

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

Interim       Final

**Date of Interim Audit Report:** Click or tap here to enter text.       N/A

If no Interim Audit Report, select N/A

**Date of Final Audit Report:**      May 18, 2020

## Auditor Information

<b>Name:</b> Trish Bernhards	<b>Email:</b> trishbernhards@gmail.com
<b>Company Name:</b> American Correctional Association	
<b>Mailing Address:</b> 55079 Fesner Lane	<b>City, State, Zip:</b> Glenwood, IA 51534
<b>Telephone:</b> 402-689-8434	<b>Date of Facility Visit:</b> March 16-20, 2020

## Agency Information

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

## Agency Chief Executive Officer

<b>Name:</b> Annette Chambers-Smith	
<b>Email:</b> Annette.Chambers-Smith@odrc.state.oh.us	<b>Telephone:</b> 1-614-752-0283

## Agency-Wide PREA Coordinator

<b>Name:</b> Mark Stegemoller	
<b>Email:</b> Mark.Stegemoller@odrc.state.oh.us	<b>Telephone:</b> 614-315-4951
<b>PREA Coordinator Reports to:</b>	<b>Number of Compliance Managers who report to the PREA Coordinator:</b>



## Facility Information

**Name of Facility:** Northeast Reintegration Center

**Physical Address:** 2675 East 30th Street

**City, State, Zip:** Cleveland, Ohio 44115

**Mailing Address (if different from above):**  
2675 East 30th Street

**City, State, Zip:** Cleveland, Ohio 44115

**The Facility Is:**

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

**Facility Type:**

Prison

Jail

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

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

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

ACA

NCCHC

CALEA

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

N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Internal Management (mock) ACA and PREA audit

### Warden/Jail Administrator/Sheriff/Director

**Name:** Charmaine Bracy

**Email:** Charmaine.bracy@odrc.state.oh.us

**Telephone:** 216-771-6460 ext. 78153

### Facility PREA Compliance Manager

**Name:** Lucretia Kelly

**Email:** Lucretia.kelly@odrc.state.oh.us

**Telephone:** 216-771-6460 ext. 78117

### Facility Health Service Administrator N/A

**Name:** Candi Dials

**Email:** candi.dials@odrc.state.oh.us

**Telephone:** 216-771-6460

### Facility Characteristics

**Designated Facility Capacity:**

350

Current Population of Facility:	625	
Average daily population for the past 12 months:	572	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input checked="" type="checkbox"/> Females <input type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-71	
Average length of stay or time under supervision:	2.21 years	
Facility security levels/inmate custody levels:	Level 1	
Number of inmates admitted to facility during the past 12 months:	699	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	699	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	699	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	164	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	20	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	5	

Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	25
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	519
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	13
<p><b>Number of inmate housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	8
Number of single cell housing units:	none
Number of multiple occupancy cell housing units:	8
Number of open bay/dorm housing units:	none
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	8
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

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

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	1
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

	<input checked="" type="checkbox"/> N/A
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# Audit Findings

## Audit Narrative (including Audit Methodology)

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

A Prison Rape Elimination Act (PREA) audit was conducted at the Northeast Reintegration Center March 18, 2020 through March 20, 2020. Note that the on-site audit did have to be shortened by one day due to travel issues created by the coronavirus/Covid-19 pandemic. Several staff interviews had to be scheduled and conducted upon the auditor's return home as did the interviews with volunteers. The center is an Ohio Department of Rehabilitation and Correction state prison located at 2675 E. 30<sup>th</sup> Street, Cleveland, Ohio. The audit was conducted by a United States Department of Justice certified PREA auditor Trish Bernhards. The auditor was contracted through the American Correctional Association (ACA). This was the facility's third PREA audit. The most recent PREA audit was conducted May 15-17, 2017.

### Pre-Onsite Audit Phase

Approximately 6 weeks prior to the on-site visit, The PREA Compliance Administrator for the Ohio Department of Rehabilitation and Correction (ODRC) mailed the lead auditor a password-protected flash drive containing the facility's PRE-Audit Questionnaire (PAQ) along with relevant policies and secondary documents supporting each standard. The secondary documents included, but were not limited to, PREA incident reports, training documentation, inmate risk assessment materials, inmate notifications of PREA investigation results and written verifications from the Northeast Reintegration Center's Operational Compliance Manager (OCM) about various PREA-related issues. All of these files and documents were well-organized and comprehensive. The flash drive also included files for each standard with multiple documents for each standard. The contents of the flash drive encompassed all aspects of the Northeast Reintegration Center's operation, allowing for proper preparation before the on-site portion of the audit. The auditor also reviewed the prior PREA and ACA reports. Photos were also sent of the audit notices that were posted throughout the facility. The photos showed audit notices in both English and Spanish. There were no correspondences received from inmates or staff related to PREA prior to or after the PREA Audit.

The auditor emailed the Operations Compliance Manager requesting information/documentation that would be needed prior to the first day of the audit. The information requested was to include the following:

1. Interview Preparation Sheet
  - Hours of each security shift
  - Employees assigned to the facility (name, title, working hours/shift)
  - Physical location of records
    - Employee training
    - Employee/human resources
    - Criminal background checks (employee and contractor)
    - Volunteer and contractor PREA training
    - Offender medical
    - Offender mental health
    - Offender grievances
    - Offender PREA Intake screenings/reassessments
    - Offender PREA Education (intake/comprehensive within 30 days)



- Sexual abuse, sexual harassment and retaliation investigations-administrative (staff-on-offender and offender-on-offender)
- Sexual abuse, sexual harassment and retaliation investigations-criminal (staff-on-offender and offender-on-offender)
- Specialized staff
- List of staff with shift/days off needed to appropriately conduct PREA Interviews
  - Security and non-security staff who have acted as first responders
  - Medical staff
  - Mental health staff
  - Staff who performs screening for risk of victimization and abusiveness
  - Staff who supervise offenders in segregated housing
  - Intermediate/higher-level facility staff
  - Intake staff
  - Non-medical staff involved in cross gender strip or visual searches
  - Volunteers who have contact with offenders
  - Contractors who have contact with offenders
  - Administrative investigators
  - Criminal Investigators
  - Offender Roster
  - Physically disabled, cognitively disabled, blind, deaf or hard of hearing, and limited English proficient offenders
  - Transgender and Intersex offenders, Gay, Lesbian, and Bisexual offenders
  - Offenders in segregated housing (for risk of sexual victimization)
  - Offenders who reported sexual abuse
  - Offenders who disclosed sexual victimization during risk screening

2. PREA Investigations Request (from prior 12-months)

- Staff-on-offender allegations of sexual abuse and sexual harassment
- Offender-on-offender allegations of sexual abuse and sexual harassment
- Overview of administrative and criminal cases and dispositions
  - Pending cases
  - Closed cases
  - Substantiated cases
  - Unsubstantiated cases
  - Unfounded cases
  - Criminal cases referred to prosecutor
  - Prosecutor refused
  - Indictment
  - Conviction
  - Acquittal

3. Total Number of Hotline Calls

4. Offender Grievances-Allegations of sexual abuse and sexual harassment

This information was received.

**Research**

During the pre-onsite audit phase, the auditor conducted internet searches on the facility and agency and reviewed their website. The prior PREA and ACA reports were also reviewed. Justice Detention International was contacted to determine if the agency had received any complaints from the unit in the past 12 months.

## **Onsite Review**

The Northeast Reintegration Center is located in Cuyahoga County in Cleveland, Ohio. The address is 2675 E. 30<sup>th</sup> St, Cleveland, Ohio 44115. The facility encompasses approximately 14 acres, 8 acres inside the fence and 6 outside the fence. The facility's initial design capability was 350. Their current capacity is 646. The inmate count on the first day of the audit was 614.

There are thirteen buildings inside the fence. Eight of those buildings are Housing Units (E, F, G, H, J, K, L and M). All of the Housing Units have two wings. Each of the two wings has two levels. Each unit has a combination of 2, 4 and 6 person cells. Other buildings include a Medical building, Administration building, Education building, Central Food Service building and the Maintenance building. There are two recreational yard/outside courtyard areas and one covered shelter area.

The PREA auditor was assigned to the American Correctional Association (ACA) audit that was conducted at the facility from March 16-18, 2020. As a result, she was able to conduct the onsite review during the ACA onsite review tour of the facility. The PREA Compliance Instrument-Instructions for PREA Audit Tour document was utilized during the onsite review. Examples of areas visited included all housing units, education, library/law library, food service, maintenance, religious services, commissary, medical, mental health, human resources, central control center and visiting area.

The auditor noticed postings throughout the entire facility indicating the dates of the PREA audit and the auditor contact information on bulletin boards. Large, colorful posters were also posted in all areas on bulletin boards addressing the agency's zero-tolerance policy and information on how to and who to report allegations of sexual abuse and sexual harassment. The auditor also observed supervision of the inmate population, cameras, blind spots, privacy and lines of sight for showers and bathrooms, security of files, inmate reporting information, emotional support information, opposite gender announcements and the grievance process. Staff and offenders were asked questions throughout the onsite review in efforts to determine their views and knowledge levels on sexual safety, staff unannounced rounds, the knowledge of offender reporting and staff training. A total of 38 (5 non-security staff, 17 security staff and 16 offenders) unofficial interviews were conducted during the week at the unit.

On March 17, 2020 the auditor met with the OCM to discuss the interview process for the inmates and the staff. The logistics of how the interviews were going to be conducted was discussed as well as potential documentation that may need to be viewed that was not already provided. A welcome book was provided that included a listing of all staff, the departments they are assigned to and their assigned shifts. A listing of all of the inmates and their living assignments was also provided. In addition to the inmate listing, the facility provided lists of inmates categorized into the targeted inmate interview categories. Investigation packets from the past twelve months were also requested.

The ACA audit closing was held in the late morning of 03/18/2020. The PREA audit opening followed thereafter with the auditor discussing the PREA process and the proposed agenda for the remainder of the week. The auditor began the formal interview process immediately after. The auditor briefed the Warden and other executive staff prior to departing the facility each day to discuss any concerns they had.

The facility reported having 164 cameras installed at the unit. Of those 164 cameras, 12 are 360-degree cameras, 5 are pan-tilt-zoom, and 147 fixed cameras. The facility reported the camera footage was retained for approximately 30 days.

## **Staff Interviews**

The PREA Auditor Handbook requires auditors to interview at least 12 random sample of staff. The auditor conducted 13 random sample of staff interviews. The auditor interviewed at least one employee per shift,

staff from a diverse cross-section of work assignments, supervisors and line staff, males and females and staff of various races. There were three security shifts. The hours for each shift were 0600-1400 hours, 1400-2200 hours and 2200-0600 hours. Core hours for specialized security and non-security staff was 0730 hours to 1530 hours. The facility reported 161 staff were employed at the unit. Private interviews with staff were conducted in the administration and education buildings. Due to the audit being shortened by an entire day due to travel issues related to the coronavirus, additional interviews were conducted over the telephone. Seventeen targeted employee interviews were conducted. Targeted staff were selected based upon their subject matter expertise in the various areas. The unit does not house youthful offenders; therefore, interviews for line staff who supervise youthful offenders and education and program staff who work with youthful offenders were not conducted.

