

**PREA AUDIT REPORT     Interim     Final**  
**ADULT PRISONS & JAILS**

**Date of report:** June 1, 2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> April 26-28, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Grafton Correctional Institution			
<b>Facility physical address:</b> 2500 Avon-Belden Rd., Grafton, Ohio 44044			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> (440) 748-1161			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> LaShann Eppinger			
<b>Number of staff assigned to the facility in the last 12 months:</b> 382			
<b>Designed facility capacity:</b> 1234			
<b>Current population of facility:</b> 1963			
<b>Facility security levels/inmate custody levels:</b> 1 and 2			
<b>Age range of the population:</b> 18-81			
<b>Name of PREA Compliance Manager:</b> Steve Weishar		<b>Title:</b> Investigator/PREA Compliance Manager	
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<b>Agency Information</b>			
<b>Name of agency:</b> Ohio Department of Rehabilitation and Correction			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Ohio			
<b>Physical address:</b> 770 West Broad Street, Columbus Ohio			
<b>Mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
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<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
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## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for the Grafton Correctional Institution and the Grafton Reintegration Center (GRC) (hereafter referred to as the Grafton Correctional Complex (GCC)) from initial notification through this auditors' Summary Report Adult Prisons and Jails/PREA Final Report began January 2017 with the notice that the Ohio Department of Rehabilitation and Corrections (ODRC) through the American Correctional Association (ACA) had scheduled a PREA Audit with a tour date of April 26-28, 2017, of the Grafton Correctional Complex in Lorain County in the city of Grafton, Ohio. PREA Certified Auditors Marilyn (Lynn) McAuley (lead) and James Curington (member) were notified by ACA e-mail of their appointment and schedule.

The audit process started with a contact from the PREA Implementation Director, Bureau of Operational Compliance, Ohio Department of Rehabilitation and Corrections, Columbus, Ohio. The PREA Implementation Director mailed a USB thumb drive to the lead auditor. The thumb drive contained five essential parts: part one - master folder for each of the PREA Standards; part two - ACA 2014 Visiting Committee Report (VCR) May 19-23, 2014 Reaccreditation Audit; part three - GCC Complex Inmate Population Reports; part four - GCC Pre Audit Questionnaire (PAQ); part five - GCC 2018 Facility Layout including camera layout at GCI and GRC. All documentation on the thumb drive was reviewed by the lead auditor prior to the site visit resulting in a check list of additional information required for the audit upon arrival at the facility.

Part one, the Master Folder includes a separate file for each of the 43 Adult Prisons and Jails PREA standards containing all relevant policies and procedures that go with each of the standards. All documents are named according to the corresponding Pre-Audit Questionnaire number and the document name. The 43 standards folders (one for each standard) found in the Master Folder contained substantiated compliance documentation for each of the standards addressing: interviews, screening appraisals of the incoming inmates, and treatment of inmates with intersex conditions, gender identity disorder, gender dysphoria, and staff personnel discipline forms. Part two, ACA 2014 Visiting Committee Report (VCR) May 19-23, 2014 Reaccreditation Audit is the ACA Standards Compliance Reaccreditation Report providing valuable information on facility description, condition of confinement, medical, mental health and programs that could be confirmed with observation, review of documentation and interviews. Part three, 2016 GCC Complex Inmate Population Report shows the inmate population at all locations for the 1<sup>st</sup>, 10<sup>th</sup> and 20<sup>th</sup> of the month for the last 12 month. Part four, GCC Complex Pre-Audit Questionnaire which is a stand-alone folder provided required data necessary for the auditors to make a decision on compliance of the standards, and information for the auditors to use in completing the PREA Compliance Audit Instrument. The PAQ provided comprehensive, specific material that could be verified by the auditors on site with review of documentation including files, interviews with staff and inmates and observations during the tour of the facility. Part five, GCC 2018 Facility Layout including camera layout at GCI and GRC provided valuable information prior to the actual facility visit and gave the auditors information necessary to complete pre-audit work and prepare for the actual site facility tour.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire, sent by ODRC; B) the Auditors Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. These instruments were used for: guidance during the tour; interviews with random and specialized staff and random and specific classes of inmates; observations during tour of the complex; and recommendations for review of documentations.

Following the protocols of making contacts, and checking on the posting of notices (posting was initiated through the American Correctional Association and the facility, Grafton Correctional Complex) the lead auditor, began review of the Pre-Audit Questionnaire and the material sent prior to the audit visit. Each item on the thumb drive was reviewed. Of particular interest to the auditors was the detailed information in the Pre-Audit Questionnaire completed by the PREA Implementation Director for the ODRC. Also, in this preliminary review, special interest was taken in the compliance documentation provided for each standard. The information from the standard files and the PAQ was used to complete the PREA Compliance Audit Instrument Checklist of Policies/Procedures; the PREA Resource Audit Instrument and other documents in advance to identify additional information that might be required and could be collected prior and during the audit visit.

On the first day of the audit, the Auditors proceeded to the Administration Building where a brief meeting was held with: the auditors; Warden; PREA Implementation Director; PREA Compliance Manager; and facility Executive Staff. During the brief meeting the PREA Auditors were given a 2017 PREA Audit Welcome Book of significant information requested in advance of the site visit. Included in this information was the inmate count list for Wednesday, April 26, 2017 for random selection of inmates to be interviewed during the audit. Also provided were: facility information sheet; facility PREA contacts with photos; Mission statement; list of areas with number of cameras; scheduled intake and inmate orientation; staff roster including title, shift and good days; list of staff by unit with organization chart; medical and mental health staff; staff who perform risk assessment; staff who process intakes and orientation; sexual abuse review team members; contractors and volunteers; victim support persons; inmates with PREA classifications; list of LGBTI inmates; list of inmates who disclosed victimization during risk assessment; and list of inmates with disabilities. This Welcome Book was well prepared, extremely valuable to the auditors and provided all information requested plus additional information. The weekly audit schedule for the Grafton Correctional Complex included PREA and ACA Reaccreditation audits at the facility. The ACA Reaccreditation was the first part

of the week April 24-26, 2017 with the PREA Audit the end of the week April 26-28, 2017.

The auditors sent a daily audit activity schedule to the Warden for the 3 days of the audit prior to arriving at the facility. This schedule was discussed during the initial briefing and revised based on the needs of individuals involved in the audit process. The first audit briefing discussed tour protocols and points of interest for the following two days and was prior to beginning the facility tour. The interview process started with the Warden and facility PREA Compliance Manager Interviews. At this time, a review of the inmate population, inmate count on the first day of the audit was 1,167 inmates at GCI and 778 inmates at GRC for a total of 1,963 inmates at GCC. The random inmates to interview at GCC were selected from each housing unit for interview by the auditors. Random selection of 56 inmates and 20 special classification inmates resulted in 76 inmates (3.9% of 1,963 Grafton inmates) interviewed. Special inmates selected to be interviewed including: 2 limited English proficient inmates with an interpreter; 2 disabled inmates; 5 inmates who had reported sexual abuse; 3 inmates who disclosed sexual victimization during risk screening; 8 LGBTI inmates including one transgender inmates. All inmates interviewed acknowledged: the ODRC's zero tolerance of sexual abuse and sexual harassment; their right to be free from both sexual abuse/harassment and retaliation for reporting; and they have been trained on how to report verbally, in writing, anonymously and from third parties.

Interviews with security, non-security and specialized staff included male and female staff with years of service ranging from 1 year to over 29 years. Staff that may have contact with inmates at the Grafton Unit was 382 with 72 (19%) staff interviewed. Security staff were interviewed from day, evening and night shifts at GCI and GRC and included: Major; Captain; Lieutenants; Sergeants; Correctional Officers; reception officer; intermediate/higher-level staff (unannounced rounds); and staff who perform inmate screening. Non-security staff included: transitional staff; program staff; administrative staff; medical staff; mental health staff; human resource manager; SAFE/SANE representative; volunteer; contractor; investigative staff; incident review team member; retaliation monitor; and first responder. All staff interviewed confirmed they have received training and understood ODRC PREA policies and procedures.

Sampling techniques for interviews with staff, inmates, and files included random selection of staff and inmates from: list of all inmates by housing unit; list of all employees broken down by security and non-security staff; list of employees hired during the last 12 months; list of volunteers and contractors; investigators assigned to facility and OSHP; specialty staff; available SANE/SAFE representative; intake staff; medical and mental health staff; and list of inmates who: are disabled/limited English proficient; transgender/intersex/gay/bisexual; who reported a sexual abuse; and who disclosed sexual victimization during risk screening. Files selected for review were based on requirements of the standards. The facility provided the auditors offices to hold staff and inmate interviews. Facility staff provided excellent service making sure the individuals selected were available for the auditors to interview them without delay. The auditors used the PREA Audit Instrument for: random sample of inmates; special class of inmates; random sample of staff (security and non-security); specialized staff; Warden; and PREA Compliance Manager. While the recommended questions were asked for staff and inmates the auditors also added questions that would help in deciding compliance of the various standards.

The Grafton Correctional Complex is a well-managed operation with obvious complete cooperation between management, security, medical, mental health and other staff in developing, implementing and monitoring on a daily basis the requirements of the 43 PREA standards. Review of documentation, observations during the tour, interviews with staff and inmates and comparing the information with the total requirements of the PREA audit was enhanced by the extreme cooperation of all staff at the GCC in providing additional information as requested. Staff is completely knowledgeable of the PREA standards and enforces the standards to ensure the safety of inmates and staff at the facility. This is the second PREA audit for GCC and it was evident that the facility considers PREA a priority as they have enhanced the facilities ability to protect inmates from sexual abuse and sexual harassment in a number of ways including adding additional cameras to monitor inmate activity.

In conclusion, the auditors based the decision of compliance for the standards on: data gathering; review of documentation; observations during tour of facility; sampling techniques for interviews with staff, inmates, and files; interviews; and comparing policies and practice to the requirements of the standards addressing all parts of each of the 43 standards. Observations during the tour, informal interviews with staff and inmates, and review of documents confirm that the GCC staff considers PREA a number one priority and have developed, implemented and are monitoring all of the 43 standard to ensure compliance with the standards requirements. The Agency's approach to preventing, detecting, and responding to the PREA Standards continues to substantially exceed in a number of the standards based on the performance of dedicated staff at GCC.

## DESCRIPTION OF FACILITY CHARACTERISTICS

The Grafton Correctional Institution (constructed May 1989) and the Grafton Reintegration Center (constructed June 2000) known as the Grafton Correctional Complex is owned and operated by the Ohio Department of Rehabilitation and Corrections (ODRC). The agency's mission is to "Reduce recidivism among those we touch" and the facility includes an operations mission statement "Unit management and security will work together to be responsive to staff concerns and the needs of the inmates". The Complex is located on 1,782 acres at 2500 Avon-Belden Rd, Grafton, Ohio. There are 16 buildings on GCC with 10 at GCI and 6 at GRC.

These two facilities, GCI and GRC, are next to each other in geography, but represent two facilities guided by one management team. The GCI is an adult male institution of minimum and medium security levels and has six inmate housing buildings. Multiple general population housing cells are in four buildings with open bay dorm general population housing units in the other two buildings. A 30 bed segregation cell unit is in the administration building. The GRC is a reintegration center housing minimum and medium security level inmates in three large dormitory living units. Review of documentation and observation during tour of the facilities confirm: inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing certain areas of their body; intermediate and higher level supervisors conduct and document unannounced rounds; and GCC does not allow, by policy, cross-gender strip or cross-gender visual body cavity searches of inmates.

The ODRC considers the safety of inmates and staff a priority evident by constantly upgrading the video monitoring system at GCC. The agency considers how video monitoring technology enhances the facility's ability to protect inmates from sexual abuse and installed 47 cameras since the last 2014 PREA Audit. The complex has 283 cameras with 188 cameras at GCI and 95 cameras at GRC. Of particular interest are the cameras in the following locations: 4 administrations; 11 TPU; 11 visitation; 68 housing units; 5 medical; 7 recreation; 11 education; 14 commissary, quartermaster, barbershop, laundry; 14 food service, back dock; 20 maintenance, perimeter, warehouse, sally port, parking lot; 3 chapel and 3 in building D1. There has been no expansion, renovations or changes at GCC since August 20, 2012.

The Grafton Correctional Complex is an all-male medium/minimum facility with a rated capacity of 498 beds at GCI and 736 beds at GRC for a total design capacity of 1,234 beds. The actual population on the date of the audit was 1,167 at GCI and 778 at GRC for a total population of 1,963. During the last twelve month 773 inmates were admitted to the GCC and received training upon arrival at the facility on the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Additionally, these inmates were assessed during intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates within 24 hours of their arrival to the facility. Within 30 days all 773 inmates were reassessed for their risk of sexual victimization or of being sexually abusive. The average length of stay for inmates at GCC is 10.8 years.

The Warden and staff provided the auditors with access to all areas of the GCC so they were able to observe activity at the facility according to the PREA Compliance Audit Tool – Instructions for PREA Audit Tour in order to verify compliance with the standards. The tour of the facility included observation in all of the buildings. Interviews with specialized staff, random sample of staff and inmates were conducted on all three days of the audit. During the three days of the site visit the auditors, PREA Implementation Director and PREA Compliance Manager reviewed the 43 PREA Standard files using the PREA Audit: Pre-Audit Questionnaire, Adult Prisons & Jails and PREA Audit: Auditor Compliance Tool, Adult Prisons and Jails. Tool to assess final compliant review.

