rules, and regulations.

In the past 12 months there have been no contractors or volunteers who have been reported to law enforcement agencies and/or relevant licensing boards for engaging in sexual abuse of inmates. This information taken from the PAQ. There is also a Statement of Fact that was reviewed by the auditors ending in, no volunteer or contractor has been involved in sexual abuse of an inmate.

Based on the information taken from the Pre-Audit Questionnaire, the Statement of Fact, the above policies, and based on interviews with specialized staff and volunteers, this standard is assessed as compliant, "meets standard".

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Disciplinary sanctions for inmates is governed by the ODRC, by the Inmate Rules of Conduct 5120-9-06, by the Administrative Code, by the Rules Violations/Disciplinary Violations, and by the Inmate Disciplinary Process. Further, administrative codes 5120-9-07, and 5120-9-08 define and list the Disposition of Rule Violations. This information is available through the Inmate Handbook, handouts, the law library, and the electronic kiosk machines in each dorm.

Inmates are subject to sexual abuse criminal prosecution after an investigation and referral by the OSHP to the appropriate state prosecutors/judicial authorities or administratively subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding. In the past 12 months, there has been one (1) administrative finding of inmate-on-inmate abuse that occurred at the facility. There have been zero (0) number of criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

The agency prohibits disciplinary action for a report of sexual abuse meant in good faith, based upon reasonable belief that the alleged conduct occurred. The agency prohibits sexual activity between inmates. The facility offers therapy, counseling, or other interventions designed to address the underlying reasons or motivation for sexual abuse.

Based on the auditors' review of the PREA incident report/application reports, disciplinary policies and procedures, observation of the actual disciplinary process, and based on interviews with staff and inmates, the auditors assess this standard as compliant, "meets standard".

MEDICAL AND MENTAL CARE

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

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*)

The pre-audit review consisted of nine items which were reviewed by the auditors:

- 1) ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation,
- 2) ODRC policy 79-ISA-04, Risk Assessments and Accommodation Strategies,
- 3) PREA assessment process forms,
- 4) PREA assessment process (case details),
- 5) PREA summary report,
- 6) referral to mental health services,
- 7) informed consent, and

9) PREA classification screen (count).

ODRC policy 79-ISA-02, addresses information related to sexual victimization or abusiveness that occurred in an institutional setting and access of such.

ODRC policy 79-ISA-04 Risk Assessment and Accommodation Strategies requires that all inmates at NCI that have disclosed any prior sexual victimization during assessment screening, pursuant standard 115.41 are offered a follow-up with a medical or mental health practitioner. It is also noted that during assessment screening, offenders who have previously perpetrated abuse as indicated in standard 115.14, are offered a follow-up meeting with a mental health practitioner. These follow-up meetings for the victim or the abuser are offered within 14 days of screening. This is a key step in changing the culture of prison incarceration and the ODRC is addressing the elimination of rape in prison as directed by the PREA.

In the past 12 months 100% of inmates who have disclosed prior victimization during screening are offered a follow-up meeting with a medical or mental health practitioner. Additionally, in the past 12 months, 100% of the inmates who have previously perpetrated sexual abuse as indicated during the screening process were offered a follow-up meeting with a mental health practitioner.

As indicated previously, the assessment process used by the ODRC is thorough and comprehensive and an institutional team effort. Information related to sexual victimization or abusiveness is strictly limited. This information is used only to make appropriate assignments for treatment, housing, and programs.

Based on review of policy and procedures, risk assessments, the intake process, and the auditors' interviews with inmates and staff, this standard is assessed as compliant, "meets standard".

Standard 115.82: Access to emergency medical and mental health services

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*)

Inmates receive unimpeded access to medical and mental health treatment and crisis intervention at NCI. Medical services are available on-site at the institution, 24/7. Mental health services are available daily and for late evening, nights, and holidays, services are available on-call. For emergencies, there is an emergency transportation services 911; emergency room services at Cambridge, Ohio and Marietta Ohio (local hospitals, South Eastern Regional Medical Center).