The PAQ indicated there were 25 contractors and 519 facility volunteers who may have contact with offenders. Due to restrictions in place at the facility because of the coronavirus, outside volunteers not employed by the facility were not allowed to enter the facility. Interviews with volunteers were conducted over the telephone. They were selected from various areas and programs they volunteer in. One contractor was interviewed and three volunteers were interviewed.

All staff interviews were conducted with the guidance of the National PREA Resource Center, PREA Compliance Audit Instruments - Interview Guide. The Interview Preparation Sheet and employee rosters received when arriving onsite assisted the auditor with the selection process for the random and targeted staff. A detailed list and quantity of staff interviewed are noted below.

<b>Staff Categories</b>	<b>Number of Interviews Conducted</b>
Random sample of staff	13
Agency and PREA staff:	
• Agency Head or designee	1
• Warden	1
• PREA Coordinator	1
• PREA Compliance Manager	1
Specialized staff:	
• Agency contract administrator	1
• Intermediate- or higher- level facility staff	1
• Medical staff	1
• Mental health staff	1
• Non-medical staff involved in Cross-gender strip or visual searches-NA	0
• Administrative (human resources) staff	1
• SAFE/SANE Nurse-Metro Health Medical Center	1
• Volunteers	3
• Contractors	1
• Investigative staff	1
• Staff who perform screening for risk of victimization and abusiveness	1
• Staff who supervise offenders in segregation unit	1

• Staff of the sexual incident review team	2
• Designated staff member charged with monitoring retaliation	1
• First responders (security)	1
• First responders (non-security)	1
• Intake staff	1
• Staff trained as Advocates	1
• Advocacy center staff-Cleveland Rape Crisis Center-Victim Assistance Program	1
• TIPS Hotline-Investigator	1
Total random staff interviewed	12
Total agency and unit PREA staff	4
Total specialized interviewed	22
Total staff Interviewed	38

### **Offender Interviews**

The offender count on the first day of the audit was 614. The PREA Auditor Handbook requires auditors to interview at least 15 random sample of offenders. The auditors conducted 24 random sample of offender interviews. The system the lead auditor used for the selection of these offenders was to select inmates with last names at the beginning, middle and end of the alphabet from each housing unit. Offenders were interviewed from each housing unit and included offenders of various races.

The PREA Auditor Handbook requires auditors to interview at least 15 targeted offenders. The unit staff reported they did not have the following targeted offender categories housed at their facility during the onsite review. As a result, additional random inmate interviews were conducted. As a result, these categories of offenders were not interviewed.

- Youthful inmates
- Inmates with a cognitive disability
- Inmates in segregated housing for high risk of sexual victimization
- No blind, deaf or hard of hearing inmates or LEP
- No transgender or intersex inmates

All offender interviews were conducted with the guidance of the National PREA Resource Center, PREA Compliance Audit Instruments - Interview Guide. The Interview Preparation Sheet and offender rosters received when arriving onsite assisted the lead auditor with the selection process for the random and targeted offenders. Private interviews with offenders were conducted in the Operational Compliance Manager's office in F-Unit. A detailed list and quantity of offenders interviewed are noted below.

<b>Offender Categories</b>	<b>Number of Interviews Conducted</b>
Random sample of offenders:	24
Targeted offenders:	
• Youthful offenders	0
• Offenders with a physical disability	1
• Offenders who are blind, deaf, or hard of hearing	0

• Offenders who are limited English proficient	0
• Offenders with a cognitive disability	0
• Offenders who identify as lesbian, gay, or bisexual	3
• Offenders who identify as transgender or intersex	0
• Offenders in segregated housing for high risk of sexual victimization	0
• Offenders in segregation housing (not for high risk of sexual victimization)	0
• Offenders who reported sexual abuse	4
• Offenders who reported prior sexual victimization during risk screening	2
Total random offenders interviewed	24
Total targeted offenders interviewed	10
Total offenders interviewed	34

### **File Review**

Based upon the information provided on the PREA Audit Request for Information form completed by the Northeast Reintegration Center staff, the auditor was able to determine the facility had 5 administrative sexual abuse allegations and 5 sexual harassment allegations for the period of 02/01/2019 to 01/31/20. Of the 5 sexual abuse allegations, 3 were allegations against inmates and 2 were allegations against staff. Of the 5 sexual harassment allegations, 2 were allegations against staff and 3 were allegations against inmates. Two of the 5 sexual abuse allegations were found to be unsubstantiated. Three were found to be substantiated. The substantiated investigations involved inmate on inmate incidents. All five sexual harassment allegations, four were found to be unfounded. No criminal charges were filed in any of the cases.

The auditor was able to review and receive copies of the administrative sexual abuse and sexual harassment investigations. Five administrative sexual abuse and sexual harassment cases were reviewed. They were selected based upon the outcome and the auditors need to review all of the required steps and processes to verify compliance with numerous PREA Standards.

The Ohio Department of Rehabilitation and Correction does not utilize the Inmate Grievance process as its administrative procedure or handling allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the Institution Investigator who then follows the department's policy on Prison Misconduct Reporting, Response, Investigation and Prevention of Retaliation. This policy adheres to the time constraints referenced in the standard. The inmates are not prohibited from utilizing any grievance related forms to communicate PREA allegations in writing. However, ODRC does educate inmates (inmate handbooks and DRC Policy) that any PREA allegations received on a grievance form will be immediately channeled to the Institutional Investigator for proper handling.

Employee personnel files were maintained in the human resources department. The criminal background records check documentation was maintained in the employee personnel files. The auditor reviewed documentation from five employee personnel files. When selecting the files, the auditors considered reviewing employee files of newer employees who were recently hire as well as staff who had been employed with the unit for numerous years. Training files were reviewed on these same staff.

The auditor reviewed documentation from three inmate files. Some documentation in the files were intake screenings, offender education, PREA investigations and monitoring of retaliation. These files were selected based upon offender sexual abuse investigations and arrival at the facility.

The auditors reviewed documentation from 2 medical files and 2 mental health files. Medical and mental health files were maintained in their designated areas. The medical and mental health file review was based upon sexual abuse investigations and sexual predator classifications.

The list below details the documentation reviewed from the various files.

Type of File	Number of Files Reviewed
Administrative/criminal investigative files	5
Grievance files	0
Employee personnel	5
Employee training	5
Offender/intake screening files	3
Medical files	2
Mental health files	2
Total number of files reviewed	22

### **Close-Out**

On Thursday evening, 03/20/20, at the end of the on-site portion of the audit, the auditor met with the staff of NERC for an exit briefing. Present at the briefing were the Warden, Deputy Warden, PREA Compliance Manager, ODRC PREA Administrator, Chief of Security and Unit Management Chief. The auditor did not provide a final tally from the audit at that time, but she did give a preliminary assessment that all standards were at least at the “Meets Standard” level. She expressed her gratitude to the group for the materials supplied to in advance, for their cooperation and hospitality during the audit, and for their commitment to PREA.

## **Facility Characteristics**

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

The Northeast Reintegration Center is located in Cuyahoga County in Cleveland, Ohio. The address is 2675 East 30<sup>th</sup> Street, Cleveland, Ohio 44115. The facility encompasses approximately 14 total acres of which 8 acres is inside the fence.

The unit opened in April 1988. The facility was initially a furlough center for male inmates but was converted to a female facility in April 1990. The original design capacity was 350 beds at that time. Additional beds were added bringing capacity to 646. The offender count on the first day of the audit was 614.

There are thirteen buildings inside the main compound. There are eight housing units ((E, F, G, H, J, K, L and M). Each unit has a partially enclosed staff work space. The housing units are designed for direct offender supervision. All of the Housing Units have two wings. Each of the two wings has two levels. Each unit has a combination of 2, 4 and 6 person cells. Other buildings include a Medical building, Administration building, Education building, Central Food Service building and the Maintenance building. There are two recreational yard/outside courtyard areas and one covered shelter area.

The facility reported having 164 cameras installed at the unit. Of those 164 cameras, 12 are 360-degree cameras, 5 are pan-tilt-zoom, and 147 fixed cameras. The facility reported the camera footage was retained for approximately 30 days.

The facility houses adult female offenders. The age range of the offender population is 19-71 years old. The facility does not house youthful offenders. The average offender housed at the unit is 36.8 years of age. The average length of stay for an offender is two years and two months. The facility is a minimum-security level facility with most inmates planning for their release in the near future.

The facility staffing consists of security and non-security employees. The PAQ indicated there were 161 employees. Eighty-seven are security staff while seventy-four are non-security staff. The warden, deputy warden, chief of security, and unit management chief oversees the facility. The daily operations are managed by Captains and Lieutenants who oversee correctional officers. There are three security shifts at the facility. The shift times are 0600 – 1400 hours, 1400 – 2200 hours and 2200 - 0600 hours.

Medical and mental health staff are ODRC employees as well as contract staff. They are available onsite along with the PREA Compliance Manager and facility investigator. Criminal investigations are conducted by investigators from the Ohio State Highway Patrol.

The PAQ indicated there were 25 contractors and 519 facility volunteers. Examples of volunteer services at the unit include Education tutors, Recovery services volunteers to include Alcoholics Anonymous, Narcotics Anonymous, Religious activities and programs to include the Lutheran Metropolitan Ministry that provides a culinary training program called Chopping for a Change. There are also volunteers that assist inmates taking part in the Workforce Training Experience.

Offenders were assigned to jobs in the housing units, laundry, food services department, medical department, maintenance department, horticulture, one of three animal programs, education, commissary, administration building, grounds keeping, and other areas.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded: 8**

**List of Standards Exceeded: 115.11, 115.21, 115.31, 115.33, 115.41, 115.42, 115.64, and 115.71**

## Standards Met

Number of Standards Met: 37

List of Standards Met: 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.22, 115.32, 115.34, 115.35, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

## Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: NA

# PREVENTION PLANNING

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

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

### 115.11 (a)

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

### 115.11 (b)

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

### 115.11 (c)

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

## Auditor Overall Compliance Determination



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

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

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

### **The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-01, Prison Rape Elimination
  - b. ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
  - c. NERC Policy 03-E-01, Institution Zero Tolerance Policy
  - d. NERC Organizational Chart
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager/Operational Compliance Manager

### **Findings:**

The Ohio Department of Rehabilitation and Correction has multiple policies that address the ODRC's support of the Prison Rape Elimination Act. The Northeast Reintegration Center, as well as all other ODRC facilities, use the agency policy, 79-ISA-01 Prison Rape Elimination, mandating zero tolerance towards all forms of sexual abuse and sexual harassment and applies to staff, contractors and volunteers. Policy 79-ISA-02 clearly outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment in all facilities in the ODRC.