During the audit, documentation reviewed confirmed 100% of staff at GCC had received the original PREA training prior to the last 12 months and 100% of staff was retrained during the last 12 months. Staff is very proud of their jobs, knowledgeable about their duties especially to the PREA Standards and confirms they have received and understand the required original PREA training and new PREA updated training. Review of files confirms that staff has signed forms confirming they have received and understood the original and new PREA training as required by the standards. The auditors attended the changing of security staff when the shift changes and observed the movement from one shift leaving and another shift arriving. This gave the auditors an opportunity to interview staff from both of the shifts. This method of updating security staff during shift change regarding PREA and other important areas of corrections is impressive.

The Agency has zero tolerance for sexual abuse and sexual harassment. Sexual abuse and sexual harassment violate Department rules and threaten security. All reports of sexual abuse, sexual harassment, and retaliation against an inmate or staff member for reporting or taking part in an investigation of possible sexual abuse or harassment is thoroughly investigated and if there is evidence that a crime was committed, it will be prosecuted to the fullest extent permitted by law. Today, ODRC is proud to be a leader in the national efforts to improve correctional practices under the Prison Rape Elimination Act of 2003 (PREA). The Grafton Correctional Complex is a well-managed prison housing medium/minimum classification of inmates. Administration has designed, developed, implemented and now are monitoring a comprehensive PREA practice to prevent, detect and respond to sexual abuse and sexual harassment that meets or exceeds all of the required PREA standards.

## SUMMARY OF AUDIT FINDINGS

Comparing policies and practice with data received and reviewed, observations, and interviews to the standard requirements began with the pre-audit activity, continued during the site visit and was completed during the post audit summary report stage. During the last 12 months GCC had a total of seventeen allegations of sexual abuse and sexual harassment received. All allegations resulted in an administrative investigation with: 5 abuses unsubstantiated; 2 abuses unfounded; 1 harassment substantiated; and 9 harassments unsubstantiated. All allegations are investigated with the GCC handling administrative allegations and OSHP handling criminal investigations. The OSHP receive notification of all allegations. There were no allegations referred for criminal investigations during the last 12 months.

The 2014 PREA Audit found the following five standards substantially exceeds the requirement of the standard: 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator; 115.18 Upgrade to facilities and technology; 115.21 Evidence protocol and forensic medical examination; 115.34 Specialized training: Investigations; 115.71 Criminal and administrative agency investigations. These five standards continue to substantially exceed the requirement of the standard per this 2017 PREA Audit. Additionally the following four standards are added to the list of substantially exceeds the requirement of the standard: 115.31 Employee training; 115.33 Inmate education; 115.41 Screening for risk of victimization and abusiveness; and 115.88 Data review for corrective action. The total number of standard that substantially exceeds the requirement of the standard is 9 standards. Standards that are non-applicable include: 115.14 Youthful inmates and 115.66 Preservation of ability to protect inmates from contact with abusers. The other 33 standards are compliant.

An explanation of the findings related to each standard showing policies, practice, observations and interviews are provided in this report under each standard. The Ohio Department of Rehabilitation and Corrections is a leader in national efforts to improve correctional practices under the Prison Rape Elimination Act of 2003 (PREA). Evidence supports PREA is a priority for the Department and there is exceptionally strong leadership at the Grafton Correctional Complex enforcing the Department's PREA policies that were developed using best practices in corrections.

Number of standards exceeded: 9

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The auditor reviewed: 79-ISA-01 P: 3, 8-9, Appendix A; 79-ISA-02 P: 3-8; and ODRC Agency Organizational Chart; confirm policies are in place and enforced to ensure the agency has written policies mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates with sanctions for those found to have participated in prohibited behaviors. Also, 79-ISA-01 P: 8-9 and Form DRC-1356E include the agency strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. Interviews with the PREA Coordinator and PREA Compliance Manager confirm staff and inmates have been trained on PREA compliance and know PREA means Safe and Secure Prisons. The agency has a zero tolerance toward all forms of sexual abuse and sexual harassment as confirmed in interviews with inmates and specialty and random selection of staff. During the tour of the facility the auditor observed posters in English and Spanish regarding ODRC's zero tolerance toward all forms of sexual abuse and sexual harassment strategically placed throughout the facility.

The ODRC appointment of the Agency's Chief, Bureau of Operational Compliance as the state-wide PREA Coordinator as shown in the agency organizational Chart confirms the agency Director has designated an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with PREA. Interview with the PREA Coordinator, observation during the audit and review of Agency Organizational Chart confirms his status. The PREA Coordinator said he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of ODRC facilities.

The GCC is one of many facilities within ODRC. The Warden at each of the facilities appoints a staff member at the facility as the PREA Compliance Manager. The agency has two regional managers (who assist the compliance managers at the various agency facilities). Interview with the PREA Coordinator and review of the PREA Coordinator duties and facility organizational chart confirms the agency operates more than one facility, and has required each facility to designate a PREA Compliance Manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. There is open channel of communication between the PREA Coordinator, PREA Regional Manager and the facility Compliance Manager as they communicate directly with the warden or staff at the facility or regional office.

The agency's commitment to PREA is shown in the organizational structure developed. There is a PREA Coordinator responsible for the agency-wide PREA with Regional PREA Compliance Managers responsible for PREA in a number of facilities. The facility Warden designates a PREA Compliance Manager specifically for the unit. Interviews with the PREA Coordinator, the Regional PREA Compliance Manager confirm that the PREA Compliance Manager has been designated at GCC and he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards. The PREA Compliance Manager is an officer with access to the Warden through the Deputy Warden of Special Services.

Review of documentation, observation of zero tolerance posters during tours of facility and interviews with staff and inmates, as described, confirms GCC is compliant with Standard 115.11. The agency's zero tolerance for sexual abuse and sexual harassment is a top priority. The GCC staff is committed to operating in compliance with PREA Standards. The complex has trained investigative staff on the unit who continue to report all allegations of any form of sexual misconduct to the Ohio State Highway Patrol for review, investigation and follow up. The facility has invested the necessary resources and time to educate the inmate population about their rights under PREA and to train security and civilian staff, contract staff, and volunteers concerning their obligation to identify and report knowledge or suspicion of inappropriate activity related to PREA. The agency's strong support for developing, implementing and monitoring the PREA Standards is evident with the policies developed and enforced. The agency's priority commitment to PREA is evident with: documents provided; interviews with staff and inmates; and observations during the tour of the units. In conclusion, the auditor finds the facility substantially exceeds the requirement for Standard 115.11 Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator.

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

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

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

Review of: 79-ISA-01 P: 5; Memo to File; Contract Addendum P: 7; Statement of Status; confirm that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The agency has two contracts and did not enter into any new contracts since the last PREA audit. However, an addendum dated July 1, 2015 was a renewal to June 30, 2017. Attachment 7 P: 7 dated October 31, 2016 require contractors to adopt and comply with PREA standards.

Review of 79-ISA-01 P: 5 confirms that contracts for the confinement of inmates will comply with PREA Standards and the agency’s designated Contract Monitor will monitor each contract for compliance with all PREA Standards. Interview with the agency Contract Administrator confirms ODRC has full time Contract Monitor at each facility to monitor day to day operations. The Contract Monitor reports directly to the Chief of Acquisitions and Contract Compliance. The Regional Medical/Mental/Recovery Services Monitor conducts regular visits. The Regional Director conducts site visits with a Regional Team. The Bureau of Operational Compliance conducts an annual Internal Management Audit to include a PREA Compliance Review. Contract facilities are required to follow ODRC Policies. Any new contract or contract renewal provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards. Also ODRC conducts an annual PREA compliance review on each contract.

Interview with the Agency Contract Administrator confirms that ODRC has a contract monitor on site for each of the private contract facilities who oversee all the operational practices, the contract practice and the day to day operations of the particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The contract monitor completes a compliance review checklist of documentation. Both contract facilities with ODRC have undergone their initial PREA audits. Based on review of documentation and interview with the Agency Contract Administrator the Agency is compliant with Standard 115.12.

### **Standard 115.13 Supervision and monitoring**

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

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

Review of: 79-ISA-01 P: 5; 2016 GCC Staffing Plan; DRC 1362; DRC-1189 P: 1; Shift Rosters confirm GCC management has developed, documented, and makes 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 sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, GCC has taken into consideration: 1) Generally accepted detention and correctional practices; 2) Any judicial findings of inadequacy; 3) Any findings of inadequacy from Federal investigative agencies; 4) Any findings of inadequacy from internal or external oversight bodies; 5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); 6) The composition of the inmate population; 7) The number and placement of supervisory staff; 8) Institution programs occurring on a particular shift; 9) Any applicable State or local laws, regulations, or standards; 10) The prevalence of substantiated and unsubstantiated

incidents of sexual abuse; and 11) Any other relevant factors. Interviews with the Warden, PREA Coordinator and PREA Compliance Manager found the GCC has staffing plans providing adequate staffing levels to protect inmates against sexual abuse. Staff is able to monitor inmate movement throughout the camera system. The staffing plan is: reviewed annually; documented and available. According to the PREA Compliance Manager the staffing positions are allocated from the staffing plan established by ODRC and GCC and reviewed by the PREA Coordinator. The Staffing Plan is: within generally accepted guidelines and practices; considers all 11 areas in this paragraph; determined by the facility physical layout and its daily operational needs and is review annually. The facility provided an example of the GCC Facility Post Closure Report showing there were no circumstances when the staffing plan was not complied with. However, per policy the facility would documents and justifies all deviations from the plan as reviewed; and reasons staffing plan not met. The GCC did not have any deviations from the Staffing Plan since the last GCC 2014 PREA audit.

The auditor reviewed DRC-1189E P: 3 and 2016 GCC Staffing Plan and interviewed the PREA Coordinator confirming the agency, whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by 115.11, the agency assess, determine, and document whether adjustments are needed to: 1) The staffing plan established pursuant to the first paragraph of this section; 2) The facility's deployment of video monitoring systems and other monitoring technologies; and 3) The resources the facility has available to commit to ensure adherence to the staffing plan. The current average daily staffing level is based on 1,986 inmates with the actual average daily number of inmates since the last 2014 audit being 1,986 inmates. This staffing level is within generally accepted guidelines and practices. Interview with the PREA Coordinator confirmed he is consulted regarding assessments of and adjustments to the staffing plan for GCC on an annual basis.

Review of: 50-PAM-02 P: 2-5; DCR-1189 E; PREA Staffing Plan P: 1-15; DRC 6001 Employee Visit Record; confirm GCC has 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. Such policy and practice has been implemented for day, evening, night and special shifts. The facility has a policy to prohibit 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. The auditor reviewed data in log book entries showing executive team and security supervisor announced/unannounced rounds on day, evening and night shifts; examples of weekly administrative activity report; day, evening and night, and examples of security supervisor reports. Interviews with the PREA Compliance Manager, Warden, intermediate-level and higher-level supervisors confirm unannounced rounds are being done on all shifts on a regular basis. Observation while visiting the housing units and reviewing the log books confirm unannounced rounds are being done per Standard 115.13.

Review of documentation showing development, review and recommendations for improvement of the staffing plan; observation and review of logs during tour of the facility; interviews with staff during tours; and interviews with random selection of staff and inmates; GCC is found compliant with Standard 115.13 Supervision and Monitoring.

### Standard 115.14 Youthful inmates

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

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

A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. GCC does not house any youthful inmates. Therefore, this part of the standard is non-applicable.

In areas outside of housing units, agencies shall either; 1) maintain sight and sound separation between youthful inmates and adult inmates, or 2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact GCC does not have any youthful inmates so this part of the standard is non-applicable.

Agencies shall make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. GCC

does not have any youthful inmates so this Standard 115.14 Youthful inmates is non-applicable.

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

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

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

Review of 310-SEC-01 P: 3-4 confirm the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Interview with random selection of staff and inmates found the facility does not allow cross-gender viewing and searches except in exigent circumstances or when performed by medical practitioners per agency policy. There were zero cross-gender searches or cross-gender visual body cavity searches at GCC during the last twelve months. During the tour of housing units the auditors interviewed security staff who confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches.

As of August 20, 2015 for a facility whose rated capacity with 50 or more inmates or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Review of ODRC Statement of Status and tour of the facility confirm GCC is an all-male prison so this part of the standard is non-applicable.

Review of ODRC Statement of Status and 310-SEC-01 P: 2 confirms that policies are in place to ensure the facility documents all cross-gender strip searches and cross-gender visual body cavity searches and documents all cross-gender pat-down searches of female inmates. Interviews with the Warden and PREA Compliance Manager confirm while policies are in place there were zero such searches during the last twelve month. The GCC is an all-male facility so the reference to cross-gender pat-down searches of female inmates is non-applicable.

Review of 79-ISA-01 P: 8-9 confirm the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. Interviews with random selection of staff and random selection of inmates from each housing unit and observation during tour of housing area confirm that inmates are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the Standard. Interviews with staff and inmates confirm staff of the opposite gender announces their presence when entering an inmate housing unit. Observations during the tour of the housing units confirm staff of the opposite gender announces their presence when entering an inmate housing unit.