Forensic Healthcare Services are not available at NCI but are extended to victims of sexual abuse at the above local hospitals or through Ohio State University hospital.

Treatment services are provided for every victim of sexual abuse without financial cost. Inmates of sexual abuse are provided timely information about transmitted infections prophylaxis in accordance with professionally accepted standards and with care where medically appropriate.

The following policies and documents were reviewed by the auditors, 67-MNH-09, Suicide Prevention; Medical Protocol B-11, Medical Guidelines for Sexual Conduct or Recent Sexual Abuse; Abuse Incident Report; medical exam report; on-call psychiatric schedules, and medical staff schedules.

Based on the above information, and interviews with medical and mental health care staff, specialized staff, and random staff and inmates, this standard is assessed as compliant, "meets standard".

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment

when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)

Yes No NA

Auditor Overall Compliance Determination

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

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; the ODRC Medical Protocol, B-11 Medical Care Guidelines for Sexual Contact, or Recent Sexual Abuse; the ODRC policy 67-MNH-02, Mental Health Screening and Classification; the ODRC policy 67-MNH-04 Transfer and Discharge of Mental Health Caseload; and policy 67-MNH-15, Mental Health Treatment; all offer and direct medical and mental health evaluation and care, as appropriate, to all inmates who have been victimized by sexual abuse in any prison, jail, etc.

Ongoing medical and mental health care for those victimized by sexual abuse is available for inmates at NCI. Ongoing mental health treatment and evaluation of all inmate-on-inmate abusers is also available at the facility. Abusers are evaluated within 60 days of learning of such abuse history and offered treatment, as deemed appropriate by a mental health practitioner. It is noted that NCI is a level 1 and 2 custody/security level (less security needs than 3, 4, and 5 levels), and abusers may not be housed at this facility, unless carefully assessed.

The auditors' review of the above policies and procedures, formal and informal interviews with inmates and interviews with specialized medical and mental health staff confirmed the institution's compliance with this standard and the efforts the facility is making to care for and individually treat its inmate population. Based on the review and interviews this standard is assessed as compliant, "meets standard".

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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*)

Prior to the on-site visit, a pre-audit review of the following policy, and documents, was made by the audit team:

- 1) ODRC policy 79-ISA-03 Sexual Abuse Review Team (SART),
- 2) PREA Incident Report,
- 3) PREA Incident Report (details), and
- 4) PREA Incident Report, inmate notification, and SART review report (10 pages).

Noble Correctional Institution, in conjunction with the ODRC policy 79-ISA-03 Sexual Abuse Review Team, requires its key staff to review all sexual abuse incidents unless determined to be unfounded. These reviews must occur within 30 days of the conclusion of the investigation. This policy directs that the managing officer will establish a Sexual Abuse Response Team (SART) that includes, at a minimum, the following:

- 1) the Institutional Operation Compliance Manager-Chair,
- 2) a Deputy Warden,
- 3) an Institutional Investigator,
- 4) a designated Victim Support Person, and
- 5) any staff member that may have relevant input, such as unit staff, line supervisors, and medical and mental health professionals.

The team will complete the sexual abuse case review. The case review will be documented in the PREA incident reporting system.

The SART team uses a checklist such that it will consider issues in the following areas: Inmate's Concern; Committee Considerations (which include change in policy or procedure, motivation, physical barriers, inadequate staffing, and monitoring technology); Committee Recommendations; Committee Referrals; Committee Signatures; Warden's Comments/Actions Ordered; and Committee Recommendations Approved (yes or no).

In the past 12 months there have been four (4) criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only unfounded incidents. These four investigations of alleged sexual abuse at the facility were followed by a sexual abuse incident review within 30 days, excluding only unfounded. These reviews are documented and maintained.

Based on the review of the documents, policies, the SART reports, and interviews with SART members, and specialized staff, including the Warden, the auditors assess this standard as compliant, "meets standard".