ODRC's commitment of ensuring zero tolerance for sexual misconduct in all of its institutions and any facilities with which it contracts for the confinement of inmates was observed during the onsite visit. This commitment was clearly observed by the posters, flyers, reporting systems in place, training of staff, inmates and the numerous volunteers.

The ODRC agency-wide PREA Coordinator reports directly to the Chief of the Bureau of Operational Compliance, who in turn reports directly to the Director. A written summary of an interview conducted by certified PREA Auditor Jim Currington earlier in the audit cycle was reviewed. The summary review allowed the auditor to verify that he has enough time to ensure PREA standards are met and that all related concerns are addressed. Each ODRC facility has its own Operational Compliance Manager (OCM) that reports directly to the Warden. The OCM at the NERC is the PREA Compliance Manager of

the facility and addresses all PREA concerns that occur throughout the facility. She also reported that she has sufficient time to comply with PREA standards.

There is a definite commitment to the sexual safety and security of the staff and inmates at the facility. Based on interviews, documentation provided and observation of operations at NERC, this auditor believes the facility “exceeds” this standard.

**Corrective Action:**

1. None

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

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

#### 115.12 (a)

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

#### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-01, Prison Rape Elimination
  - b. Statement of status signed by the agency PREA Coordinator
  - c. Department of Administrative Services Private Prisons Contract
2. Interviews:
  - a. Agency Contract Administrator

**Findings:**

ODRC currently has three contracts for the operation of the agency’s three private prisons: Lake Erie Correctional Institution, North Central Correctional Complex and North East Ohio Correctional Center. ODRC Policy 79-ISA-01 requires that all new or renewed contracts for the confinement of ODRC inmates must include a provision that the contracting agency will adopt and comply with all PREA standards. In addition, any new contract or contract renewal must provide for the contract monitoring to ensure the contractor is complying with PREA standards such as zero tolerance of sexual misconduct. Each facility has a contract monitor and these facilities have to undergo compliance site visits and is audited for PREA compliance in the same manner as the facilities directly run by the State of Ohio. The PREA provisions were included in the contract. Current contracts are with CoreCivic and Management Training Corporation.

Although this auditor did not personally interview the Contract Administrator, she accepts the information provided from a recent interview with DOJ certified PREA auditor, Jim Currington. The interview with the agency’s Contract Administrator detailed the agency’s contract, policy and support of the PREA standards with full compliance.

The auditor finds the facility in compliance with this standard.

**Corrective Action:**

1. None

**Standard 115.13: Supervision and monitoring**

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

**115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  Yes  No

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

### 115.13 (b)

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

### 115.13 (c)

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

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-01, Prison Rape Elimination
  - b. ODRC Policy 50-PAM-02, Inmate Communication/Weekly Rounds
  - c. NERC Shift Rosters
  - d. Employee Visit Record
2. Interviews:
  - a. Warden
  - b. PREA Compliance Manager/Operational Compliance Manager

- c. PREA Coordinator
- d. Intermediate/Higher Level Facility Staff

**Findings:**

The Ohio Department of Rehabilitation and Correction policy 79-ISA-01, Prison Rape Elimination, requires each facility develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring, to protect inmates against abuse. NERC's current plan reflects appropriate knowledge of how to assign staff in order to maintain direct supervision.

The staffing plan is reviewed on an annual basis as required by the standard by the facility in conjunction with the agency PREA Coordinator. During this review, the facility's use of staff deployment and assignment and video monitoring is evaluated to determine whether adjustments are needed. The current staffing plan was reviewed in October 2019.

The staffing plan was discussed during interviews with the Warden and the PCM/OCM. The Warden shared that if there were to be any, she would monitor all deviations from the staffing plan. She said that the facility did not have any deviations from the staffing plan during the last 12 months of the audit period. The PCM/OCM reported during her interview that if a circumstance existed that the facility had to deviate from the staffing plan, supervisors are required to document the deviation on the PREA Staffing Plan Deviation form.

Staff indicated there are cameras strategically installed throughout the facility, 164 in total with 137 of the cameras inside the facility and 27 outside the facility. Cameras consist of fixed view, 360 view and the pan-tilt-zoom view. The custody, care and control of the inmate population is monitored through technology by the Chief of Security and security staff. The combination of direct supervision and camera/video monitoring provide sufficient coverage to maintain security.

Policy 50-PAM-02 requires that rounds be made by upper-level management and not delegated unless the staff member is acting in one of these positions. Supervisory rounds are to be conducted at least once per shift and should not be announced. Shift supervisors reported that they vary the way they make rounds each shift. Review of the Employee Visit Record and interviews with staff indicates the facility does conduct unannounced PREA rounds on a routine basis and shift supervisors vary their times of touring.

Based on the policies and documentation reviewed, onsite observation, interviews and camera technology, this auditor finds this standard in compliance.

**Corrective Action:**

1. None

**Standard 115.14: Youthful inmates**

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

**115.14 (a)**

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

#### 115.14 (b)

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

#### 115.14 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### 1. Information or Documents Reviewed:

- a. ODRC Policy 52-RCP-01, Reception Admission Procedures
- b. ODRC Policy 71-SOC-05, Youthful Inmate Program Management

**Findings:**

NERC does not house youthful offenders (individuals under the age of 18), as such, this auditor finds this standard in compliance.

**Corrective Action:**

1. None

## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

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

### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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



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

#### 115.15 (e)

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

#### 115.15 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:

- a. ODRC Policy 79-ISA-01, Prison Rape Elimination
- b. ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
- c. ODRC Policy 310-SEC-01, Inmate and Physical Plant Searches
- d. Statement of Status-no body cavity or cross gender searches
- e. NERC Activity Schedule
- f. NERC Training Records with PREA pat search video script/training and transgender video script/training

2. Interviews:

- a. Random sample of staff

**Findings:**

The Northeast Reintegration Center only houses female inmates. There are male staff who work in security at the facility. All staff interviewed were very clear in their answers that strip and pat searches were only conducted by male staff members in the facility. In the past 12 months there was no cross-gender strip searches and cross gender visual body cavity searches of inmates based on information provided from the PAQ.

The Ohio Department of Rehabilitation and Correction policy 79-ISA-01, Prison Rape Elimination and Policy 310-SEC-01, Inmates and Physical Plant Searches addresses and stipulates that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances. Note, there have been no exigent circumstances at NERC. By policy, if any searches are conducted involving exigent circumstances, policy requires that the searches be documented.

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. Additional training is also required from staff that transfer from a male facility.

The auditor visited all housing units and noted that the design of the cells allows female inmates to use the restroom, change clothing and shower in private. Individual showers and bathrooms are located just outside the sleeping areas of each cell. The shower has a full-length shower curtain and a 4-foot swinging door allowing full privacy for anyone in the shower. The restrooms are also private with a full-sized door that can be closed. Inmates are required to change their clothing in the bathroom area and are not allowed to change in the living area of their cells. None of the inmates expressed any concerns over privacy issues.

Staff members of the opposite gender utilize an annunciator alarm system that sounds a very loud audible alarm as well as a flashing light. While on site, this auditor observed every male staff member utilize the annunciator alarm on all three shifts. Male staff also made verbal announcements as they approached individual cell areas.

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.

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

**Corrective Action:**

1. None

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

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

**115.16 (a)**

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

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

#### 115.16 (c)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

##### 1. Information or Documents Reviewed:

- a. ODRC Policy 79-ISA-01, Prison Rape Elimination
- b. ODRC Policy 64-DCM-02 Inmates with Disabilities
- c. Ohio Department of Administrative Services Contract for Translation and Interpretation Services
- d. Statement of Status-no interpreter, readers or inmate assistants' services needed
- e. Inmate education Video
- f. PREA All Staff Training presentation
- g. PREA Inmate Handbook in English and Spanish

2. Interviews:

- a. Agency head
- b. Inmates (with disabilities or who are limited English proficient)
- c. Random sample of staff

**Findings:**

The Northeast Reintegration Center takes appropriate steps to ensure that inmates with disabilities, such as those who are deaf or hard of hearing, those who are blind or have low vision or those who have intellectual, psychiatric or speech disabilities have an equal opportunity to participate in and benefit from all of the protections of PREA. Upon arrival at the ODRC reception center, all inmates receive a handbook that contains the agency's PREA policy and zero tolerance toward sexual misconduct. The Inmate Handbook is available in Spanish and English. Inmates sign a form indicating they have received this initial information. This form also allows staff to document if the inmate needs any extra assistance for comprehending the information.

Within 7 calendar days of arriving at their assigned institution, all inmates are provided comprehensive education through the viewing of the PREA Education video. The video is closed captioned and signed via picture within a picture technology. At the conclusion of the video, inmates are allowed to ask questions of staff regarding PREA and on the information they received. For inmates who aren't fluent in English, the facility has a contract with Vocalink to provide translation/interpreter services. American Sign language Interpreters are also available for deaf inmates.

The auditor observed numerous PREA posters in both Spanish and English throughout the facility.

The facility reported there were no inmates in the current population that were Limited English Proficient, deaf or hard of hearing inmates and blind or have low vision. This was confirmed with medical staff. One physically disabled inmate was interviewed and reported that she remembered being asked question regarding PREA when she came to the facility. The inmate reported that she did not have any impairment that affected her learning and understanding of PREA and how to make a report.

Random staff interviews indicated their awareness about not utilizing inmate interpreters, inmate readers or other types of inmate assistants except in limited circumstances. Intake staff also shared that if they did encounter an inmate that might have a limited ability to comprehend the PREA information, a staff member would individually read the PREA information in the handbook and the PREA posters to the inmate to make sure they understood the information and understood how to make a report.

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

**Corrective Action:**

1. None

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-01, Prison Rape Elimination
  - b. ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
  - c. ODRC Policy 310-SEC-01, Inmate and Physical Plant Searches
  - d. Statement of Status-no body cavity or cross gender searches
  - e. NERC Activity Schedule
  - f. NERC Training Records with PREA pat search video script/training and transgender video script/training
2. Interviews:
  - a. Random sample of staff

### Findings:

The Northeast Reintegration Center only houses female inmates. There are male staff who work in security at the facility. All staff interviewed were very clear in their answers that strip and pat searches were only conducted by male staff members in the facility. In the past 12 months there was no cross-gender strip searches and cross gender visual body cavity searches of inmates based on information provided from the PAQ.

The Ohio Department of Rehabilitation and Correction policy 79-ISA-01, Prison Rape Elimination and Policy 310-SEC-01, Inmates and Physical Plant Searches addresses and stipulates that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances. Note, there have been no exigent circumstances at NERC. By policy, if any searches are conducted involving exigent circumstances, policy requires that the searches be documented.

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. Additional training is also required from staff that transfer from a male facility.