Review of 79-ISA-05 P: 4 confirm policies are in place to ensure the facility not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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. Interviews with a random selection of staff including: Major; Captain; Lieutenants; Sergeants; and Correctional Officers confirm they have been trained not to search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The facility did not have such a search occurring in the past 12 months.

Review of: all pat-down search video script; cross-gender pat-down video and facility all staff pat-down search training logs; confirm policies are in place to ensure training security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Interview with staff confirm they have been trained how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner. Review of documentation was provided showing that GCC security staff (100%) has signed a document showing they have received and understands the cross-gender pat-down searches and searches of transgender and intersex inmates. Interviews with random selection of staff confirmed they have received this training in training academy, with initial

PREA training and receive in-service PREA training annually.

In conclusion, based on documentation provided and reviewed; observations of showers, toilet areas and dressing areas and interviews with staff and inmates including a transgender inmates the GCC is compliant with Standard 115.15 Limits to Cross-Gender Viewing and Searches.

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

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

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

Review of: 79-ISA-01 P: 8; 64-DCM-02 P:3, 5-6, 9; Inmate Handbook English/Spanish; Contract for Deaf Interpretation; Contract for Interpretation Services; confirm the ODRC has policies in place and enforced to ensure the agency takes appropriate steps to ensure that inmates with disabilities (including, for example, inmates 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 or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. Interviews with ODRC Director, random selection of staff and random selection of inmates with disabilities and who are limited English proficient confirm: information is delivered in different formats, written, video, English, Spanish, etc.; policies are in place to provide assistance to any inmate identified as having a special needs in accordance with their needs. Interviews with a limited English speaking inmate and an inmate with a disability confirmed the facility provides information about sexual abuse and sexual harassment that they are able to understand and they are aware additional assistance is available to them.

Review of: Contract CSP 901416 translation and interpretation services; 79-ISA-01 P: 8; ODRC Statement of Status; confirm the agency has taken 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. Interviews with inmates that were limited English proficient confirm the agency has procured interpretation services for individuals with limited English proficiency that is available over-the-phone interpretation services and in-person (consecutive) interpretation services.

Review of: 79-ISA-01 P: 8; 64-DCM-02 P: 9 Appendix B; confirm the agency does not rely, per policy, on inmate interpreters, inmate readers, or other types of inmate assistants 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. Interviews with staff confirm that inmate interpreters for sexual abuse and sexual harassment are not allowed and facility approved interpreters are available for inmates if necessary. In the past 12 months there were no instances where inmate interpreters, readers, or other types of inmate assistants were used.

In conclusion, based on review of policies and procedures; observation of posters placed strategically in the facility and interviews with random sample of staff and inmates the GCC Complex has taken more than appropriate steps to ensure that inmates with disabilities and limited English proficiency 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 and is compliant with Standard 115.16 Inmates with Disabilities and Inmates who are limited English Proficient.

## Standard 115.17 Hiring and promotion decisions

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

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

Review of: 79-ISA-01 P: 5; 34-PRO-07 P: Permanent Exclusions; background samples; hiring policies; confirm policies are in place and enforced to ensure the agency not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who: 1) 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); 2) 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; or 3) Has been civilly or administratively adjudicated to have engaged in the activity described in the first paragraph (2) of this section. The interview with the Human Resource Administrator found prior to appointment ODRC performs criminal background checks on all new employees, employee promotions and all contractors. Background checks are conducted by ODRC investigators. Any background check for an unclassified position (higher Level) is conducted by the Ohio State Highway Patrol. Pertinent civil or administrative adjudication for every candidate selected for an employment, contractor or potential promotional appointment as described in this paragraph is considered. Prior incidents of sexual harassment are considered when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. According to the interview with the Human Resources Administrator ODRC staff asks all applicants and contractors the series of PREA questions during the job interview process and on the contractor application. Any positive responses are referred to the Human Resources Attorney in ODRC Legal Services Division. ODRC Human Resources Attorney evaluates employee law and PREA law before advising the Human Resources Division. The Human Resource Administrator said ODRC does not think it was appropriate to ask staff the related PREA questions during an annual evaluation. Instead, all staff is required to sign a "PREA Annual Acknowledgement" every fall. The ODRC hiring policies and interviews with staff confirm the agency considers any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

Review of: 34-PRO-07 and Variance P: 3; Employee Background sample; and interview with Human Resource Administrator confirm before hiring new employees and contractors who may have contact with inmates, the agency: 1) Performs a criminal background records check; and 2) Consistent with Federal, State, and local law, makes 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. In the past 12 months 42 people who have contact with inmates were hired by ODRC had criminal background record checks. There were 8 new contracts during the past year and all staff had criminal background record checks.

Review of: 79-ISA-01 P: 4; 79-ISA-07, Permanent Exclusions; DRC 1432 Background Check; ODRC Annual PREA Acknowledgement Form DRC 1214; 31-SEM-02 P: 4-5; 11-13; 15-16; and interview with the Human Resource Administrator confirm policies are in place to ensure 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. According to the Human Resource Administrator facility investigators and Regional Human Resources staff conducts criminal background checks. Employee background is conducted every 5 years and contractor backgrounds are conducted every 2 years. Per the Employee Standards of Conduct, staff has a duty to report any misconduct.

According to interview with the Human Resource Administrator and facility staff and review of policies, procedures, forms, employee files confirm applicants and employees complete a Personal History and Interview Record Form answering personnel history questions about sexual abuse and sexual harassment and policies are in place to ensure material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. Review of policies and procedure, and interview with the Human Resource Administrator and facility staff confirms unless prohibited by law, the agency provides 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. According to the interview with the Human Resource Administrator ODRC has updated their policy to provide this information unless prohibited by law. At this time, there is no Ohio law that prohibits ODRC from providing the related information.

In conclusion, based on review of the documentation provided; observation when visiting the Human Resource area and reviewing employee files; and interviews with Human Resource staff found all elements of this standard in place. The auditor reviewed the list of new employees hired in the last year and reviewed a random selection of files and confirm compliance with the Standard 115.17 Hiring and Promotion Decisions.

### **Standard 115.18 Upgrades to facilities and technologies**

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

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

When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The GCC Complex has not made a substantial expansion to existing facilities since August 20, 2012. However, ODRC policy is in place to cover the requirements of this standard. According to the ODRC Director the Construction, Activation, Maintenance and Sustainability division is responsible for facility modifications and works directly with the PREA Coordinator to ensure PREA related issues are considered. These issues are also discussed in the annual Staffing Plan meetings. The Master Plan for 2017 for CAMS is to access all facility buildings for any necessary modifications. Another good example is current planning phase for new housing unit at ORW included input from the PREA Coordinator.

Review of GCC 2016 Staffing Plan confirm policies are in place to ensure when installing or updating a video monitoring or updating a system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. According to the interview with ODRC Director the annual Staffing Plan process prioritizes facility projects. ODRC has invested a great deal of money in new camera installation. The additional cameras have enabled facilities to more effectively investigate PREA incidents and conduct facility After Incident Reviews. The GCC Staffing Plan considered how such technology would enhance the facility to protect inmates from sexual abuse when proposing additional cameras. The 2014 PREA Audit reported 236 different models of cameras. Data provided for the 2017 PREA Audit show a total of 283 cameras with 188 cameras at GCI and 95 cameras at GRC. Since the 2014 PREA audit 47 new cameras were installed at GCC.

The GCC Complex has not designed, acquired or are planning any substantial expansion or modification of GCC. The facility continues on an audit cycle basis to up-grade/add cameras. Twenty new cameras were installed since the 2014 PREA audit. Review of documentation and interview with the ODRC Director and Warden confirms policy are in place to make sure the ability to protect inmates from sexual abuse is considered when acquiring any new facility and planning any substantial expansion or modification of existing facilities or installing or updating video monitoring system, electronic surveillance system, or monitoring technology. The GCC substantially exceed the requirement of this Standard 115.18 Upgrades to Facilities and Technology.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

Review of: 79-ISA-02 P: 8-9; Appendix A-Investigators Protocol; confirm policies are in place and enforced to enable ODRC and Ohio State Highway Patrol (OSHP) the responsibility for investigating allegations of sexual abuse and the agency follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Interviews with medical/mental health staff and investigators and review of specific evidence collection and preservation documentation found GCC does not conduct on-site forensic medical examinations. When evidentiary or medical appropriate, a victim of sexual abuse is transported to the NORD Center and is provided treatment and services as required by the laws, regulations, standards and policies established by and administered includes but is not limited to, minimum standards and the uniform evidence protocol adopted by the medical facility. The evidence protocol includes sufficient technical detail to aid responders in obtaining useable physical evidence.

Review of policies and procedures and interviews with medical and investigative staff confirm policies are in place to ensure the protocol is developmentally appropriate for youth where applicable, and, as appropriate, is adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violent Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The GCC is a male adult facility for inmates 18 years and older. Therefore, the part of the standard for youth is non-applicable.

Review of: 79-ISA-02 P: 8; 68-MED-15 P: 3; Statement of Status; SA Protocol P: 3; policies and procedures and interviews with medical staff and the SANE/SAFE Coordinator for the local Hospital confirm there are policies are in place and enforced to ensure the agency offers all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioner. The agency documents its efforts to provide SAFEs or SANEs. Interviews with the PREA Compliance Manager found they have NORD Center in the area to provide SANE/SAFE forensic medical examinations with the service available 24/7. Interview with facility medical staff confirm the service is available without financial cost to the inmate. There were no forensic medical exams on an inmate from GCC conducted during the past 12 months.

Review of: GCC MOU with Rape Crisis Center; GCC Victim Support List; GCC VSP Training Certifications; Victim Support PREA Lesson Plan; confirm GCC has policies in place and enforced to ensure the agency attempts to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agency documents efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(c), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. Interview with the PREA Compliance Manager confirms a victim advocate from a rape crisis center would be made available to the victim. Review of: 79-ISA-02 P: 6-8; PREA Incident Packet; MOU Rape Crisis Service; and interviews with GCC PREA Compliance Manager, facility medical staff and SANE/SAFE Coordinator from the local hospital confirm a rape crisis center staff is made available to provide victim advocate services.

Review of: 79-ISA-02 P: 6-8; PREA Incident Packet; MOU Rape Crisis Service; and interview with Inmate Victim Representation confirm that policies are in place and enforced to ensure as requested by the victim, 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 and provide emotional support, crisis intervention, information, and referrals. Interviews with medical staff, PREA Compliance Manager and SANE/SAFE staff from the local hospital confirm that policies are in place to ensure victim advocate services are available. While this service is available there was no request since the last PREA audit.

Review of: MOU with Ohio State Highway Patrol; 79-ISA-02 P: 8, Appendix A; confirm to the extent the agency itself is not responsible for investigating allegations of sexual abuse, ODRC request that the investigating agency follow the requirements of this standard. Interview with the Warden and PREA Compliance Manager confirmed the OSHP receives all documentation on sexual abuse/harassment allegations. The OSHP is responsible for criminal with ODRC responsible for administrative allegations.

In conclusion, based on documentation reviewed and interviews with medical, mental health staff and hospital staff ODRC is responsible for administrative investigations and OSHP is responsible for criminal investigations, forensic medical examinations are conducted in a hospital and are available to victims at no cost with victim advocate services available to inmate victims of sexual abuse. The GCC substantially exceed the requirement of this Standard 115.21 Evidence Protocol and Forensic Medical Examinations.

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

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

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

Review of: 79-ISA-02 P: 3; PREA Incident Packet P: 3-4; confirm policies are in place and enforced to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Interview with the ODRC Director found it is required by policy that all allegations of sexual abuse and sexual harassment are forwarded to the institution investigator. ODRC investigators conduct administrative investigations. Cases that may be criminal are referred to the Ohio State Highway Patrol. ODRC works well with the OSHP and are lucky to have a State Trooper assigned to each of ODRC facilities. Each Trooper has an office at their assigned facility and work closely with institutional investigators. The annual Internal Management Audit/PREA Compliance Review includes a review of all facility PREA incidents to ensure compliance with PREA standards. During the past 12 months there were 17 allegations with 7 sexual abuses and 10 sexual harassments received at GCC. Results of the completed investigations included: one substantiated harassment; five unsubstantiated abuse; nine unsubstantiated harassment; and two unfounded abuse. All allegations were handled according to ODRC policies and procedures and PREA Standards.

Reviews of: 79-ISA-02 P: 8, Attachment A; [www.drc.ohio.gov/PREA](http://www.drc.ohio.gov/PREA); and interviews with investigative staff confirm policies are in place and enforced to ensure 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. The agency publishes such policy on its website. The agency documents all such referrals. Review of the ODRC website found: 2013-2015 Survey on Sexual Violence; 2013-2015 PREA Incident Information for Private Operated Facilities; ODRC Annual Assessments 2013-2016; ODRC Policies; 2014-2016 PREA Audit Reports; all having valuable additional information available by clicking on the area desired. The interviews with the PREA Coordinator and facility and OSHP investigative staff found investigations are conducted by staff trained in PREA investigations. The reports are given to a facility investigator who completes the documentation requirements contained within the report. Notifications are made to the appropriate officials, such as the facility warden, the OSHP, medical and mental health staff, and the unit PREA compliance manager. Depending on the nature of the incident, forensic medical exams are conducted, victim representatives are offered, statements gathered, interviews conducted, review of available monitoring equipment, and other elements to satisfy a sound correctional investigation into the allegations are completed. Summaries of investigations are reviewed through established incident review processes. All policies governing such investigations and conducted are complied with.