Standard 115.87: Data collection

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*)

The Ohio Department of Rehabilitation and Correction collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control.

ODRC policy 79-ISA-01 Prison Rape Elimination, directs eight steps of data collection and monitoring:

- 1) Monthly reports will be made by the Institutional Investigators.
- 2) The automated reporting modules shall be accurately completed and aggregated at least annually.
- 3) The Agency PREA Coordinator, and other employees will review the aggregated data.
- 4) The report shall be approved by the Director and posted on the ODRC intranet site.
- 5) The Agency PREA Coordinator will ensure that the aggregated data concerning sexual misconduct will be made available to the public, at least annually on the Internet site.
- 6) All personal identifiers will be removed from public availability.
- 7) The DOTS portal screens will be used to identify abusers and victims (restricted access).
- 8) All data of sexual misconduct, findings and recommendations, etc. will be securely retained in accordance with the ODRC Records Retention Schedule.

The auditors reviewed the ODRC policies and procedures relating to sexual misconduct; reviewed documents and investigations; reviewed the ODRC Institutional Aggregate Annual PREA Report; reviewed the Survey on Sexual Violence (SSV), and the privately operated facilities report.

Based on the auditors' review of the documents, reports, and based on interviews with the Warden, the Agency PREA Coordinator, and the Institutional PREA Manager, the standard is assessed as compliant, "meets standard".

Standard 115.88: Data review for corrective action

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*)

The Agency PREA Coordinator has prepared the ODRC annual internal report on sexual assault data (annual report) for 2013, 2014, 2015, and 2016. The institutional information reports (including Noble Correctional Institution) contain uniform data which is sent to the agency headquarters to assist in the accumulation of aggregate data for the annual Survey of Sexual Violence (SSV), which is required by the federal government.

The annual report outlines its purpose which is to make use of this information to identify problem areas and formulate corrective measures. The report, information, and insights compiled by the ODRC and its compliance office is impressive and the auditors assess this standard as "exceeds standard". The thoroughness and completeness of the information and data as well as the corrective actions warrant this assessment.

The ODRC annual report itself was divided into four areas:

- 1) Introduction,
- 2) Data/Information,
- 3) Problem Area Identification and Corrective Measures, and
- 4) Conclusion with attachments/spreadsheets individually addressing each ODRC institution and detailing, at a minimum, staff on inmate contact sexual assault, and inmate on inmate confirmed sexual assault.

The report is signed by the Agency PREA Coordinator and approved by the ODRC Agency Director. Agency information and the annual report is available through the public website. The Annual Report reflects, in the auditors' judgment, the ODRC's commitment to safety and security of staff and inmates and the commitment of the agency to reduce sexual violence in prison.

Based on the interviews with the Agency Director, the Agency PREA Coordinator, the Institutional Warden, and the Institutional PREA Manager, the auditors assess this standard as "exceeds standard".

Standard 115.89: Data storage, publication, and destruction

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*)

The ODRC has a policy 79-ISA-01 Prison Rape Elimination, which outlines and directs, in its section on Data Collection and Monitoring, that all documents will be securely retained in accordance with the ODRC records and retention schedule. This retention schedule is at least 10 years.

The ODRC makes this information available through its public website: <http://www.drc.ohio.gov/prea>.

The agency redacts or removes all personal identifiers before making the information public.

Based on the auditors' review of the above policy, and the retention schedule (including the state retention schedule), this standard is assessed as compliant, "meets standard".

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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*)

The auditor reviewed subsections a, b, h, l, m, n, and can attest to their accuracy and compliance and based on his personal review or review of supporting documentation assesses this standard as “meets standard”.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility’s last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

The auditor has reviewed the agency website, and the auditor has personally interviewed both the Agency Director and the Agency PREA Coordinator. Based on the review of the website, and the interviews. The auditor assesses compliance, “meets standard”.

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.

James Curington

April 25, 2018

Auditor Signature

Date