The auditor visited all housing units and noted that the design of the cells allows female inmates to use the restroom, change clothing and shower in private. Individual showers and bathrooms are located just outside the sleeping areas of each cell. The shower has a full-length shower curtain and a 4-foot



swinging door allowing full privacy for anyone in the shower. The restrooms are also private with a full-sized door that can be closed. Inmates are required to change their clothing in the bathroom area and are not allowed to change in the living area of their cells. The Inmate Handbook also has a stringent dress code so the women should never be inappropriately dressed. None of the inmates expressed any concerns over privacy issues.

Staff members of the opposite gender utilize an annunciator alarm system that sounds a very loud audible alarm as well as a flashing light. While on site, this auditor observed every male staff member utilize the annunciator alarm on all three shifts. Male staff also made verbal announcements as they approached individual cell areas.

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.

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

**Corrective Action:**

1. None

## Standard 115.18: Upgrades to facilities and technologies

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

#### 115.18 (a)

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

#### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. Statement of Status-No new design, no newly acquired facility nor substantial expansion
  - b. Email from Deputy Warden about updating camera server/training on saving video
  - c. Staffing Plan
  - d. Visual Observation
2. Interviews:
  - a. Warden

#### **Findings:**

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

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

#### **Corrective Action:**

1. None

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence

for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

#### 115.21 (b)

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

#### 115.21 (c)

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

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, response, Investigation and Prevention of Retaliation
  - b. ODRC Policy 68-MED-15, Bureau of Medical Services Co-Payment Procedures

- c. ODRC Policy 310-SEC-01, Inmate and Physical Plant Searches
- d. Memo from ODRC PREA Coordinator-ODRC not holding contract with local hospitals
- e. ODRC Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- f. ODRC Contract with OSU 2017-2021
- g. ODRC Memorandum of Understanding with the Ohio State Highway Patrol
- h. PREA Victim Support Lesson Plan
- i. ODRC Policy 79-ISA-01, Prison Rape Elimination
- j. OSHP Evidence Protocol
- k. OSHP Investigation Policy

- l. Statement of Status-no victims of Sexual Abuse that required access to a forensic medical examination
- m. Statement of Status-NERC Victim Support personnel
- n. PREA Victim Support Training Certificates
- o. Administrative Investigation
- p. ODRC/NERCC Memorandum of Understanding with Cleveland Rape Crisis Center-VAP

2. Interviews:

- a. Random sample of staff
- b. SAFE/SANE staff
- c. PREA Compliance Manager/OCM
- d. Inmates who Reported a Sexual Abuse

**Findings:**

The Northeast Reintegration Center has one investigator on staff as well as one Ohio State Highway Patrol investigator assigned to the facility. Specific duties for the OSHP Investigator are noted in the MOU the department has with OSHP. When the Investigator receives any report of PREA allegations, he reportedly shares them with the OSHP investigator in case information would be discovered throughout an investigation that required the OSHP begin a criminal investigation. By policy, potential criminal cases are turned over to an OSHP investigator. If the OSHP investigator determines that a crime has been committed, referrals will be made for prosecution. OSHP has not referred any case for prosecution during the 12-month audit period.

The evidence protocols and forensic medical examinations are thoroughly addressed by the ODRC's MOUs with the OSHP Evidence Protocols and OSU for forensic examinations. The OSU forensic exam is adapted from the DOJ Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examination Adult/Adolescents." The agency's Office of Victim Services provides training dedicated to the SANE/SAFE process. A certified SANE/SAFE staff person provides training to all staff who attend and become certified Victim Support Person. This exemplifies the ODRC commitment to PREA and sexual safety within its institutions.

The facility investigator and the OSHP investigator have both participated in specialized investigatory training. Training certificates were provided for both investigators indicating completion of specialized training for investigators.

NERC has a MOU with the Cleveland Rape Crisis Center-Victim Assistance Program. The Rape Crisis Center provides support during the forensic exam, investigatory interviews as well as emotional support, crisis intervention, additional resource referrals and follow up services. The NERC also has 14 trained, staff victim support advocates who could provide support if a SAFE/SANE were not available. **NERC also works closely with Cleveland Mercy Hospital for forensic exams.**

The auditor reviewed agency policy, multiple MOUs and Victim Support Advocate training curriculum, interviews with investigators, the PREA Compliance Manager/OCM, SAFE/SANE staff and staff Victim Support Advocates, this auditor finds this standard exceeds the standard.

**Corrective Action:**

1. None

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

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

#### **115.22 (a)**

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

#### **115.22 (b)**

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

#### **115.22 (c)**

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

#### **115.22 (d)**

- Auditor is not required to audit this provision.

#### **115.22 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, response, Investigation and Prevention of Retaliation
  - b. ODRC Policy 79-ISA-02, Appendix A
  - c. OSHP-103.07 Sexual Assault Evidence Collection and Analysis (Appendix P)
  - d. ODRC Facility website
  - e. OAC 5120-9-24 (Incident Reporting and Investigation)
2. Interviews:
  - a. Investigator

### **Findings:**

ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, response, Investigation and Prevention of Retaliation requires all facilities conduct an investigation (criminal and administrative) into every allegation of sexual abuse or sexual harassment. Investigations would also be conducted in cases of retaliation. Criminal investigations are completed by the OSHP investigator assigned to the facility. OSP 103.07 Sexual Assault Evidence Collection and Analysis (Appendix P) defines the protocol the OSHP investigator should follow. Administrative investigations are completed by the facility investigator. The facility investigator explained that every allegation is investigated regardless of how it was received. The investigator has received allegations through written correspondence, verbally, anonymously and through third parties. The facility investigator was detailed in describing the steps taken when an allegation is made and described that steps are taken to ensure that evidence protocols are followed. The OSHP Investigator was not on-site during the audit.

ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Appendix A, lists specific tasks related to evidence collection along with an investigation/evidence checklist describing specific tasks taken depending on whether the allegation is made sooner than 96 hours after the assault or later. Appendix A sets out that "evidence is collected in accordance with the Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection kit Protocol (revised, February 2011) and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition – April 2013)."

During the audit period, there were five PREA allegations for abuse and five PREA allegations for sexual harassment at NERC. No cases were referred for prosecution. The majority of the investigative files were reviewed by the auditor. The files contained extensive information appropriate to the allegations. ODRC publishes its investigative policy (70-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) on its website (<http://drc.ohio.gov/policies/sexual-assaults>), along with several other PREA-related policies. This site gives detailed coverage of the different operational components involved in carrying out the agency's commitment to PREA.

The auditor finds the facility meets this standard.

**Corrective Action:**

1. None

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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



- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:

- a. ODRC Policy 79-ISA-01, Prison Rape Elimination
- b. ODRC Policy 39-TRN-10, Employee Orientation Training
- c. NERC PREA Training Record for Institutional Transfers
- d. ODRC Orientation/OJT Program Checklist
- e. ODRC PREA Training Curriculum
- f. ODRC Appropriate Communication with LGBTI Offenders Curriculum
- g. ODRC PREA Appropriate Supervision of the LGBTI and Sex offender Population Curriculum

2. Interviews:

- a. Random staff

**Findings:**

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

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

Employees that transfer from other facilities within the ODRC must have at least 8 hours of NERC facility orientation training. This training also includes a PREA component. If an employee transfers from a male institution, part of that employee's training will focus on how to work with female inmates. The training record was reviewed of an employee that transferred to NERC from a male facility. This transfer employee received an additional 32 hours of training that included Gender specific PREA training. E-learning curriculum is also provided as well as classroom instruction. All training is documented. A review of a sample of training records indicated that staff had received their initial training as well as annual training and refresher training. NERC employees are also given laminated PREA information cards to carry on their person while working. New Employee Orientation training curriculum is reviewed annually.

The staff that were interviewed were a mix of security and non-security staff. All staff were very knowledgeable of their duties and responsibilities concerning PREA incidents. Staff possessed knowledge of their responsibilities if an inmate reported an incident of sexual abuse to them. They explained the ODRC's zero tolerance policy. All of the interviewed employees reported they had attended training each year they had been employed with ODRC and some reported they participated in training that was not mandated but made available to staff.

Employees at NERC attend annual PREA refresher training which exceeds the standard requirement of attending training every two years. Paired with the variety of delivery methods of the PREA training, staff are well prepared to address PREA incidents.

This auditor finds the facility exceeds this standard.

**Corrective Action:**

1. None

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-01, Prison Rape Elimination
  - b. ODRC PREA Contractor/Volunteer Training Script
  - c. ODRC PREA Contractor/Volunteer/Intern Training Acknowledgement Form
  - d. PREA Training Session Report
  
2. Interviews:
  - a. Contract staff
  - b. Volunteers

**Findings:**

Policy 79-ISA-01, Prison Rape Elimination requires all contractors and volunteers to receive PREA training prior to assuming their duties as a contract staff/volunteer. This training provides information on the contract staff/volunteer’s responsibilities regarding sexual misconduct prevention, detection and response. The level and type of training is based on the services they provide and the level of contact they have with the inmate population.

Training records of current volunteers and contract staff were reviewed as well as the training script. Training Acknowledgement Forms validated through signatures that individuals acknowledged they received and understood their responsibilities concerning PREA. This acknowledgement was also noted on the PREA Session Training Session Report that shows the individual attended training being conducted by the facility PCM/OCM. The auditor reviewed the Training Script and verified that the PREA topics were included in the curriculum. Interviews were conducted with volunteers and one contract staff member who were all aware of the zero-tolerance policy regarding sexual assault and sexual harassment. They were also aware of how and who to report such incidents to.

This auditor finds the facility meets this standard.

**Corrective Action:**

1. None

**Standard 115.33: Inmate education**

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

**115.33 (a)**

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

**115.33 (b)**

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

### 115.33 (c)

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

### 115.33 (d)

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

### 115.33 (e)

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

### 115.33 (f)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 64-DCM-02, Inmates with Disabilities
  - b. ODRC Policy, 79-ISA-01, Prison Rape Elimination
  - c. ODRC Inmate Transfer List
  - d. Inmate Orientation Checklist
  - e. Inmate PREA Education Video
  - f. PREA section of Inmate Handbook (English and Spanish versions)
2. Interviews:
  - a. Intake staff
  - b. Random sample of inmates

### **Findings:**

Policy 79-ISA-01, Prison Rape Elimination requires that oral and written information be provided to all inmates upon their arrival at both a reception center and their parent institution. NERC is a parent institution. Upon arrival at the NERC, inmates receive oral and written information that explains the ODRC zero tolerance policy concerning sexual misconduct and includes information on prevention, self-protection, reporting and how to contact support services for victims of sexual assault or harassment. Toll free, pre-programmed numbers are available from inmate phones to an Operation Support Center and an outside agency hotline and are listed in the Handbook as well as an address that an inmate can send written correspondence to the Division of Quality-Chief Inspector's office at the Ohio Department of Youth Services. This correspondence can be anonymous if wanted. The Inmate Handbook is available in both English and Spanish versions.