Review of: 79-ISA-02 P: 8, Attachment A; ODRC Evidence Protocol; OSHP Evidence Protocol P: 1; OSP-5120-9-24 P: 1; OSP-103.07 P: 1-3; confirm that ODRC is responsible for conducting administrative and OSHP is responsible for criminal investigations of sexual abuse or sexual harassment in prisons or jails and has in place a policy governing the conduct of such investigations. If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The OSHP is responsible for conducting criminal investigations and responsibilities of both ODRC and OSHP are defined by published policies. Any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. The Department of Justice is not responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in ODRC facilities. Therefore, this part of the standard is non-applicable.

In conclusion, based on the interviews with investigative staff from the institution representing ODRC and OSHP they confirmed the policies are in place to ensure all allegations of sexual abuse, sexual threats and retaliation concerning an incident of sexual abuse or sexual harassment is thoroughly investigated. Other interviews with random staff and specialty staff confirm that all allegations of sexual abuse, sexual harassment and retaliation are immediately documented and investigated. Review of documents including files, observations during tour, and interviews with staff and inmates, the facility is compliant with Standard 115.22 Policies to Ensure Referrals of Allegations for Investigations.

## Standard 115.31 Employee training

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

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

Review of: 79-ISA-01 P: 6; PREA all staff training curriculum; staff training orientation/OJT checklist-P: 1-46; 39-TRN-10 P: 3-6; confirm GCC has policies in place and enforced to ensure training all employees who may have contact with inmates on: 1) Its zero-tolerance policy for sexual abuse and sexual harassment P: 5; 2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures P: 2, 5-8; 3) Inmates ‘rights to be free from sexual abuse and sexual harassment P: 9; 4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment P: 10; 5) The dynamics of sexual abuse and sexual harassment in confinement P: 3; 6) The common reactions of sexual abuse and sexual harassment victims P: 4; 7) How to detect and respond to signs of threatened and actual sexual abuse P: 8; 8) How to avoid inappropriate relationships with inmates P: 11; 9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates P: 6, 9; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities P: 7. Interviews with random sample of staff, specialty staff and executive staff, and review of employee signed training rosters confirm that the PREA training has been given to: each new employee; all current staff within one year of the effective date of PREA and PREA training is including in the annual in-service training. The training records show that all employees signed they have received and understood their responsibilities under PREA.

Review of: 79-ISA-02 P: 6; 39-TRN-10 P: 3-6; staff on-the-job training; and interviews with staff confirm policies are in place and enforced to ensure that GCC training is tailored to the gender of the inmates at the employee’s facility. Employees receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. Familiarization training policy review confirms all ODRC employees who have been newly transferred from one facility to another receive familiarization on compliance with PREA and the Department’s Sexual Abuse Prevention and Response Procedures. Such familiarization training is tailored to the gender of the inmate at the facility. The GCC is an all-male facility and by facility policy staff is trained tailored to male inmates. Staff interviews confirm they have received training tailored to male inmates.

Interviews with PREA Compliance Manager and staff confirm all current 382 employees (100%) were trained within one year of the effective date of the PREA standards, and the agency provided each employee with refresher training every year to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures. Interviews with the PREA Compliance Manager, random staff, specialty staff and executive staff, and review of employee signed training rosters confirm that the PREA training has been given to: each new employee; all current staff within one year of the effective date of PREA Standards and PREA training is including in the annual in-service training.

Review of: 79-ISA-01 P 6, Attachment A; Staff Training “Completed-Passed PREA Test”; and interviews with staff including review of signed documents by staff receiving training confirm policies are in place and enforced to ensure documents, through employee signature or electronic verification, that employees understand the training they have received. Interviews with staff and review of employee files confirm staff signatures for receipt of and understanding the PREA training are on file.

In conclusion, based on the excellent PREA employee training curriculum developed including training tailored to the gender of the inmates at the employee’s facility, and tracking program in place to confirm all employees who have contact with inmates have received and understand their responsibilities under PREA and interviews with specialty, contractors, security and non-security staff and observations and questions answered during tour the GCC substantially exceeds the requirements of Standard 115.31 Employee Training.

**Standard 115.32 Volunteer and contractor training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Review of: 79-ISA-01 P: 6; Contractor/Volunteer Training Script; Contractor/Volunteer Training Sample; confirm policies are in place and enforced to ensure 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. Interviews with the PREA Compliance Manager and volunteers and contractors who have contact with inmates confirm they have received PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures and have documented they received and understand the training they have received.

Review of: 79-ISA-02 P: 6; contractor/volunteer training script; and interviews with the PREA Compliance Manager and volunteers and contractors who have contact with inmates confirm policies are in place to ensure the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Interviews with PREA Compliance Manager and volunteers and contractors who have contact with inmates found they have been notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment as well as informed about how to report such incidents. Interview with the individual who supervises volunteers confirmed volunteers receive training based on the level of contact they have with inmates with all volunteers trained in the agency's zero tolerance policy.

Review of contractor/volunteer training acknowledgement confirms the facility maintains documentation confirming that volunteers and contractors have received the required training and understands the training they have received. Sample PREA Volunteer and Contractors Training Forms signed by the volunteers and contractors were reviewed showing they had received and understood their responsibilities from the PREA training. There were 100 % of 221 volunteers and 100% of 63 facility contractors who have contact with inmates who were trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

Documentation reviewed; interviews with PREA Compliance Manager, volunteers and contractors; reviewing volunteer signed rosters; and observations during tour with response to questions; confirm the GCC Complex is compliant with Standard 115.32 Volunteer and Contractor Training.

### **Standard 115.33 Inmate education**

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

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

Review of: 79-ISA-01 P: 7, Attachment A; Inmate Handbook-Appendix A English/Spanish; Inmate transfer list-inmate orientation checklist; confirm policies are in place and enforced to ensure during the intake process inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Interview with staff receiving the inmates confirm inmates are provided with information about the Department's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment immediately when they arrive at the facility during intake. Interviews with intake staff and random sample of inmates confirm they receive the valuable PREA information verbally and in writing. The auditor observed arrival of new inmates to the facility and saw the PREA packets given to the inmates. There were 773 inmates at GCC admitted during the past 12 months who were given PREA information at intake.

Review of policies identified in the first paragraph confirm policy is in place and enforced to ensure within 30 days of intake, the agency provides comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. During the interview with admitting staff the staff advised they meets every inmate privately on the day of their arrival to the facility and addresses their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. This process was confirmed with interviews of random sample of inmates. Review of policies confirms policies are in place to ensure current inmates who received such education are educated within one week of their arrival at the facility regarding PREA standards, and 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. According to interviews with the PREA Compliance Manager and staff all inmates in the facility have been educated in PREA and their inmates transferred in from another facility receive the PREA information upon arriving at the facility with formal PREA during orientation which is given within 7 day from arriving at the facility. Interviews with transfer-in inmates confirm they receive PREA information at intake and PREA education, within a week of arrival, at their orientation.

Review of: 79-ISA-02 P: 8, Appendix A; 52-RCP-10 P: 4-6, Appendix A; 64-DCM-02 P: 4; Inmate Education Video; Inmate Education Script; confirm the agency has policies in place that require they provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. Review of documents and videos were reviewed and confirms PREA material is available in a variety of languages with interpretation services provided in accordance with the Department's Inmate with Disabilities 64-DCM-02. In the event that an inmate has difficulty understanding the written material due to a disability or limited reading skills then appropriate staff provides assistance. The auditor reviewed the films and found them to be excellent content and of professional quality. The films are shown to all inmates during the reception, classification and facility inmate orientation process. Interview with the PREA Compliance Manager confirms the Reasonable Accommodations PREA Information ensures reasonable accommodations for inmates with Sensorial Disabilities provides equal access to all information provided to general population.

Review of: 79-ISA-01 P: 8; sample of signed inmate forms; and interviews with random sample of inmates confirmed they had received PREA written information and participated in PREA educational sessions and documented in writing their receipt and understanding of the material the day they receive the training. The intake supervising staff also confirmed inmates sign a form when receiving material and training. Review of inmate signed documentation confirms the agency policy requires maintaining documentation of inmate participation in these education sessions.

Review of: 79-ISA-01 P: 8; PREA posters in English/Spanish; PREA Restrictive Housing Posters English/Spanish; Inmate Handbook-appendix A English/Spanish; confirm in addition to providing such education, the agency ensures that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. Observations during the tour of the facility found PREA posters, telling inmates of their right to be free of sexual abuse and how to report incidents of sexual abuse, are strategically placed throughout the facility. Each inmate receives an Inmate Orientation Handbook and information on the prevention of sexual abuse in prison.

In conclusion, based on all inmates arriving at the facility receiving PREA information on day of arrival; inmates receiving complete PREA education training within 7 days of arrival at the facility; professional written PREA materials developed; PREA films available and inmates signing acknowledgement forms documenting training received the auditor finds GCC substantially exceeds requirement of Standard 115.33 Inmate Education.

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

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

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

Review of: 79-ISA-01 P: 6; NIC PREA Learning Center; Specialized Training Curriculum; confirm policies are in place and enforced that PREA Audit Report

ensure that in addition to the general training provided to all employees pursuant to 115.31, ODRC ensures that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. Interview with investigative staff found they received training specific to conducting sexual abuse investigations in confinement settings beginning with a specialized investigations training and then on-the-job-training with a seasoned investigator. Additionally they have completed the NIC PREA Training for Investigators.

Review of: 79-ISA-01 P: 6; NIC PREA Training for Investigators; and interviews with investigators from the facility and OSHP confirm policies are in place and enforced to ensure specialized training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Interviews with investigative staff found the specialized training for investigators included: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative or prosecution referral. Review of training logs and interviews with investigators confirmed specialized investigators training received and documented.

Review of: NIC Learning Center PREA Training; GCC and OSHP investigators training certificates; confirm GCC has policies in place and maintains documentation that agency investigators have completed and understand the required specialized training in conducting sexual abuse investigations. Training reports are on record with samples reviewed by the auditors confirming the facility and OSHP investigators currently have completed the required special training for investigators.

Any State entity or Department of Justice component that investigates sexual abuse in confinement setting shall provide such training to its agents and investigators who conduct such investigations. The OSHP staff handling PREA has received the PREA training required by this standard per documentation reviewed. There is no Department of Justice component and this part of the standard is non-applicable.

In conclusion, based on review of policies, procedures and training records, and interviews with investigators, investigators have received special training in conducting investigations in confinement settings, received specialized training and signed forms documenting they have received and understand the training. The GCC substantially exceeds the requirements for Standard 115.34 Specialized Training: Investigations.

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

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

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

Review of: 79-ISA-01 P: 7; medical/mental curriculum and training list P: 1-17; confirm GCC ensures that all full-and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: 1) How to detect and assess signs of sexual abuse and sexual harassment; 2) How to preserve physical evidence of sexual abuse; 3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and 4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirm that full-and-part medical and mental health care practitioners have received training as described in 1-3 in the this paragraph. Medical and mental health care practitioners who work regularly at GCC include 39 with 100% receiving the required training.

Medical services are provided by ODRC employees. If medical staff conducts forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The ODRC policy does not train medical staff to conduct forensic medical exams as this policy directs medical staff to send inmate victims to an outside hospital emergency department for evaluation by a certified Sexual Assault Forensic Examiner (SAFE) or certified Sexual Assault Nurse Examiner (SANE). Interviews with medical staff confirm they do not perform forensic medical exams as the inmate is taken to the NORD Center that has SAFE and SANE service 24/7.

Review of: PREA medical/mental training-full time; PREA medical/mental staff signed training forms; and interviews with medical staff, confirm policies are in place and enforced to ensure medical and mental health care practitioners receive the training mandated for PREA Audit Report

employees in Standard 115.31 or for contractors and volunteers under Standard 115.32, depending upon the practitioner's status at the agency. The GCC staff/practitioners who regularly work at the GCC have received the specialized training. Interviews with medical and mental health staff confirm they received and understand the PREA training mandated for employees under Standard 115.31. Review of samples of training records indicate that medical and mental health staff signs forms showing they received and understand the PREA training.

In conclusion, based on review of policies, procedures, training records; inmate files; interviews with medical and mental health staff and observations during the tour of the medical and mental health area of the facility GCC meets the requirements of and is compliant with Standard 115.35 Specialized Training: Medical and Mental Health Care.

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

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

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

Review of: 78-ISA-04 P: 4; PREA Assessment Process P: 1-11; confirms the policies are in place and enforced that ensures all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Seven officers process intakes and orientation of new and transfer inmates. Interviews with staff that performs screening for risk of victimization and abusiveness confirm that they screen inmates upon admission to the facility and transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates per ODRC policies. Interviews of random sample of inmates confirm they received the screening as described by agency policy and this standard.