Within 7 days of an inmate's arrival at the NERC, all inmates are provided comprehensive education thru viewing the PREA education video that is closed caption as well as including a picture within a picture of an interpreter. The PREA education video informs the inmates of their right to be free from sexual abuse, sexual harassment, and retaliation. If an inmate is in need of any assistance in understanding and comprehending the information provided, staff from the NERC will arrange for the necessary accommodations. A sample of Inmate Orientation Checklists was reviewed by the auditor.

A section of the checklist inquires if the inmate requires any staff assistance in language, literacy, ADA accommodations (what type) and mental health assistance. This section is completed upon an inmate's arrival at the facility. The auditor sat in on the PREA section of Orientation held for new arrivals, including watching the video. Inmates are offered the opportunity to ask questions of the PREA Compliance Manager or other staff during the Orientation process. Attendance at Orientation is mandatory for everyone, regardless if previously attended. A sample of inmate files were reviewed and confirmed that Orientation was conducted within 7 days of the inmate's arrival at the facility and the PREA education and training were held during this Orientation.

Interviews with the Intake staff and inmates confirmed that PREA information is provided both verbally and in writing. Inmates interviews verified that the inmates were aware that they can report sexual abuse or sexual harassment to any staff, contractors and volunteers. Inmates were well aware that anyone could report an allegation on their behalf. All of the inmates interviewed referenced the posters throughout the facility that contained information regarding support services and the phone number to all if they needed or wanted to report a sexual abuse or sexual harassment allegation anonymously. The auditor observed multiple posters with reporting information in English and Spanish in each living unit and various other buildings throughout the facility. The facility had a very small population of inmates identified with disabilities. One inmate with a physical disability was interviewed and she was knowledgeable of the NERC's zero tolerance policy and were knowledgeable of how to report sexual abuse and sexual harassment and who they can report to. There were no inmates assigned to the facility that were identified in the other categories of designated disabilities.

The auditor finds the facility exceeds this standard.

**Corrective Action:**

1. None

## **Standard 115.34: Specialized training: Investigations**

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

### **115.34 (a)**

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

### **115.34 (b)**

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

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

### 115.34 (c)

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

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy 79-ISA-01, Prison Rape Elimination
  - b. Investigators Training Transcript
  - c. Chief Inspector Office Annual Investigator Training Agenda
  - d. Training Certificates for Investigator
  - e. Specialized PREA Training for Correctional Investigators
  
2. Interviews:
  - a. Investigative staff



**Findings:**

The NERC has two investigators assigned to conduct investigations. One facility investigator employed by ODRC conducts administrative investigations while an assigned investigator employed by the Ohio State Highway Patrol (OHSP) conducts criminal investigations. A portion of Policy 79-ISA-01 covers the training required for conducting a PREA investigation. In addition to the PREA training required of all staff, investigators must also have specialized training which includes, but is not limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, sexual abuse evidence collection, proper use of Miranda and Garrity warnings, and the criteria and evidence required to substantiate a case for administrative or criminal action. The auditor also viewed the NIC certificates attesting to the two investigators having completed the specialized training for investigators.

This auditor finds the facility meets this standard.

**Corrective Action:**

1. None

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

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

**115.35 (a)**

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

**115.35 (b)**

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-01, Prison Rape Elimination
  - b. ODRC PREA Medical and Mental Health Specialized Training (E-Learning course)
  - c. ODRC Training Report-ODRC PREA Medical and Mental Health test
  - d. ODRC PREA Contractor/Volunteer Training Acknowledgement Form

- e. Electronic Training Reports of completed training by Medical and Mental Health Staff
- f. Memo from HCA explaining Forensic Medical Examinations (SAFE/SANE)

2. Interviews:

- a. Intake staff
- b. Random sample of inmates

**Findings:**

According to ODRC Policy, 79-ISA-01, Prison Rape Elimination, full and part-time medical and mental health staff and contractors shall receive specialized training in addition to their mandated initial/refresher PREA training. Although the Medical staff at the NERC do not perform forensic medical exams, they must still be knowledgeable about mental and physical indicators of sexual abuse.

The auditor reviewed the E-learning curriculum and found that it covered the objectives of detecting and assessing signs of sexual abuse and sexual harassment, knowing how to preserve physical evidence of sexual abuse, how to respond effectively/professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

The facility reported that 100% of the medical and mental health staff completed the required trainings. This auditor interviewed the Health Care Administrator and the Mental Health Administrator who also reported that their staff completed the required training. Additional training records were requested and provided. The training year is held from July 1-June 30 so staff are still involved in completing their required annual training. There were also contract staff who had not completed the required training but training was conducted and documentation was received indicating its completion.

The auditor finds the facility meets this standard.

**Corrective Action:**

- 1. None

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

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

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

**115.41 (a)**

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

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

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-04, PREA Risk Assessments and Accommodation Strategies
  - b. PREA Assessment Process Notice from ODRC PREA Coordinator to Auditors
  - c. Sample of an Intake Assessment (electronic)
  - d. Inmate Transfer List
2. Interviews:
  - a. Intake staff
  - b. Random sample of inmates

### **Findings:**

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

Policy 79-ISA-04 also requires that the facility Unit Management reassess the inmate no sooner than 15 calendar days but no later than 30 calendar days from arrival at any institution. This reassessment/30-day review reassesses the inmate's risk of victimization or abusiveness potentially based upon additional, relevant information received since that institution's intake screening of the inmate. The inmate is present at this 30-day reassessment. In accordance with policy, inmates shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions concerning: mental, physical or developmental disabilities; whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether the inmate has previously experienced sexual victimization; or, the inmate's perception of his/her own vulnerability.

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

The following is a summary of the ODRC Assessment Process:

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

Case Management staff review all of the “in progress assessments” daily and complete their portion of the digital assessment. It is then transferred to additional unit management staff where the determination is made if the inmate should be classified in one of the four PREA classifications: Victim (High Risk)- an automatic classification for any previous victim of sexual abuse in an institution setting; Abuser (High Risk)--an automatic classification for anyone who previously abused another in an institutional setting; Potential Victim--at risk of victimization; or Potential Abuser--at risk of abusing another.

If a PREA Classification is recommended, The Unit Management Chief determines the final classification of the inmate and develops the PREA Accommodation Strategy with the Unit Management Team. The strategy addresses housing, programs, work and education with the goal of keeping the inmate safe. All transgender and intersex inmates are referred to the PREA Accommodation Strategy Team. This team is chaired by the PREA Compliance Manager/OCM and includes the Unit Team, Medical and Mental Health staff. The team meets with the inmate to discuss his/her views and develop a PREA Accommodation Strategy.

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

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

This auditor finds this facility exceeds this standard. The assessment process, from the inmate’s initial assessment at an Intake/Reception facility, thru their assignment at their assigned facility is comprehensive. The assessment captures information that staff are able to utilize and consider to make informed classification decisions.

**Corrective Action:**

1. None

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

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

### 115.42 (a)

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

### 115.42 (b)

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

### 115.42 (c)

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

### 115.42 (d)

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



#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

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

**Findings:**

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

Upon an inmate being identified as a victim/potential victim or an abuser/potential abuser, the Unit Management Chief ensures a PREA Accommodation Strategy is completed. Based on information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgement, the PREA Accommodation Strategy team consisting of medical staff, mental health staff, unit management staff and the PCM/OCM complete a PREA accommodation strategy to make individualized determinations about how to ensure the safety for each inmate while assigned to the NERC. Initial PREA accommodation strategies are completed within 5 business days, however, housing assignments are determined immediately upon an inmate's arrival. LGBTI housing assignments are determined on a case by case basis to ensure the inmate's health and safety and whether the placement would present management or security problems. An inmate's PREA accommodation strategy is reviewed at every standard and special screening and shall be adjusted as necessary.

The facility provided assessments/ documentation that the auditor was able to review. This documentation demonstrated how the PREA Accommodation Strategy team determined suitable housing, bed, work, program and education assignments. Notations were made in the accommodation strategy about notifying housing staff, work supervisors, education staff and program facilitators of the inmate's classification as supervisors in these areas have limited access to the information on the risk assessment. Supervisors would be informed of the PREA classification only (victim/potential victim or abuser/potential abuser) but would not know the reasons of the classification assignment. Interviews were conducted with lesbian and bisexual inmates, none of which reported encountering any issues with their housing, work assignment or program assignment as it related to their sexual identity. The inmates voiced no concerns or complaints about their safety and felt as though the facility offered exceptional privacy because of the cell designs. There were no identified transgender or intersex inmates assigned to the facility during the onsite portion of the audit.

When determining assignments for transgender or intersex inmates, they should be completed on an individual basis and the inmate's own views shall be considered during the classification process. ODRC Policy 79-ISA-04 requires that any accommodation other than showering alone should be forwarded to the agency PREA Coordinator for approval. Assessments should not be completed until a response is received from the PREA Coordinator. The PCM/OCM shared that she meets with any inmate identified as LGBTI frequently and ensures that placement and programming assignments are reviewed every six months in order to reassess any threats to safety of the inmate. She also shared how information obtained during the assessment process is utilized.

The ODRC does not place LGBTI inmates in a dedicated facility, housing unit or wing solely on the basis of such identification or status. There ODRC is not under any consent decrees, legal settlement or legal judgement for the purpose of protecting such inmates.

This auditor finds the facility exceeds the standard based on the level of privacy they offer for the LGBTI population and also in the extensive use of the assessment tool in making determinations in an inmate's housing, work, education and programming assignments to ensure safety.

**Corrective Action:**

1. None

## Standard 115.43: Protective Custody

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

#### 115.43 (a)

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

#### 115.43 (b)

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

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
  - b. ODRC Statement of Status explaining that there were no placements into Involuntary Segregation during the audit period
2. Interviews:
  - a. Warden
  - b. Staff who Supervise Inmates in Segregated Housing

**Findings:**

Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation & Prevention of Retaliation requires that inmates at high risk for victimization shall not be placed in involuntary Restrictive Housing (RH) or Limited Privilege Housing (LPH) unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse (DRC1187 (assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment.

During the interview with the Warden, she expressed that inmates who are identified as high risk for victimization are never placed in restrictive housing or limited privileges housing. The Warden also explained that NERC no longer has a restrictive housing unit, but they do have a limited privileges unit that will allow the necessary separation until the alleged abuser can be transferred. The PCM/OCM, Investigator and Security Chief also confirmed that there have been no inmates placed in restrictive housing or limited privileges housing at NERC.

This auditor finds the facility meets this standard.

**Corrective Action:**

1. None

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:

- a. ODRC Inmate Handbook, Appendix A (52-RCP-10)
- b. ODRC 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation
- c. ODRC MOU with Ohio Department of Youth Services for services for inmates in Restrictive Housing
- d. Sample of Incident Report for possible PREA
- e. ODRC Employee Handbook
- f. ODRC PREA Training Curriculum (e-learning)
- g. Inmate PREA Education Video
- h. PREA Posters
- i. ODRC MOU with Franklin County Juvenile Detention Facility

2. Interviews:

- a. Random Sample of Staff
- b. Random sample of Inmates
- c. PCM/OCM

**Findings:**

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

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

outside entities receive an allegation, they immediately notify the ODRC Chief Inspector's Office of ODRC.

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

ODRC Policy 79-ISA-02 requires staff immediately notify the shift supervisor when they receive reports of sexual misconduct or retaliation verbally, in writing, anonymously, and from third parties. Staff are also required to complete an Incident Report, mark it confidential and ensure copies of the report are made for the PCM/OCM and investigator. Examples of Incident Reports were provided that indicated that staff accept allegations from an alleged victim and another from a third party. Both reports were marked as confidential. Staff interviewed were very knowledgeable of the various ways that inmates could report incidents of sexual misconduct and were equally knowledgeable of how staff could report incidents of sexual misconduct privately to the OCM or Agency PREA Coordinator.

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

This auditor finds the facility meets the standard.

**Corrective Action:**

1. None

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

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

#### **115.52 (a)**

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

#### **115.52 (b)**

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



### 115.52 (c)

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

### 115.52 (d)

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

### 115.52 (e)

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

### 115.52 (f)

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

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

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:

- a. ODRC Policy, 79-ISA-02, Prison Sexual misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- b. Memo from the agency PREA Coordinator detailing agency exemption

**Findings:**

ODRC considers that the standard is applicable but the agency is exempt. PREA Guidance says, “An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.” ODRC does not utilize the inmate Grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. NERC inmates are educated via the Inmate handbook and ODRC Policy 79-ISA-02 that PREA allegations received on a grievance form will be immediately channeled to the NERC Institutional Investigator for proper handling in accordance with Policy 79-ISA-02. No response or resolution will be provided through the grievance process.

Non-applicable is not an option for this standard. The auditor finds the facility in compliance with this standard.

**Corrective Action:**

- 1. None

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

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

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

## 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-01, Prison Rape Elimination
  - b. ODRC Inmate Handbook and (Appendix A)-English & Spanish Version
  - c. MOU with Cleveland Rape Crisis Center-Victim Assistance Program
  - d. Listing of National, State, Local Rape Crisis Centers with contact information
2. Interviews:
  - a. Targeted Inmates
  - b. Random sample of inmates

### **Findings:**

According to ODRC Policy, 79-ISA-01, Prison Rape Elimination, The NERC PCM/OCM and the victim support person shall compile mailing addresses and telephone numbers, including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations. The compiled information is then provided to unit staff who are expected to communicate this information to the inmate population. Inmates must be notified that the telephone calls or not confidential.

Information provided to the inmate population in the Inmate Handbook explains that inmates have access to local, outside support services through Sexual Assault Response network of Central Ohio (SARNCO). SARNCO offers access to victim advocates that will provide emotional support and other services related to sexual abuse/assault. Posters are prevalent throughout the facility that have contact

information for SANCO services. Calls made by inmates to SARNCO may be subject to monitoring. Community providers shall follow applicable mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual advocates, including confidentiality laws.

The MOU between the Cleveland Rape Crisis Center-Victim Assistance Program and ODRC details the collaborative effort to provide response services to inmates who report being sexually assaulted/abused. Inmates will also be provided confidential emotional support services related to sexual assault/abuse.

Contact was made with the Cleveland Rape Crisis Center-Victim Assistance Program representative who confirmed the services offered to inmates who report being sexually assaulted/abused. A list of National, State and local rape crisis centers was also provided that inmates may also contact in confidence.

Interviews conducted with random, as well as targeted inmates, confirmed that the inmates were aware of confidential services available from an outside agency regarding victim support for inmates who have been sexually assaulted or abused.

This auditor finds the facility meets this standard.

**Corrective Action:**

1. None

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:

- a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
- b. ODRC PREA Friends and Family Posters
- c. ODRC Website-Email Address for Third Parties
- d. ODRC Inmate Handbook

2. Interviews:

- a. Random sample of inmates
- b. Targeted sample of inmates

**Findings:**

ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation explains that the e-mail link on the official ODRC website allows for third party reports of sexual misconduct on behalf of an inmate. The Inmate Handbook also explains that friends and family may also report allegations of sexual abuse, sexual harassment and retaliation on an inmate's behalf. The handbook provides a telephone number and an email address that family or friends can utilize.

PREA Friends and Family Posters were observed in the living units and the visiting room. These posters contained a telephone number and an email address that family and friends can utilize to report allegations of sexual abuse, sexual harassment and retaliation. Emailing ODRC at [DRC.ReportSexualMisconduct@odrc.stat.oh.us](mailto:DRC.ReportSexualMisconduct@odrc.stat.oh.us) with information concerning allegations of sexual abuse, harassment or retaliation or placing a call to the listed number can be done anonymously. There is also a statement on the department's website, <http://drc.ohio.gov/family>, that if someone wanted to report sexual misconduct on behalf of an offender, "please email us", linking a person to the email address they can report sexual misconduct to. Employees, volunteers and contractors are also trained in how to respond to third party reports they may receive.

Interviews with targeted and randomly selected inmates indicated that they were all aware they could inform another person of sexual misconduct who could then report the incident on the inmate's behalf and the report could be made anonymously.

This auditor finds the facility in compliance with the standard.

**Corrective Action:**

1. None

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

## Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
  - b. ODRC Policy, 79-ISA-04, PREA Assessments and Accommodation Strategies
  - c. ODRC Statement of Status memo of no reports of sexual abuse in the community referred to law enforcement
  - d. ODRC Statement of Status memo that NERC had no IDD (intellectual and/or developmental disability) inmates who reported sexual abuse
  - e. Investigation Summary Report-Administrative Investigation packet of PREA Incident
2. Interviews:
  - a. Warden
  - b. Random sample of staff
  - c. PCM/OCM

### **Findings:**

ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, in agreement with Policy 01-COM-08, Incident Reporting and Notification, require that staff immediately report any knowledge, suspicion or information regarding an incident of sexual abuse, sexual harassment that occurred in an institution, whether or not it is part of the ODRC. Staff are also required to report retaliation against inmates or staff who report incidents and any staff neglect or violations of responsibilities that may have contributed to an incident or retaliation. Unless otherwise precluded by federal, state, or local law, medical and mental health practitioners are required to report sexual abuse while also informing inmates of the required duty to report and the limitations of confidentiality at the initiation of services. Policy 79-ISA-04, PREA Assessments and Accommodation Strategies addresses informed consent if sexual abuse is reported as having occurred in the community. Exceptions exist for community abuse allegations if the victim is a vulnerable adult or someone under 18. NERC has had no intellectual and/or developmental inmates who reported sexual abuse nor did they have any vulnerable adults or anyone under the age of 18 reporting any allegations during the reporting period.

Staff are required to document any allegations of sexual misconduct and retaliation, including third-party and anonymous reports on an Incident Report and mark it confidential. Copies of the report are immediately forwarded to the institutional investigator and the PCM/OCM. Review of an Investigation Summary Report of a third-party report of sexual misconduct, included the initial Incident Report



indicating the report was considered confidential and the information was shared with the institutional investigator. Interviews with staff confirmed that staff were very knowledgeable about proper reporting procedures. Although most staff reported they have never had a NERC inmate report any allegations or received a third-party report, a few staff reported they have had inmates reports incidents to them when assigned to another facility.

The auditor finds the facility in compliance with this standard.

**Corrective Action:**

1. None

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
  - b. Statement of Status indicating no case of imminent risk of sexual abuse occurred at NERC during this audit reporting period.
2. Interviews:
  - a. Warden
  - b. Random sample of staff

**Findings:**

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

Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting System.

The facility reported that there were no inmates that were subject to substantial risk of imminent sexual abuse during the audit period.

The auditor finds the facility in compliance with this standard.

**Corrective Action:**

1. None

**Standard 115.63: Reporting to other confinement facilities**

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

**115.63 (a)**

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

**115.63 (b)**

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

**115.63 (c)**

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

**115.63 (d)**

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

**Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
  - b. Statement of Status that NERC has not received any reports of sexual abuse made by any inmate while confined at another facility.
  - c. Statement of Status that NERC has not received any reports of sexual abuse made by any inmate while confined at another facility who claimed they were later sexually abused when housed at NERC
2. Interviews:
  - a. PCM/OCM
  - b. Warden

### **Findings:**

According to ODRC Policy, 79-ISA-01, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, whenever an inmate reports they were abused at another facility, the NERC Warden is required to notify the other head of that facility or the appropriate office of the agency/facility within 72 hours, and the facility receiving such allegation is then responsible for conducting an investigation as required. The Warden and the PCM/OCM both confirmed the action necessary for handling these allegations. The auditor observed this process during the onsite audit as an inmate that had just arrived at the facility was interviewed by the auditor reported a situation of alleged sexual misconduct that occurred at the facility she was just transferred from. The PCM/OCM was immediately notified who immediately interviewed the inmate and notified the Warden. The Warden sent an email to the Warden at the previous facility by the end of the day. The facility acted without delay upon becoming aware of the alleged sexual misconduct. Prior to this incident, the facility reported they had not received any reports of sexual abuse made by any inmate while confined at another facility nor had they received any reports of sexual abuse made by any inmate while confined at another facility who claimed they were later sexually abused when housed at NERC.

This auditor finds the facility in compliance of this standard.

### **Corrective Action:**

1. None

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigations and Prevention of Retaliation w/ First Responders Flow Chart
  - b. ODRC Policy, 03-E-02, Institutional Sexual Abuse Coordinated Response Plan
  - c. Incident Report of Possible PREA Incident involving sexual contact with a First Responder Checklist
  - d. Investigative Summary Report Administrative Investigation of alleged PREA incident
2. Interviews:
  - a. Security Staff and Non-Security Staff First Responders
  - b. Inmates who Reported Sexual Abuse
  - c. Random Sample of Staff

**Findings:**

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

Several staff, to include security and non-security staff, were interviewed throughout the onsite audit, about their responsibilities when they received an allegation of sexual abuse. Everyone knew their responsibility to ensure that the victim and the abuser are separated and preserve the crime scene while ensuring that neither person destroys any physical evidence. Everyone knew that they were required to submit an incident report and what notifications needed to be made. The checklists define the duties if the staff is a security or non-security staff member. The facility reported there were five allegations that an inmate was sexually abused. Of these five allegations, only one occasion required the first security staff to separate the alleged victim and abuser. Of the five allegations of sexual abuse, non-security staff members responded four times. The non-security staff requested that the alleged victim not take any actions that could destroy physical evidence and notified security staff.

This auditor finds the facility exceeds this standard as extra steps have been taken to ensure staff understand their responsibilities when an inmate reports an incident of sexual abuse.