Review of: 79-ISA-04 P: 4; Transfer List; PREA Risk Assessment; confirm policies are in place and enforced ensuring intake screening ordinarily take place within 72 hours of arrival at the facility. According to interviews with staff performing the screening process and random selection of inmates intake screen is done within 72 hours of arrival at the facility. Information from the screening process, the initial assessment, reviews, and inmate disciplinary history, will be reviewed and considered for purposes of classification, housing assignments and programming, etc. During the last 12 months 773 inmates entering the facility were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility.

Review of: PREA Risk Assessment Automated System; PREA Assessment Process P: 1-11 confirms that assessments are being conducted using an objective screening instrument. Interviews with the PREA Compliance Manager and staff responsible for risk screening and review of the Intake Screening Form confirm the screening instrument meets the requirement of using an objective screening instrument.

Review of: 79-ISA-04 P: 4; PREA Assessment Process P: 1-2, Assessment Detail; confirms that the objective screening instrument used during intake screening considers, 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; 2) The age of the inmate; 3) The physical build of the inmate; 4) Whether the inmate has previously been incarcerated; 5) Whether the inmate's criminal history is exclusively nonviolent; 6) Whether the inmate has prior convictions for sex offenses against an adult or child; 7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8) Whether the inmate has previously experienced sexual victimization; 9) The inmate's own perception of vulnerability; and 10) Whether the inmate is detained solely for civil immigration purposes. All item prescribed by the PREA standard are included in the facility's risk screening instrument. Interview with the staff performing the screening process confirmed that the initial risk screening considers: consideration of any inmate disabilities; inmate age; physical build; previous incarceration; criminal history exclusively nonviolent; inmate criminal history; perceived sexual orientation; previous sexual victimization; inmate perception of vulnerability and whether detention is related to civil immigration.

Review of: PREA Assessment Process P: 1-2, Assessment Detail; confirms policies and forms are in place to ensure the initial screening considers prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Interview with the staff performing the screening process confirmed that the initial risk screening includes assessments including: prior acts of sexual abuse, prior convictions for violent offenses and

history of prior institutional violence or sexual abuse, as known to the agency, to assess the inmate for risk of being sexually abusive. Seventeen inmates at GCC are on the list of PREA Classification for being an abuser, potential abuser, victim or potential victim. Review of the PREA Intake Screening Form and interview with staff responsible for risk screening confirm all of the screening areas identified by this standard and the staff performing the screening appears on this form.

Review of: 79-ISA-04 P: 5-6; Incidents with special PREA assessment; DRC 1000 E Incident Report; and interview with screening staff confirms ODRC policies are in place to ensure within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. While the standard says reassessment is based upon any additional, relevant information GCC reassess all inmates within 30 days from inmate's arrival at the facility. This substantially exceeds the requirement of the standard. There were 773 inmates at GCC that received additional 30 day screening. The additional screenings were per ODRC policy. Interview with the staff performing the screening process confirmed that the facility reassess the inmate's risk of victimization or abusiveness within 30 days per ODRC policy. Interviews with staff responsible for risk screening and random sample of inmates confirm the reassessment process occurs per policy and as required by the standard.

Review of: 79-ISA-04 P: 5-6; Incidents with special PREA assessment; DRC 1000 E Incident Report; and interview with screening staff confirms policy is in place and enforced to ensure an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Review of random sample of inmate files and interviews with staff responsible for risk screening and random sample of staff and inmates confirm inmate's risk level is reassessed per ODRC policy and this standard.

Review of: 79-ISA-04 P: 4; PREA Assessment Process; confirms policy is in place and enforced to ensure inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the inmate has a mental, physical, or developmental disability; whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. Interview with the staff performing the screening process confirm that inmates are not disciplined for refusing to answer, or for not disclosing complete information in response to questions asked. Interview with specialty staff and PREA Compliance Manager also confirm inmates are not disciplined for these four areas of this section.

Review of 79-ISA-04 P: 3-4 confirms ODRC has policies in place to ensure the department implements 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. According to interview with the PREA Coordinator ODRC Risk Assessment System is password protected. Only the individuals involved in the process have access. All system access requests must be approved by the PREA Coordinator's office. PREA classification is shared with limited staff able to view assessments. According to interviews with the PREA Compliance Manager and staff responsible for screening inmates they confirm ODRC outlines who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation and those including only those with a "need to know" allowed having access. Apart from reporting to designated supervisions or officials, staff does not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in ODRC policy, to make treatment, investigation, and other security and management decisions.

The ODRC policy requires the initial screening take place within 72 hours of inmate arrival at the facility. Review of: policies and procedures; interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for risk screening and random sample of inmates; and observations during tour of the facility intake process confirm ODRC considers the risk screening of inmates a priority making sure all inmates receive a second reassessment within 30 days of arrival at the facility. In conclusion, based on review of policies, forms and files; interviews with PREA Coordinator, PREA Compliance Manager and the staff responsible for screening; and observations when visiting the screening process for inmates GCC substantially exceeds the requirements of Standard 115.41 Screening for Risk of Victimization and Abusiveness.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion**

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

Review of: PREA Risk Assessment; PREA Risk Assessment with Accommodation Strategy; confirms ODRC has a policy in place showing how use of information from the risk screening required by 115.41 is limited to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. According to interviews with: Unit Management Chief; the staff responsible for screening; and the PREA Compliance Manager; the agency information from the risk screening during intake is reviewed and assessed with the appropriate staff including medical/mental health staff. Information is used to inform housing, bed, work, education and program assignments.

Review of 79-ISA-04 P: 7-8 confirms ODRC policies are in place to ensure the agency makes individualized determinations about how to ensure the safety of each inmate. Interviews with staff responsible for screening inmates report that per ODRC policy and this standard information from the risk screening document is used by the facility to make individual determinations regarding how to ensure the safety of each inmate.

Review of: 79-ISA-05 P: 3; Past PREA Assessment-Transgender; confirms ODRC policy is in place to ensure in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency considers on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. According to the interviews with PREA Compliance Manager, transgender or intersex inmates go through PREA risk assessment with the information gained from the correction counselor interview to decide the basis for determining the inmate's initial housing assignment. This housing assignment may be changed after the inmate is further evaluated by the appropriate staff.

Review of: 79-ISA-05 P: 3; PREA Accommodation Strategy Team Reassessment; confirm ODRC policies ensure placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate. According to interviews with PREA Compliance Manager and staff responsible for screening inmates, placement and programming assignments for each transgender or intersex inmate is reassessed by the PREA Accommodation Strategy Team to review any threat to safety. Interview with a transgender inmate confirmed the reassessments every 6 months.

Review of 79-ISA-05 P: 3 confirm a transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. According to interviews with the PREA Compliance Manager, transgender inmate and staff responsible for screening inmates, transgender and intersex inmates' views of his safety are given serious consideration in placement and programming assignments.

Review of 79-ISA-05 P: 4 confirm a policy is in place and enforced to ensure transgender and intersex inmates are given the opportunity to shower separately from other inmates. According to PREA Compliance Manager and transgender inmate transgender and intersex inmates are able to take single showers or take showers at a dedicated time at the GCC Complex. According to interviews with medical/mental health staff, PREA Compliance Manager, transgender inmate and staff responsible for screening inmates, transgender are given the opportunity to shower separately from other inmates.

Review of 79-ISA-05 P: 3 confirm policies are in place and enforced to ensure the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. Staff verified via formal documentation and reported 115.42 (g) is not applicable and reported no facility under the direction of the Ohio Department of Rehabilitation and Correction is currently under any consent decree, legal settlement, or legal judgment with regard to the placement of lesbian, gay, bisexual, transgender or intersex inmates. Interview with the PREA Coordinator, Warden and PREA Compliance Manager confirms the Agency does not have any dedicated facilities, units, or wings solely for lesbian, gay, bisexual, transgender, or intersex inmates. According to the PREA Coordinator ODRC tracks LGBTI inmates in the Risk Assessment System. The facility OCMs as well as the PREA Coordinator's office periodically checks the list of inmates to ensure compliance.

In conclusion, based on; review of policies and procedures; interviews with the PREA Coordinator, transgender inmate and PREA Compliance Manager the GCC Complex is compliant with Standard 115.42 Use of Screening Information.

### **Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Review of 79-ISA-02 P: 14 confirm the agency has a policy in place and enforced to ensure inmates at high risk for sexual victimization are not placed 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. If a facility cannot conduct such an assessment immediately, the facility holds the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. According to interview with the Warden, ODRC policy prohibits placing inmates at high risk for sexual victimization or has alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers (last resort). During the last 12 months no inmates at risk of sexual victimization were held in involuntary segregated housing.

Review of 79-ISA-02 P: 3 confirm the agency has a policy to ensure inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document: 1) The opportunities that have been limited; 2) The duration of the limitation; and 3) The reasons for such limitations. According to interview with staff that would supervises inmates in segregated housing for protection from sexual abuse or after having alleged sexual abuse they would have access to: programs; privileges; and education. The auditor observed and confirmed no inmates were in protective custody for protection from sexual abuse during the tour of the housing units. The GCC Complex did not place an inmate in involuntary or voluntary protective custody due to being high risk for sexual victimization during the last 12 months. Since no inmates were placed in protective custody due to being high risk for sexual victimization the auditor was not able to interview an inmate.

Review of 79-ISA-02 P: 3 confirms ODRC has a policy ensuring the facility assigns such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. While the policy is in place, inmates were not placed in involuntary segregation during the last 12 months. According to interviews with the Warden and staff supervising inmates in segregated housing, inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and is used as a last resort and for a time of less than 30 days. Since no inmates were assigned to segregate housing for high risk for sexual victimization up to 30 days the auditor was not able to interview an inmate.

Review of 79-ISA-02 P: 3 confirm ODRC has a policy ensuring if an involuntary segregated housing assignment is made pursuant to the first paragraph of this section, the facility shall clearly document: 1) The basis for the facility's concern for the inmate's safety; and 2) The reason why no alternative means of separation can be arranged. According to interviews with the Warden, PREA Compliance Manager and staff supervising inmates in segregated housing policies are in place to identify and document the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged. However, since zero inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months there were no inmate files to review.

Review of 79-ISA-02 P: 14 confirm the agency has a policy ensuring every 30 days the facility affords such inmate a review to determine whether there is a continuing need for separation from the general population. According to interviews with the Warden, PREA Compliance Manager and staff supervising inmates in segregated housing policies are in place to ensure review of the inmate every 30 days to determine whether there is a continuing need for separation from the general population. However, since zero inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months there were no inmates to interview.

During the last 12 months the GCC Complex has not placed an inmate in involuntary or voluntary segregation solely due to being a high risk for sexual victimization. In conclusion, based on review of policies and procedures and interviews with the Warden, PREA Compliance Manager and staff supervising inmates in segregated housing; observations during tour of housing units the GCC Complex is compliant with Standard 115.43 Protective Custody.

### **Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Review of: 79-ISA-02 P: 3; Inmate Handbook English/Spanish; Inmate Education Video Script and Video; Inmate Reporting Poster and Family/Friends poster English/Spanish; Inmate Restrictive Housing Poster English/Spanish; confirms the agency has policies in place and enforced ensuring multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. According to interviews with random sample of staff and inmates, an inmate may report an incident of sexual abuse, sexual threats or any act of retaliation verbally or in writing, anonymously and from third parties. Verbal reports are promptly documented. The Interviews with random sample of inmates confirm that they are very aware of the many ways they can report sexual abuse and how to do so privately. Observations and answers to questions during the tour showed complete inmate knowledge of PREA and reporting opportunities available to them.

Review of: 79-ISA-02 P: 3-4; Inmate Reporting Policy; MOU-Outside Entity (FCJDF); Outside Agency Hot Line Poster: confirm the agency has policies in place that ensures the agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates are not detained solely for civil immigration purposes. According to interviews with PREA Compliance Manager and random sample of inmates and review of documentation advising inmates can contact the outside the agency hot line to privately report sexual abuse and sexual harassment to agency officials. The auditor placed a call, from Dorm B-7 general population, to the hot line in the morning on the third day of the audit. The call was initiated by an inmate using an inmate touch tone phone and entering his “pin number” and handled by the PREA Assistant. The option for anonymity was offered but not taken. The auditor identified himself as a PREA auditor making a test and then disconnected. A confirmation of the call was verified by e-mail. Inmates can send sealed and uninspected letters to special and media correspondents. Observations during facility tour found posters strategically posted throughout the facility and responses to questions during tour of the GCC Complex confirm staff and inmates understand how to report abuse or harassment to a public or private entity or office that is not part of the agency. The ODRC does not detain inmates solely for civil immigration purposes.

Review of: 79-ISA-02 P: 5; Inmate Handbook-Appendix A-English/Spanish; confirm the agency has policies directing staff to accept reports made verbally, in writing, anonymously, and from third parties and they are required to promptly document verbal reports. According to interviews with random sample of staff when an inmate alleges sexual abuse or sexual harassment he can do so verbally, in writing, anonymously, and from third parties. Verbal reports are documented immediately. The auditor reviewed incident reports when staff documented a verbal allegation on form DRC 1000. Interviews with random sample of inmates confirm they have received, read and understand the pamphlet on PREA and are aware of these opportunities to report sexual abuse or sexual harassment.