**Corrective Action:**

1. None

**Standard 115.65: Coordinated response**

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

### 115.65 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. NERC Policy, 03-E-02, Institutional Sexual Abuse Coordinated Response Plan
2. Interviews:
  - a. Warden

### **Findings:**

NERC has clear procedures that indicate coordinated actions are taken in response to an incident of sexual abuse among staff first responders, medical, mental health staff, victim support specialists, investigators, and institutional leadership. The facility plan is used as a supplement to ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation. The Warden, as well as several other staff reported that her staff are familiar with the PREA Response Plan and staff work very diligently to ensure the safety of the alleged victim. Staff were familiar with their responsibilities when/if an incident occurred. Staff are equipped with a pocket-sized laminated card that lists first responder's duties that a staff member can refer to if needed. If an incident was reported regarding an allegation of sexual misconduct, the Sexual Abuse First Responder Checklist is utilized

This auditor finds the facility in compliance with this standard.

### **Corrective Action:**

1. None

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

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

### 115.66 (a)

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

### 115.66 (b)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. Ohio Civil Service Employees Association AFSCME Union Contract
2. Interviews:
  - a. Agency Head

### **Findings:**

ODRC engages in a collective bargaining unit. According to the Union Contract, the state retains the right to hire and transfer employees, suspend, discharge and discipline employees. This allows the agency to remove an alleged, staff sexual abusers from contact with any inmates pending the outcome

of an investigation or of a determination of whether and to what extent discipline is warranted. It also allows the agency to set the regulations regarding employment and to determine the basis for the selection, retention and promoting employee.

This auditor finds the facility in compliance of this standard.

**Corrective Action:**

1. None

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

#### 115.67 (b)

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

#### 115.67 (c)

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



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

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
  - b. Investigative Summary Report Administrative Investigation including retaliation monitoring
2. Interviews:
  - a. Inmates Who Reported Sexual Abuse
  - b. Staff Charged with Monitoring Retaliation

**Findings:**

ODRC Policy, 79-ISA-02, requires the facility protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The institutional investigator is designated as the staff member responsible for monitoring retaliation resulting from cases of sexual abuse. The PCM/OCM is designated as the staff member responsible for monitoring retaliation resulting from cases of sexual harassment. The policy also requires the facility to employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations.

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

The facility's obligation to monitor retaliation ceases if the allegation is unfounded, the victim or witness is transferred to another facility or is released from custody.

The auditor was provided with documentation that included the initial report of a sexual abuse allegation, the detailed investigation including the finding that the allegation was substantiated, victim support services being offered, initiation of the 90-day monitoring process to include 30-day periodic

status checks signed by the inmate and the investigator. Policy was followed throughout the 90-days monitoring was taking place.

This auditor finds the facility meets the standard.

**Corrective Action:**

1. None

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-04, PREA Risk Assessments and Accommodation Strategies
  - b. Statement of Status noting that there were no placements into Involuntary Segregation at NERC
2. Interviews:
  - a. Warden
  - b. PCM/OCM
  - c. Staff who Supervised Inmates in Segregation

#### **Findings:**

ODRC Policy, 79-ISA-04, PREA Risk Assessments and Accommodation Strategies prohibit placing inmates at high risk for victimization in involuntary Transitional Program Unit (TPU) under Restrictive

Housing (RH) or Limited Privilege Housing (LPH) conditions unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If a placement on involuntary TPU assignment is made, it shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days. If a placement would extend beyond the 30 days, unit management should provide the inmate a review every 30 calendar days to determine whether there is a continuing need for separation from general population.

The staff who supervised inmates in segregation reported they have never housed an inmate in restrictive housing who was an alleged victim. They also reported that the facility no longer has a restrictive housing unit but they do have inmates on limited privileges but an alleged victim would never be placed on limited privileges status either. The inmate would more than likely be transferred if it became necessary. She explained that they try to not disrupt the victim's life unless it absolutely could not be avoided.

The Warden reported similar information about the facility no longer having a restrictive housing unit. She explained that the Limited Privileges status inmates still have privileges to walk the yard, attend programming, participate in recreation activities in designated areas of the facility and are required to wear different clothing than general population inmates.

Investigations involving an alleged victim of sexual abuse indicated that alleged victims were not placed in restrictive housing. In fact, the victim was never moved at all. The abuser on the other hand, was transferred.

NERC reported that there were no placements into Involuntary Segregation during the audit period.

This auditor finds the facility meets this standard.

**Corrective Action:**

1. None

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual misconduct Reporting, Response, Investigation, and Prevention of Retaliation
  - b. ODRC Investigation Summary Report Administrative Investigation-substantiated sexual misconduct

- c. ODRC Investigation Summary Report Administrative Investigation-unfounded sexual harassment
- d. Training Certificate for ODRC Investigator, NERC OCM, and OSHP Investigator
- e. ODRC Statement of Status- OSHP did not forward any sexual abuse or harassment cases for prosecution, therefore there are no criminal investigative reports during this audit period
- e. Memo to auditor from PREA Coordinator regarding record retention schedule for criminal investigations
- f. ODRC Record Retention Schedule
- g. MOU between ODRC and OSHP

2. Interviews:

- a. Facility investigator
- b. Inmates who reported sexual abuse

**Findings:**

According to ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, all reported incidents of alleged sexual abuse and sexual harassment are investigated. Per the policy, investigations into allegations of sexual abuse and sexual harassment shall be conducted promptly, thoroughly and objectively for all allegations including third-party and anonymous reports. The policy also details practice regarding evidence protocols, conducting compelled interviews and determining credibility of victims, suspects and witnesses. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reason behind credibility assessments and investigative facts and findings.

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

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

The facility investigator and the OSHP trooper both possessed certificates for completing a specialized training. During the interview with the facility investigator it was determined that the credibility of anyone interviewed in a PREA investigation is impartially and individually assessed. Evidence protocols were also reviewed with the facility investigator, to include preserving, gathering and documenting physical and DNA evidence for potential criminal investigation. The facility investigator noted that ODRC does not require an inmate who alleged sexual abuse to submit to a polygraph examination as a condition for proceeding with an investigation. The OSHP investigator was not available during the auditor's time onsite.

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

Retention of investigations are consistent with PREA requirements. Administrative investigation case files are retained for 10 years after the inmate has reached final release, expiration of sentence, death, or 10 years after the employee is no longer employed by the agency. Criminal investigation case files are held indefinitely.

ODRC is fortunate to have the assistance of the OSHP in conducting criminal investigations. Investigative case plans are thorough, detailed and completed in a timely manner. This auditor finds the facility exceeds this standard.

**Corrective Action:**

1. None

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and



## Prevention of Retaliation

### b. Investigation Summary Report Administrative Investigation

#### 2. Interviews:

##### a. Investigative staff

#### **Findings:**

According to ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, ODRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated.

The Facility Investigator was interviewed and a sample of the facility PREA investigations were reviewed. Inconsistencies as well as consistencies in inmate responses to questions, physical evidence, video footage, witness and inmate (victim/abuser) statements are all considered by the investigator in determining the outcome of the investigation. The standard for the “preponderance of evidence” in the investigations reviewed was established and used consistently in each investigation and used to make final determinations.

This auditor finds the facility in compliance with the standard.

#### **Corrective Action:**

1. None

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

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

#### 115.73 (b)

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

#### 115.73 (c)

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

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

#### 115.73 (d)

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

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
  - b. Investigative Summary Report Administrative Investigation
  - c. Statement of Status reporting NERC did not have any allegations of sexual abuse that involved staff on inmate during the audit year
2. Interviews:
  - a. Warden
  - b. Investigative Staff
  - c. Inmates who Reported Sexual Abuse

**Findings:**

According to ODRC Policy, 79-ISA-2, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation requires that upon completion of an investigation into an inmate's allegations that she suffered sexual abuse in the facility, the institutional investigator informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded.

There were four (4) administrative investigations of alleged inmate sexual abuse completed by NERC the last 12 months and no criminal investigations. All four (4) inmates were notified verbally or in writing of the results of the investigation. A few of the investigations noted that the inmates were informed verbally and in writing of the results of the investigation. If there were any criminal investigations conducted, the facility investigator would work cooperatively with the investigative trooper from OSHP for the results of the investigation and proper notification to the inmate would be made by the facility investigator or PCM/OCM. The notifications were all made within reasonable time periods.

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

The auditor finds the facility in compliance with this standard.

**Corrective Action:**

1. None

# DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

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

### 115.76 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:

- a. ODRC Policy, 79-ISA-01, Prison Rape Elimination
- b. ODRC Policy, 31-SEM-07, Unauthorized Relationships
- c. Statement of Status saying that NERC did not have any employees that violated agency sexual abuse or sexual harassment policies, thus no disciplinary sanctions up to and including termination.

**Findings:**

ODRC Policy, 79-ISA-01, Prison Rape Elimination and Policy 31-SEM-07, Unauthorized Relationships both stipulate that all employees are subject to disciplinary sanctions up to and including termination for violating agency sexual misconduct policies. Terminations for violations of agency sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies.

There were no cases in the past 12 months that any staff violated agency sexual abuse or sexual harassment policies, thus there were no staff terminated (or resigned prior to termination). There were also no staff disciplined, short of termination, for agency sexual abuse or sexual harassment policies as well as no staff being reported to licensing boards following their termination (or resignation prior to termination).

The auditor finds the facility meets the standard.

**Corrective Action:**

- 1. None

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

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

**115.77 (a)**

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

**115.77 (b)**

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-01, Prison Rape Elimination
  - b. ODRC Policy, 71-SOC-01, Recruitment, Training and Supervision of Volunteers
  - c. Statement of Status-NERC did not have any allegations of sexual abuse or harassment against a volunteer or contractor during the audit period.
  - d. Standards of Conduct for Contractors, Volunteers and Interns
2. Interviews:
  - a. Warden

### **Findings:**

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

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

There were no volunteers or contractors reported to relevant licensing bodies and law enforcement for engaging in sexual abuse of inmates.

The auditor finds this standard in compliance.

**Corrective Action:**

1. None

## **Standard 115.78: Disciplinary sanctions for inmates**

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

#### **115.78 (a)**

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

#### **115.78 (b)**

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

#### **115.78 (c)**

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

#### **115.78 (d)**

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

#### **115.78 (e)**

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

#### **115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

### 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
  - b. ODRC Policy, 56-DCS-01, Conduct Report and Hearing Officer Procedures
  - c. Incident Report
  - d. Statement of Status-NERC did not have any allegations of sexual abuse that involved staff on inmate during the audit year.
  - e. Inmate Conduct Report for consensual physical contact for the purpose of sexually arousing or gratifying either person.
  - f. 5120-9-06 Inmate Rules of Conduct
  - g. 5120-9-08 Disciplinary procedures for violations of inmate rules of conduct before the rules infraction board
2. Interviews:
  - a. Warden
  - b. Medical and Mental Health

### **Findings:**

ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation and ODRC Policy, 56-DCS-01, Conduct Report and Hearing Officer Procedures both explain the formal inmate disciplinary process of ODRC. Administrative and Criminal



sanctions exist for inmates who engage in sexual misconduct. All sexual activity is prohibited between inmates at NERC. No inmate reporting sexual misconduct shall be issued a conduct report for lying based solely on the fact their allegations could not be substantiated or that the inmate later recanted the allegation. Each case is evaluation on its merits, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred. Inmates who are found guilty by the Rules Infraction Board (RIB) of sexual abuse are considered for disciplinary sanctions and any/all of the following administrative actions:

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

Inmates found guilty by the RIB/SMP of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services. If an inmate's behavior suggests serious mental illness, they can be referred to mental health staff for a mental health assessment.