Review of: 79-ISA-02 P: 4; Employee Handbook; PREA all staff curriculum; confirm ODRC has policies in place and enforced to ensure and provide a method for staff to privately report sexual abuse and sexual harassment of inmates. According to interviews with random samples of staff, employees may privately report any suspicion of sexual abuse or sexual harassment of an inmate by completing an Incident Report DRC 1000 and giving it to the PREA Compliance Manager directly. Staff is informed of this reporting procedure by policy including sexual abuse prevention and response training.

In conclusion, based on: review of development, implementation and monitoring of policies and procedures; interviews with the PREA Compliance Manager, random sample of staff and inmates; observations and answers to questions regarding inmate reporting during tour of housing units; and the distribution of a new updated PREA pamphlet the auditor finds the GCC Complex is compliant with Standard 115.51 Inmate Reporting.

**Standard 115.52 Exhaustion of administrative remedies**

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

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

Review of: ODRC 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation P: 1, DRC Policy Variance Request; Inmate Handbook; confirm policies are in place and enforced to ensure the agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse. Previously ODRC had been taking PREA Standard 115.52 as Not Applicable. The PREA Resource Center said ODRC should meet or does not meet this standard. The ODRC drafted a policy variance to ODRC 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation and included language in the inmate handbook at each prison to meet the requirements of this standard. Interviews with: ODRC PREA Implementation Director; staff handling inmate grievances; random selection of staff; inmates; and PREA Compliance Manager confirm administrative policies are in place for dealing with inmate grievances regarding sexual abuse as grievances submitted related to sexual abuse or sexual harassment are immediately reported to the institution investigator to be properly handled per ODRC policy. Once a grievance is received on allegation of sexual abuse or sexual harassment it is immediately referred to the facility investigator for immediate investigation.

Review of: ODRC 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, P: 1, DRC Policy Variance Request; Inmate Handbook; confirm policies are in place and enforced to ensure: 1) The agency does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse; 2) the agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; 3) the agency does not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; 4) nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired. Interviews with: ODRC PREA Implementation Director; staff handling inmate grievances; random selection of staff; inmates; and PREA Compliance Manager report the policies are in place and enforced for items 1-4 in the above paragraph.

Review of: ODRC 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, P: 1, DRC Policy Variance Request; Inmate Handbook; confirm policies are in place and enforced to ensure that: 1) an inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and 2) such grievance is not referred to a staff member who is the subject of the complaint. Interviews with: ODRC PREA Implementation Director; staff handling inmate grievances; random selection of staff; inmates; and PREA Compliance Manager reports inmates can submit a grievance without submitting it to a staff member who is the subject of the complaint and the grievance is not referred to such staff member.

Review of: ODRC 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, P: 1, DRC Policy Variance Request; Inmate Handbook Appendix A, P: 4-5; confirm policies are in place and enforced to ensure: the agency issues a final agency decision the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; 2) computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal; 3) the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made; 4) 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, the inmate may consider the absence of a response to be a denial at that level; Interview with: staff handling inmate grievances; random selection of staff; inmates; and PREA Compliance Manager confirm: decision on merits of grievance or portion of a grievance are made within 90 days of the filing; in past 12 months there was zero grievance filed at GCC Complex and no grievances extensions were requested so no notifications to inmates were required.

Review of: ODRC 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, P: 1, DRC Policy Variance Request; Inmate Handbook; confirm policies are in place and enforced to ensure: 1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, are permitted to assist inmates in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates; 2) 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; 3) if the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision. Interview with: staff handling inmate grievances; random selection of staff; inmates; and PREA Compliance Manager confirm: third parties assist inmates in filing request; such request may require a condition that victim agree to pursue subsequent steps and if inmate declines the request it is documented.

Review of: ODRC 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, P: 1, DRC Policy Variance Request; Inmate Handbook; 79-ISA-02 P: 15-16; confirm policies are in place and enforced to ensure: 1) the agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse; 2) after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency

immediately forwards the grievance (or a portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance; Interview with: staff handling inmate grievances; random selection of staff; inmates; and PREA Compliance Manager reported policies are in place for: emergency grievance for inmates subject to a substantial risk of imminent sexual abuse; grievance is immediately forwarded to a level of review at which immediate corrective action is taken within 48 hours; issues a final agency decision within 5 calendar days.

Review of 79-ISA-02 P: 14 confirms policy is in place and enforced to ensure the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. Interview with: staff handling inmate grievances; random selection of staff; inmates; and PREA Compliance Manager found policy is in place and there were no inmates disciplined for filing a grievance in bad faith during the last 12 months.

In conclusion, based on: development, implementation and monitoring of policies and procedures; interview with staff handling inmate grievances; random selection of staff, inmates, and PREA Compliance Manager; and observations and answers to questions regarding inmate grievances during tour of housing units; the auditor finds the GCC Complex is compliant with Standard 115.52 Exhaustion of administrative remedies.

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

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

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

Review of: 79-ISA-01 P: 9, Appendix A; Inmate Handbook English/Spanish; Local Rape Crisis Center Poster English/Spanish; confirm policies are in place and enforced to 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility enables reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. According to interviews with random sample of inmates they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse, if needed. The inmates confirmed the facility gives those mailing addresses and telephone numbers for the outside services. The auditor was able to interview five inmates who reported a sexual abuse. There were 17 reports of sexual abuse or harassment during the last 12 months and the inmates reported they were offered victim advocacy services which they did not accept. Results of the 17 allegations were: 5 abuses unsubstantiated; 2 abuses unfounded; 9 harassments unsubstantiated; 1 harassment substantiated; and the inmates were notified.

Review of 79-ISA-01 P: 9, Appendix A confirms policies are in place and enforced to ensure the facility informs 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. According to interviews with random sample of inmates they are aware the facility informs them prior to giving them access to outside support services, the extent to which communications will be monitored and the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. The auditor interviewed 5 inmates who reported a sexual abuse/harassment and confirmed they were informed by the facility per policy and this standard.

Review of: 79-ISA-01 P: 9-10; MOU with local Rape Crisis Center; and interviews with the PREA Compliance Manager confirm the agency maintains 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. The agency maintains MOU with a community service provider in effect until 11/05/19 to be used by GCC Complex.

In conclusion, based on: policies and procedures providing inmates with access to outside victim advocates for emotional support services; PREA Audit Report

informing inmates, prior to giving them access, of the extent to which such communications will be monitored; and documented attempts to seek agreement with agencies to provide inmates with confidential emotional support services; the GCC is compliant with Standard 115.53 Inmate Access to Outside Confidential Support Services.

### Standard 115.54 Third-party reporting

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

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

Review of: E-mail link to report sexual misconduct; Posters in entrance and visitation at facility; Family/Friends Poster English/Spanish; confirm the agency has established a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. According to interviews with the PREA Compliance Manager and Warden ODRC has established a website [www.drc.ohio.gov/prea](http://www.drc.ohio.gov/prea) to provide inmates, as well as the public an independent office to report sexual misconduct; respond to public inquiries related to allegation of sexual assault in ODRC correctional facilities; and place the policies on the ODRC website. During the last 12 months the GCC Complex had one third party PREA report by the “hot line” on 10/1/16 regarding a 9/29/15 allegation. The investigation was opened 10/3/16 the day it was received at GCC. The investigation was completed 10/12/17 with a finding of unsubstantiated. The Sexual Abuse Review Team reviewed the investigation on 10/31/16 per ODRC and PREA standards.

In conclusion, based on: review of policies; interviews with staff and viewing the ODRC website; the facility is compliance with Standard 115.54 – Third-party Reporting.

### Standard 115.61 Staff and agency reporting duties

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

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

Review of 79-ISA-02 P: 4 confirms policies are in place and enforced to ensure 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. According to interviews with random sample of staff the agency requires all staff, regardless of title, to report immediately any knowledge, suspicion, or information regarding and incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff is required to immediately notify his or her immediate supervisor, Warden or Department Head. The employee is required to report the specific details, in writing, immediately after verbal notification.

Review of 79-ISA-02 P: 4-5 confirms policies are in place and enforced to ensure apart from reporting to designated supervisors or officials, staff does not reveal 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. According to interviews with the facility PREA Compliance Manager and random sample of staff the agency requires all employees be aware of the sensitive nature of a situation where an inmate reports sexual abuse or sexual threats and reports are confidential and information, including but not limited to the identity of the victim is only to be shared with essential employees involved in the reporting investigation, discipline and treatment process, or as otherwise required by law.

Review of: 79-ISA-02 P: 4; Statement of Status; confirms policy is in place and enforced to ensure unless otherwise precluded by Federal, State, or local law, medical mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. According to interviews with the facility medical and mental health staff at the initiation of services to an inmate they disclose the limitations of confidentiality and their duty to report. Staff reported they are required, and have reported, to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. The auditor reviewed medical and mental health files for inmates and confirm documentation of incidents and activity.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The GCC Complex does not house any inmates under the age of 18. Therefore, this part of Standard 115.61 is non-applicable.

Review of: 79-ISA-02 P: 4; Sample 3rd Party PREA Hot Line Report; confirm policies are in place and enforced to ensure the facility reports all allegations of sexual abuse and sexual harassment, including third-party and an anonymous report, to the facility's designated investigators. According to interviews with the Warden and PREA Compliance Manager all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to designated facility investigators. The auditor reviewed inmate files with investigators and confirm all allegations are investigated.

In conclusion, based on review of policies and procedures; interviews with: facility Warden; PREA Coordinator; PREA Compliance Manager; medical and mental health staff and random sample of staff who confirm staff and agency reporting duties are required by ODRC policies and this standard GCC Complex is compliant with Standard 115.61 Staff and Agency Reporting Duties.

### **Standard 115.62 Agency protection duties**

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

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

Review of: 79-ISA-02 P: 14; Statement of Status; Imminent Risk of Abuse; confirm policy is in place and enforced to ensure when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. According to interviews with the ODRC Director when the facility learns that an inmate is subject to a substantial risk of imminent sexual abuse the facility immediately separates the alleged victim from the abuser(s). An initial investigation is completed within 48 hours and a final outcome is determined within 5 days. Also, according to interviews with the Warden and random sample of staff, when learning that an inmate is subject to a substantial risk of imminent sexual abuse each case is evaluated by the institutional investigator and handled by the facility or OSHP based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; inmate at risk or potential predator may be moved to another housing unit or transferred. If no other options are available temporarily protective custody until other steps may be considered. During the past 12 months there were no times the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

In conclusion, based on review of policies; interviews with the ODRC Director, the facility Warden and random sample of staff; and observations and answers to questions when touring the facility, the GCC Complex is compliant with Standard 115.62 Agency Protection Duties.

### Standard 115.63 Reporting to other confinement facilities

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

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

Review of: 79-ISA-02 P: 5; Incident Report inmate arriving at GCC was abused at another facility; confirm policy is in place and enforced to ensure where upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. According to interview with PREA Compliance Manager upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation notifies the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. The GCC Complex received one notification during the last 12 months of an allegation of sexual abuse that occurred in another facility and the other facility was notified per ODRC policy and this standard.

Review of 79-ISA-02 P: 5 confirm policy is in place and enforced to ensure showing such notification provided as soon as possible, but no later than 72 hours after receiving the allegation. According to interviews with the Warden and PREA Compliance Manager upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred no later than 72 hours after receiving the allegation. Review of notification of one allegation at another facility by inmate arriving at GCC confirms policy is in place and enforced to ensure that the facility documents that it has provided such notification according to ODRC policy and this standard.

Review of: 79-ISA-02 P: 5; documentation of notification to another facility; confirm the policies are in place and enforced to ensure the agency office that receives such notification ensures that the allegation is investigated in accordance with these standards. According to interview with ODRC Director the allegations received at one facility involving a different facility are handled by the Warden and Institution Investigator forwarded to the Warden of the facility where the abuse allegedly occurred. Allegations from other agencies are typically received by the Director or Chief Inspector's Office and is referred to PREA Coordinator, Warden and Institution Investigator.

In conclusion, based on: review of policies; interviews with ODRC Director, Warden and PREA Compliance Manager and review of documentation; the GCC Complex is compliant with Standard 115.63 Reporting to other Confinement Facilities.

### Standard 115.64 Staff first responder duties

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

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

Review of: 03E-GCC-02 P: 4; 79-ISA-02 P: 5, Appendix C-D; GCC 1<sup>st</sup> Responder Policy; PREA Incident with 1<sup>st</sup> Responder Checklist;

confirm policies are in place and enforced to ensure upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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. According to interviews with: Warden; PREA Compliance Manager; random selection of security and non-security staff; the agency has in a place and enforced to ensure a first responder policy for allegations of sexual abuse and first responders requiring staff to follow 1-4 in the this paragraph. In the past 12 months there were 17 allegations of sexual abuse and sexual harassment at the GCC with 7 allegations of sexual abuse with 2 times security staff members responded to the report. While 1<sup>st</sup> responder activity was used for the 2 allegations during the last 12 months the random selection of staff interviewed confirmed they are trained and could respond as a 1<sup>st</sup> responder if necessary.