In the past 12-months, there were three (3) administrative findings of inmate-on-inmate sexual abuse that occurred at NERC. There were no incidents of criminal findings of inmate-on-inmate sexual abuse at NERC. Samples of conduct reports reviewed for sexual abuse included sanctions of limited privileges housing and loss of earned credit.

Staff interviewed explained that if an inmate is appearing before the RIB/SMP for a PREA-related conduct report, would have their mental health taken into consideration when determining sanctions.

The auditor finds the facility meets this standard.

**Corrective Action:**

1. None

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

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

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

Yes  No  NA

#### 115.81 (b)

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

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

#### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:

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

2. Interviews:

- a. Staff responsible for Risk Screening
- b. Inmates who Disclosed Sexual Victimization at Risk Screening

**Findings:**

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

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

Policy requires that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions that include housing, bed, work, education and program assignments. Medical and mental health practitioners reported that access to this information is limited to only those staff who need to know specific information based on their job duties and access has to be granted. Access to the program requires log on information and a password.

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

The auditor finds the facility in compliance with this standard.

**Corrective Action:**

1. None

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

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

### 115.82 (a)

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

### 115.82 (b)

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

**The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:

- a. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
- b. ODRC Policy, 67-MNH-09, Suicide Prevention
- c. Statement of Status-NERC did not have any substantiated PREA allegations of sexual abuse requiring Medical to offer timely information and access to emergency contraception and sexually transmitted infections.
- d. 24-hour Emergency Medical, Dental and Mental Health Access telephone numbers
- e. NERC Medical Staff Schedule-after hours contact information
- f. ODRC Medical Protocol B-11-Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- g. MH Referral Response from assessment results

2. Interviews:

- a. Medical and Mental Health Staff
- b. Inmates who Reported a Sexual Abuse
- c. Security First Responders/Non-Security First Responders

**Findings:**

Although the facility did not have any incidents of sexual abuse that required the timely, unimpeded access to emergency medical treatment and crisis intervention services, ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, requires that all inmates referred to mental health or medical services following an allegation of sexual abuse shall be seen by a mental health professional who shall complete further screenings or assessments. Additional policies define processes the staff are required to follow to ensure that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse provides standardized guidelines for the medical assessment, treatment and referral of inmates who have been involved in a recent sexual abuse incident.

There were no sexual abuse allegation files to review as there were none that occurred at the facility the past twelve months. Medical and Mental Health staff were knowledgeable about their responsibilities if an inmate was referred to them after reporting an allegation of sexual abuse. If evidentiary or medically appropriate, the inmate will be transported to the Emergency Department at Cleveland Mercy Hospital for an examination, treatment and counseling. Medical and Mental Health practitioners are available on site and are on call during non-business hours. Staffing schedules and after-hours contact information were reviewed and verify the availability these staff. Even if sent to the Emergency Room, there is no cost to the victim. All services for treatment, medical and mental health, are free regardless of the victim's level of cooperation with the investigation. Security supervisors ensure the PREA Incident Checklist is completed when an inmate makes an allegation of Sexual Abuse. Part of this checklist includes making contact with Medical and Mental Health staff.

The auditor finds this facility in compliance with this standard.

**Corrective Action:**

1. None

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

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

### 115.83 (a)

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

### 115.83 (b)

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

### 115.83 (c)

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 67-MHN-04, Transfer and Discharge of the Mental Health Caseload
  - b. ODRC Policy, 67-MNH-02, Mental Health Screening and Mental Health Classification
  - c. ODRC Policy, 67-MNH-15, Mental Health Treatment
  - d. ODRC Policy, 79-ISA-02, Prison Sexual Misconduct Reporting, Response, investigation, and Prevention of Retaliation
  - e. ODRC Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
  - f. Statement of Status: NERC had no substantiated PREA allegations of Sexual abuse during the audit period thus there were no instances where Medical had to offer follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to another facility or their release from custody.
  - g. Statement of Status: NERC had no substantiated PREA allegations of Sexual abuse during the audit period thus there were no instances where Medical had to offer any pregnancy tests.
  - h. Statement of Status: NERC had no substantiated PREA allegations of Sexual abuse during the audit period thus there were no instances where Medical had to offer any tests for sexually transmitted infections as medically appropriate.
  - i. Statement of Status: NERC had no substantiated PREA allegations of Sexual abuse during the

audit period thus there were no instances where Mental Health had to conduct an evaluation of any inmate on inmate abusers

2. Interviews:
  - a. Medical and Mental Health Staff
  - b. Inmates who Reported a Sexual Abuse

**Findings:**

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

In accordance with policy, a detailed Mental Health Screening is to be completed on all inmates within seven (7) calendar days of their arrival at any institution by a mental health professional. Interviews also supported the policy as the health care administrator confirmed that if an inmate reports sexual conduct and/or recent sexual abuse they are transported to the health Services area immediately or as soon as possible after the incident. Healthcare staff will collect and document history/information from the inmate on a Medical Exam Report or Emergency Assessment form, in preparation to enable a full and adequate medical examination to document the extent of physical injury and to aid in appropriate treatment. If deemed necessary, inmate victims will be provided an examination, treatment, and counseling at the local emergency department. Upon return to the facility, follow up referrals to mental health are completed. The inmate patient is also prioritized for the next Doctor's Sick Call where further testing (if not completed at Emergency Room) is completed for infectious diseases. A pregnancy test is mandatory and will be performed 3 weeks after alleged vaginal penetration. Access to emergency contraception is also provided if necessary. If an inmate were to be transferred, medical and mental health staff ensure referrals are made that include important information for follow up care. Information will also be shared with providers in the community if the inmate discharges from the facility.

The auditor finds the facility in compliance with this standard.

**Corrective Action:**

1. None

**DATA COLLECTION AND REVIEW**

**Standard 115.86: Sexual abuse incident reviews**

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

**115.86 (a)**



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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

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

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

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

#### **The following evidence was analyzed in making the compliance determination:**

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-03, Sexual Abuse Review Team
  - b. ODRC Summary Report-Administrative Investigation/PREA Incident packet
2. Interviews:
  - a. Warden
  - b. PCM/OCM
  - c. Incident Review Team members

#### **Findings:**

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

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

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

The SART completes the Sexual Abuse Case Review in the electronic PREA Incident Reporting System, and document the SART's findings and recommendations for improvement. The OCM/PCM

will then advise the “managing officer,” (Warden), of the completed review. The managing officer then implements the recommendations of the SART for improvement or documents the reasons for not doing so. SART team members interviewed knew what contributing factors to look for. The Warden was confident in the recommendations the SART team made.

In the past twelve (12) months there were three (3) investigations of alleged sexual abuse completed at the facility, excluding only “unfounded” incidents Sexual abuse incident reviews were completed well within in the prescribed timeframe on all investigations determined to be either substantiated or unsubstantiated during the audit period. The SARTs on all three (3) were completed well within the (30) day time limit.

The auditor finds the facility in compliance of this standard.

**Corrective Action:**

1. None

## Standard 115.87: Data collection

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

#### 115.87 (a)

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

#### 115.87 (b)

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

#### 115.87 (c)

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

#### 115.87 (d)

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

#### 115.87 (e)

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

## 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-01, Prison Rape Elimination
  - b. ODRC 2018 Annual Internal Report on Sexual Assault Data-An Analysis of 2016-2017 Sexual Assault Data
  - c. PREA Incident Packet Instructions

### **Findings:**

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

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

The auditor finds the facility in compliance with this standard.

### **Corrective Action:**

1. None

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-01, Prison Rape Elimination
  - b. ODRC 2018 Annual Internal Report on Sexual Assault Data-An Analysis of 2016-2017 Sexual Assault Data
  - c. ODRC Website-Annual Reports (Assessments)
2. Interviews:
  - a. PREA Coordinator
  - b. PREA Compliance Manager
  - c. Agency Head

### **Findings:**

The agency PREA Coordinator and other staff designated by the agency Director review and collect data from all facilities. Aggregated data is utilized to improve the overall effectiveness of ODRC's sexual abuse prevention, detection and response policies and training including problem areas, taking corrective action on an ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility and ODRC as a whole. A review of the ODRC 2018 Annual Internal Report on Sexual Assault Data-An Analysis of 2016-2017 Sexual Assault Data included a comparison of the current year's data and corrective actions with those from prior years as well as provided an assessment of the progress the agency has made in addressing sexual abuse. The report is prepared by the PREA Coordinator and approved by the ODRC Director. This report as well as prior reports can be viewed on the agency's website, <http://www.drc.ohio.gov/prea>. Personal identifiers were removed from the report.

The auditor finds the facility in compliance with this standard.

### **Corrective Action:**

1. None

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

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

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)

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

#### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

### The following evidence was analyzed in making the compliance determination:

1. Information or Documents Reviewed:
  - a. ODRC Policy, 79-ISA-01, Prison Rape Elimination
  - b. ODRC 2018 Annual Internal Report on Sexual Assault Data-An Analysis of 2016-2017 Sexual Assault Data
  - c. ODRC Records Retention Schedule
2. Interviews:
  - a. PREA Coordinator

### **Findings:**

ODRC Policy, 79-ISA-01, Prison Rape Elimination requires that all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be securely retained for 10 years after the inmate has

reached final release, expiration of sentence or death. Any records pertaining to an employee named in a PREA violation are also retained for 10 years after the staff member leaves the employment of the agency. All case records are maintained securely and confidentiality is maintained by the use of passwords. The Records Retention Schedule indicates that file cases related to criminal investigation cases are permanently retained as are reports produced from with ODRC that contains data routinely requested by the public.

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

The auditor finds the facility in compliance with this standard.

**Corrective Action:**

1. None

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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



#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The auditor was provided a password protected flash drive that contained digitally stored information and documentation. Hard-copy documentation was also received. The auditor was provided access to all areas of the facility and was able to speak with any inmate, contractor or staff member. Due to the Covid-19 outbreak, volunteers and visitors were not being allowed into the facility but volunteers were contacted through telephone calls upon the auditors return. Private offices were provided for staff and inmate confidential interviews. ODRC organizes the audits of the facilities in the agency to ensure that each facility was audited during each three-year audit cycle period. The audit reports for all ODRC facilities are published on the ODRC website.

The auditor received no correspondence from any inmates prior to and after the onsite audit.

The facility is in compliance with this standard.

## Standard 115.403: Audit contents and findings

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

### 115.403 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

The agency is in compliance with this 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.

## Auditor Instructions:

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

Trish Bernhards

5/18/2020

**Auditor Signature**

**Date**

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

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