Review of: 79-ISA-02 P: 6, Appendix C-D; 03E-GCC-02 P: 4; confirm policies are in place and enforced to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. According to interviews with PREA Compliance Manager and random sample of staff, the agency has a first responder policy (security and non-security staff) for allegations of sexual abuse and first responders are required to follow 1-4 in the first paragraph In the past 12 months there were 17 allegations at the GCC Complex. Of these allegations the number times security or non-security staff member was able to perform first responder action was five. Interviews with random sample of staff and staff that acted as 1<sup>st</sup> responder and review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard a priority and are prepared, by policy to respond per the requirements of this standard.

The agency and the facility have further emphasized first responder duties by distributing cards and handouts on sexual assault/harassment to include steps to take if a sexual assault/harassment occurs. Each employee carries a document that has the 1<sup>st</sup> responder checklist. Review of policies; interviews with PREA Compliance Manager; random sample of staff; 1<sup>st</sup> responder staff and observations and questions answered during tour of facility; GCC is compliant with Standard 115.64 Staff First Responder Duties.

### **Standard 115.65 Coordinated response**

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

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

Review of: GCC 1<sup>st</sup> Responder Policy; 03-GCC-02 P; 1-9; confirm policies are in place and enforced to ensure the facility develops a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. According to interviews with: Warden; PREA Compliance Manager; random selection of staff; the facility has established and set forth clear facility-specific guidelines to coordinate actions taken in response to incidents of inmate sexual abuse among facility leadership, staff first responders, investigators, and facility medical and mental health practitioners. The facility plan dictates responding to an allegation of sexual abuse requires a coordinated effort between institutional leadership, security staff, first responders, medical and mental health staff, investigators, and victim advocates or victim inmate representatives. This plan is per ODRC and GCC policy and this standard.

In conclusion, based on: review of the GCC written institutional plan to coordinate actions taken in response to an incident of sexual abuse; interviews with the facility Warden, first responders, medical and mental health staff and the PREA Compliance Manager; and observations and questions answered when touring the facility the auditor finds the GCC Complex meets the requirements of Standard 115.65 Coordinated Response.

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

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

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

Review of: OEA/NEA Agreement – Article 3 – Management Rights P: 13-14; OCSEA/AFSCME – Article 5 – Management P: 11; SEIU/1199 Agreement - Article 5 - Management Rights P: 12; confirm ODRC has not enter into or renew 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. According to the interview with the ODRC Director the department has entered into new Collective Bargaining Agreements OEA/NEA, OCSEA/AFSME, and SEIU/1199, effective July 1, 2015. The agreements permit ODRC to remove alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

Review of the three collective bargaining agreements and interview with the ODRC Director confirm the department has policies in place that meet the requirements of this standard and ODRC took into consideration the requirements of this PREA standard when entering the collective bargaining agreements. Therefore, the GCC Complex is compliant with Standard 115.66 Preservation of ability to protect inmates from contact with abusers.

#### **Standard 115.67 Agency protection against retaliation**

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

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

Review of 79-ISA-02 P: 12 confirm policies are in place and enforced 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, and shall designate which staff members or departments are charged with monitoring retaliation. According to interviews with: Warden; PREA Compliance Manager; facility retaliation monitor; and random sample of staff; the agency Retaliation Policy is in place and enforced. The facility investigator is the staff person responsible for monitoring retaliation with status checks at 30, 60 and 90 days.

Review of 79-ISA-02 P: 12 confirm policies are in place and enforced to ensure 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. According to interviews with the ODRC Director the facility works with the employee to ensure they are comfortable; provide post or shift change, institutional change or even agency change to maintain state employment. The facility provides inmates with housing change, institution change or protective control. According to interviews with: Warden; staff member charged with monitoring retaliation; inmates who reported a sexual abuse; and random staff; inmates and staff are protected from retaliation from sexual abuse or sexual harassment allegations based on decisions on protective measures made on a case-by-case basis. The facility considers whether the present housing placement is appropriate and, if no, considers whether a move to another housing unit or a transfer to another facility is appropriate. With respect to access to emotional support services, information on a list of services is provided. Interview with PREA

Compliance Manager, as the retaliation monitor, advises multiple protection measures are considered: housing changes; 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.

Review of: 79-ISA-02 P: 12; PREA Retaliation Monitoring Report dated 10/7/16; confirm policies are in place and enforced to enable the facility monitor to monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The department continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Interviews with Warden and PREA Compliance Manager confirm the facility monitors the inmate or staff for at least 90 days following a report of sexual abuse or sexual harassment. The facility monitor monitors the conduct and treatment of: an inmate or employee who reported an incident; and an inmate who was reported to have suffered sexual abuse or sexual harassment. Monitoring will be for all areas in this paragraph and will continue beyond 90 days if needed. The number of times an incident of retaliation occurred in the past 12 months was zero.

Review of: 79-ISA-02 P: 12; Sample of PREA Retaliation Form; confirm policies are in place and enforced to insure in the case of inmates, such monitoring also include periodic status checks. Interviews with retaliation monitor and random sample of staff confirms in case of inmates monitoring includes periodic in-person status checks approximately every 30 days. In-person status checks are also encouraged for any staff who reported an incident of sexual abuse or sexual harassment.

Review of: 79-ISA-02 P: 12; Statement of Status; confirms policy is in place and enforced to ensure if any other individual who cooperates with an investigation expresses a fear of retaliation, the department takes appropriate measures to protect that individual against retaliation. According to interviews with the ODRC Director, Warden and institution investigator all inmates and staff who report sexual abuse or sexual harassment, or who cooperate with sexual abuse or sexual harassment investigations are protected from retaliation by other inmates or staff. Retaliation monitoring includes review of any inmate disciplinary reports, housing or program changes, or any negative performance reviews or reassignments of staff. The Department's protocols for retaliation monitoring are initiated for any individual who cooperates with an investigation and expresses a fear of retaliation.

Review of: 79-ISA-02 P: 12 confirm a policy is in place ensuring the agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

In conclusion, based on: review of policies; interviews with the ODRC Director, Warden, retaliation monitor and random sample of staff; and observations and questions answered during facility tour; the GCC Complex is compliant with Standard 115.67 Agency Protection against Retaliation.

### **Standard 115.68 Post-allegation protective custody**

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

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

Review of: 79-ISA-04 P: 7-8; Statement of Status; confirm policies are in place and enforced to ensure any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of Standard 115.43. Interviews with the Warden and staff who supervise inmates in segregated housing found the policies are in place to allow use of segregated housing to protect an inmate. However, it is a last resort and if use it will be for less than 30 days. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 month for either 24 hours or 30 days was zero. Since no inmates were held in segregated housing the auditor could not interview an inmate.

In conclusion, the GCC is compliant with this standard, based on: review of policies; interviews with Warden and staff who supervise inmates in segregated housing; observations and questions answered when visiting area where three cells are available for segregated housing. The GCC is found compliant with Standard 115.68 Post-allegation Protective Custody.

## Standard 115.71 Criminal and administrative agency investigations

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

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

Review of: 79-ISA-02 P: 11; PREA Incident Packet; Investigation Summary Report, Administrative Investigation; confirm: when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it does so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff; agency not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; substantiated allegations of conduct that appears to be criminal are referred for prosecution; when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interview only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigators interviewed reported ODRC investigates administrative allegations and OSHP investigates criminal allegations immediately and they judge the credibility determinations of an alleged victim, suspect, or witness are based on: the individual – how they present during interviews; past dealings with them; how the evidence obtained matches up with their version of events; the motives they may have to lie and other verbal and nonverbal cues. The investigators said they would not under any circumstances, require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation as it is against state law to ask a victim of sexual abuse to take a polygraph. Interview with the OSHP investigator reported they refer cases for prosecution any time there appears to be evidence that an incident of sexual abuse occurred. There were zero substantiated allegations of conduct that appeared to be criminal that was referred for prosecution in the past 12 months.

Review of: ODRC Training Curriculum; NIC Training for Investigators confirm where sexual abuse is alleged, the agency uses investigators: who have received special training in sexual abuse investigations pursuant to Standard 115.34; gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victim, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator; and departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. According to the investigators interviewed they: have received special training in sexual abuse investigations; criminal investigations are documented; and their reports contain a description of the allegation; description of victim; witness and perpetrator interviews; description of DNA; physical, documentary and other evidence; and the cases closing summary. The investigation file contains copies of all the witness statements, documents, reports and other evidence.

Review of : 79-ISA-02 P: 11, Statement of Status; confirm: policies are in place to ensure administrative investigations: 1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2) are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; ensure criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Interviews with the investigators confirmed the efforts they make during an administrative investigation to determine whether staff actions or failures to act contributed to sexual abuse included, during the investigation they follow-up on any statements or documentary evidence that shows a staff member may have been on notice of the abuse and failed to act, took some action to facilitate the abuse, or otherwise violated Department policy in connection with the incident.

Review of: 79-ISA-02 P: 11; Statement of Status; confirm the agency retains all written reports referenced above for as long as the alleged abuser is incarcerated or employed by the agency, plus five years and the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation.. Interviews with investigators report they continue their investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and, if there is sufficient evidence to prosecute, they present the case for possible prosecution. Also they continue the investigation when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed

investigation into the incident.

The ODRC is responsible for all administrative investigations with OSHP responsible for criminal investigations. There is no Department of Justice involvement. This part of the standard is non-applicable. Interviews with Warden and PREA Compliance Manager when outside agencies investigate sexual abuse; the facility cooperates with outside investigators and endeavors to remain informed about the progress of the investigation. The ODRC and OSHP investigates all sexual abuse allegations.

Review of policies and procedures; interviews with Warden, PREA Coordinator, PREA Compliance Manager and Investigative Staff; observations and questions answered during tour of facility the GCC substantially exceed requirements for Standard 115.71 Criminal and Administrative Agency Investigations.

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

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

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

Review of: 79-ISA-02 P: 11; PREA Incident Packet; confirm policies are in place and enforced to ensure the agency imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Interviews with investigators responded to the standard of evidence they require to substantiate allegations of sexual abuse or sexual harassment is a preponderance of the evidence, that is, when the weight of the evidence indicates that the allegation is more likely to be true than not true. There were no sexual misconduct incidents found to be substantial during the last 12 months.

In conclusion, the GCC is compliant with this standard, based on: review of policies; interviews with investigators and staff. The facility is compliant with Standard 115.72 Evidentiary Standards for Administrative.

### **Standard 115.73 Reporting to inmates**

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

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

Review of: 79-ISA-02 P: 9-10; PREA Incident Packet-Allegations of Abuse; confirm policies are in place and enforced to ensure following an investigation into an inmate's allegation that he suffered sexual abuse in an agency facility, the agency informs the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Interviews with Warden, investigative staff, PREA Compliance Manager and inmate who reported sexual abuse confirm agency procedures require that an inmate who makes an allegation of sexual abuse are informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigations. The number of criminal and/administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months were 17 (10 sexual harassment and 7 sexual abuse) at the GCC during the last 12 months. All

investigations were closed and the inmates received notification verbally with documentation in writing of the results of the investigation.

If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. The ODRC is responsible for administrative allegations and OSHP is responsible for criminal allegations. There were no criminal investigations at GCC during the last 12 months.

Review of: 79-ISA-02 P: 11; Statement of Status; confirm policies are in place and enforced to ensure following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: 1) The staff member is no longer posted within the inmate's unit; 2) The staff member is no longer employed at the facility; 3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or 4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Interview with the staff and inmates confirms the agency informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the staff member: is no longer posted within the inmate's unit; no longer employed by the facility; agency learns staff member indicted on a charge related to sexual abuse within the facility; or agency learns staff member has been convicted on a charge related to sexual abuse within the facility. Interviews with inmates confirm they were notified per the PREA Standard and agency policy.

Review of: 79-ISA-02 P: 10; Statement of Status; confirm policies are in place to ensure following an inmate's allegation that she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: 1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or 2) The agency learns that the alleged abuser has been convicted on charge related to sexual abuse within the facility. Interview with PREA Compliance Manager confirmed that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency informs the alleged victim whenever: agency learns alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns the alleged abuser has been convicted on charge related sexual abuse in the facility.

Review of: 79-ISA-02 P: 10; Statement of Status; confirm policies are in place to ensure all such notifications or attempted notifications are documented. Interview with the Warden and PREA Compliance Manager confirm all notifications or attempted notification are documents showing the date and time of the notification in case chronology. If the inmate refused to discuss the outcome, it is noted the date and time of the attempted notification and the fact that the inmate refused. During the last 12 months 17 inmates were provided notifications that were documented per policy and this standard.

Review of 79-ISA-02 P: 10 confirm policies are in place and enforced to ensure the agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody. Interviews with Warden and PREA Compliance Manager confirmed that there is no obligation to report the case outcome to the reported victim inmate after he or she is released from the Department's custody however doing so may be appropriate depending on the circumstances of the case.

In conclusion, the facility is compliant with this standard, based on: review of policy, procedures and forms; interviews with Warden and PREA Compliance Manager and observations and questions answered during tour of the facility. The GCC is compliant with Standard 115.73 Reporting to Inmates.

#### **Standard 115.76 Disciplinary sanctions for staff**

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

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

Review of: 79-ISA-01 P: 3-4; 31-SEM-02 P: 2; Statement of Status; confirms policies are in place and enforced to ensure staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Interviews with PREA Compliance Manager and Human Resource Administrator confirm staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The GCC had zero employees terminated due to an incident of sexual harassment or sexual misconduct incident during the last 12 months.

Review of: 79-ISA-02 P: confirms policies are in place and enforced to ensure termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse. Interviews with PREA Compliance Manager and Human Resource Administrator confirm that termination is the presumptive disciplinary sanction for staff who has engaged in sexual abuse of an inmate. The facility had zero employees terminated due to an incident of sexual harassment or sexual misconduct incident.

Review of 31-SEM-02 P: 2; confirm policies are in place to ensure disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. Interviews with PREA Compliance Manager and Human Resource Administrator confirms disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the act committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months zero staff has been disciplined, short of termination for violation of agency sexual abuse or sexual harassment policies.

Review of: 79-ISA-01 P: 3-4; 31-SEM-07 P: 5; confirm policies are in place to ensure 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Interviews with PREA Compliance Manager and Human Resource Administrator confirm 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the last 12 months the GCC had zero staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

In conclusion, GCC is compliant with this standard, based on: review of policies, forms and files; interviews with PREA Compliance Manager and Human Resource Administrator; and observations and questions answered during tour. The GCC is compliant with Standard 115.76 Disciplinary Sanctions for Staff.

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

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

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

Review of: 79-ISA-01 P: 4; 71-SOC-01 P: 9; Contractor – Volunteer Standards of Conduct; Statement of Status; confirms policies are in place and enforced to ensure any contractor or volunteer, who engages in sexual abuse, is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews with PREA Compliance Manager confirms an inmate is incapable of consent to any sexual act with an employee where that employee performs duties in a state correctional facility in which the victim is confined at the time of the offense consisting of providing custody, medical or mental health services, counseling services, educational programs, vocational training, institutional parole services or direct supervision to inmates. The law also applies to any contract employee or volunteer who regularly provides services to inmates. Any contractor or volunteer, who engages in sexual abuse is prohibited from contact with inmates and is reported to law enforcement agencies, unless the activity was not criminal, and to relevant licensing bodies. In the past 12 months zero contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates.

Review of: 79-ISA-02 P: 4; Statement of Status; Standards of Conduct for Contractors, Volunteers and Interns P: 2, 5-6; confirm policies are in place and enforced to ensure the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interviews with PREA Compliance Manager confirms the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Review of: 79-ISA-01 P: 3-4; 31-SEM-07 P: 5; confirm all terminations for violation of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated is not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Interview with the Warden and PREA Compliance Manager confirm policies are in place and there were no allegations involving a contractor or volunteer.

Interviews with the Warden, staff, contractors and volunteers confirm they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. They confirmed they have: attended PREA training; received written material; viewed video; understand the agency's zero tolerance policy; and signed forms saying they have received and understand the PREA training.

In conclusion, based on: review of policies, procedures and forms; interviews with Warden, PREA Compliance Manager, and volunteers and contractors; and observation and questions answered during tour; GCC is compliant with Standard 115.77 Corrective Action for Contractors and Volunteers.

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

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

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

Review of: 79-ISA-02 P: 13; 56-DSC-01 P: 2-5, 7; 5120-9-06 P: 1; confirm policies are in place and enforced to ensure inmates are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Interviews with Warden and PREA Compliance Manager confirm even with zero administrative findings during the last 12 months practice according to policy would result in having a consistent, fair and reasonable disciplinary process since it is the Department's most valuable tool to address inmate misconduct, while ensuring the safety of all employees and inmates and the security of the facility. During the last 12 months there have been zero administrative findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.

Review of: 79-ISA-02 P: 13; 5120-9-08 Inmate Discipline P: 1, P: 1; confirm policies are in place and enforced to ensure sanctions are 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. Interviews with Warden and PREA Compliance Manager confirm that policies are in place and enforced to ensure the disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse are progressive disciplinary system based on guidelines. The sanctions are to be proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories.

Review of 5120-9-08 Inmate Discipline P: 2 confirms policies are in place and enforced to ensure the disciplinary process considers whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Interviews with the Warden, PREA Compliance Manager, and medical and mental health staff confirm mental disability and mental illness are considered when determining sanctions.

Review of 79-ISA-02 P: 13 confirms policies are in place to ensure if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interviews with PREA Compliance Manager and medical and mental health staff confirm the facility offers therapy, counseling and other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and offers these services to the offending inmate. The facility does not require an inmate's participation as a condition of access to programming or other benefits.

Review of: 79-ISA-02 P: 13 confirm policies are in place to ensure the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. An interview with PREA Compliance Manager confirms an inmate may be

disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Review of 79-ISA-02 P: 13 confirm the policies are in place and enforced to ensure for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Interviews with Warden and PREA Compliance Manager confirm no reprisals of any kind are taken against an inmate or employee for good faith reporting of sexual abuse or sexual threats.

Review of 5120-9-06 P: 1 confirms policies are in place to ensure that the agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. Interviews with Warden and PREA Compliance Manager confirm ODRC: prohibits all sexual activity between inmates; disciplines inmates for such activity; and the agency deem such activity to constitute sexual abuse only if it determines that the activity is coerced.

In conclusion, compliance is based on: review of policies, procedures and forms; interviews with the Warden, PREA Compliance Manager and Medical and Mental Health staff. The GCC is compliant with Standard 115.78 Disciplinary Sanctions for Inmates.

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

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

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

Review of: 79-ISA-04 P: 3; Statement of Status; PREA Risk Assessment; confirm that policies are in place and enforced to ensure if the screening pursuant to 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an instructional setting or in the community, staff ensures that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Interview with the staff who is responsible for risk screening confirms that if a screening indicates that an inmate previously perpetrated sexual abuse, the facility offer a follow-up meeting with a mental health practitioner. There was no inmate who disclosed sexual victimization at risk screening in the facility for the auditor to interview. However, the screening found there were 6 inmates identified as victims and 5 inmates identified as potential victim.

The auditor interviewed medical and mental health staff who confirmed that the follow-up meeting is offered within 14 days.

Review of: 79-ISA-04 P: 3; PREA Risk Assessment; confirm that policies are in place and enforced to ensure 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, staff ensures that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Interview with staff who is responsible for risk screening confirms if a screening indicates that an inmate previously perpetrated sexual abuse they are offered a follow-up meeting with a medical health practitioner to be held immediately. In the past 12 months, there were 4 identified as inmates who indicated they had previously perpetrated sexual abuse and 2 inmates identified as potential abusers. As indicated during the screening, if the inmate had indicated previously perpetrated sexual abuse they would be offered a follow up with a mental health practitioner. Mental health staff maintain secondary materials (e.g. form, log) documenting compliance with the requirements of this standard. The auditor reviewed inmate files in the medical and mental health departments and found follow-up meetings in the past were held, documented, logged and completed per agency policy.

Review of: 79-ISA-02 P: 4-5; GCC Inmate PREA Classification List; confirm that policies are in place to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. Interviews with staff responsible for risk screening, medical and mental health staff and PREA Compliance Manager confirm information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program

assignments, or as otherwise required by federal, state, or local law.

Review of: 79-ISA-04 P: 4; PREA Risk Assessment; confirm policies are in place and enforced to ensure 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. Interview with PREA Compliance Manager, medical and mental health staff confirm 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. The auditor reviewed inmate files in medical and mental health that had copies of the signed consent forms.

In conclusion, based on: review of policies, procedures, forms and inmate files; interviews with PREA Compliance Manager and medical and mental health staff; and observations and questions answered during tour of GCC intake/screening and medical and mental health department, GCC is compliant with 115.81 Medical and Mental Health Screenings: History of Sexual Abuse.

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

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

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

Review of: 67-MNH-09; Incident Report of Sexual Abuse Incident; Medical Exam after Sexual Abuse Incident; Mental Health Emergency Call List; Medical Protocol B-11; confirm that policies are in place and enforced to ensure 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. Interviews with medical and mental health staff, inmate who reported a sexual abuse and PREA Compliance Manager confirm victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. During the last 12 months there were 7 inmates that were victims of sexual abuse. The auditor reviewed inmate files in medical and mental health and found documentation of all meetings were per policy.

Review of 67-MNH-09 P: 10 confirm policies are in place and enforced to ensure if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to 115.62 and immediately notify the appropriate medical and mental health practitioners. Interviews with security staff and non-security staff first responders found during the past 12 months there were no allegations requiring first responder activity. Security staff and non-security staff are all prepared to act as a first responder if required. Interviews with security and non-security staff found they carry a document with instructions on being a first responder and are very prepared to act as a first responder if required.

Review of Medical Follow-up Protocol confirm policies are in place and enforced to ensure inmate victims of sexual abuse while incarcerated are 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. Interviews with medical and mental health staff confirm that inmate victims of sexual abuse while incarcerated are 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. Medical and mental health staff maintain secondary materials (e.g. form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. This is an all-male facility and services offered would be for a male population. The auditor reviewed files in the medical and mental health departments and found the services would be offered, documented and per ODRC policy.

Review of 79-ISA-02 P: 7-8 confirm policies are in place to ensure treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Interviews with PREA Compliance Manager, staff, inmates and medical and mental health staff confirm that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Review of policies, procedures, forms and files; interviews with PREA Compliance Manager, security and non-security staff and medical and mental health staff; and observations and questions answered during tour; GCC is compliant with Standard 115.82 Access to Emergency Medical and Mental Health Services.

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

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

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

Review of: 79-ISA-02 P: 6; Medical Protocol B-11; 67-MNH-02 P: 3-4; 67-MNH-04 P: 3-4; 67-MNH-15 P: 7; confirms policies are in place and enforced to 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. Interviews with PREA Compliance Manager, medical and mental health staff confirm the facility offers 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. This is an all-male facility and services offered would be for male population. Review of files indicates that the evaluation and treatment is offered and documented per policy.

Review of: 67-MNH-15 P: 7 confirm policies are in place and enforced that ensure: 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; the facility provides such victims with medical and mental health services consistent with the community level of care; inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests; if pregnancy results from the conduct described in paragraph of this section, such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.; and inmate victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. The GCC is an all-male facility and services offered would be for male population. Interviews with Warden, PREA Compliance Manager, and medical and mental health staff confirm evaluation and treatment of inmates who have victimized includes treatment services including: follow-up services; treatment plans; treatment groups; and when necessary referrals for continued care after leaving the facility. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical and mental health services offered at the facility are consistent with community level of care. Inmate victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Interviews with Warden, PREA Compliance Manager, and medical and mental health staff confirm inmates that were victims of sexual abuse while incarcerated were offered treatment. The treatments offered were as per policy and documented.

Review of: 79-ISA-02 P: 8; Progress Report; Abuse Mental Health Follow-up; confirm policies are in place and enforced to ensure all prisons 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. Interviews with PREA Compliance Manager, medical and mental health staff confirm mental health staff conducts a mental health evaluation of all known inmate-on inmate abusers and offer treatment if appropriate. This mental health evaluation is conducted within 60 days of learning of such abuse history. Review of medical and mental health files confirm mental health follow-up is per ODRC policy and this standard.

In conclusion, compliance is based on: review of policies, procedures, forms and files; interviews with PREA Compliance Manager, medical and mental health staff; and observations and questions answered during tour. The GCC is compliant with Standard 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.

## Standard 115.86 Sexual abuse incident reviews

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

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

Review of: 79-ISA-03 P: 3; PREA Incident with Sexual Abuse Incident Review; Allegation of Sexual Abuse Report Package; confirm policies are in place and enforced to ensure the facility conducts 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. Interviews with the Warden and PREA Compliance Manager confirm the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months, there were 7 administrative allegations of sexual abuse that were completed at the facility and 5 were unsubstantiated and 2 were unfounded.

Review of 79-ISA-03 P: 3 confirm policies are in place and enforced to ensure such review ordinarily occur within 30 days of the conclusion of the investigation. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team confirm the facility ordinarily conducts a sexual abuse incident review within 30 days, excluding "unfounded" incidents. In the past 12 months there have been 5 administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days.

Review of: 79-ISA-03 P: 2; DRC 1183E; Sexual Abuse Case Review; confirm policy is in place and enforced that ensures the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioner. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team and review of minutes of meetings confirms the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Review of: 79-ISA-03 P: 2; Sexual Abuse Review Team (SART); confirm policies are in place and enforced to ensure the review team: 1) considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; 2) considers 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; 3) examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; 4) assess the adequacy of staffing levels in that area during different shifts; 5) assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6) prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager. Interviews with Warden, PREA Compliance Manager and members of the Incident Review Team confirms the facility prepares a report DRC 1183 of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to this paragraph 1-6 of this section and any recommendations for improvement, and submits such report to the managing officer and the institution OCM.

Review of: 79-ISA-03 P: 3; Sexual Abuse Review SART; confirm policies are in place and enforced to ensure the facility implements the recommendations for improvement, or document its reasons for not doing so. Interviews with Warden, Incident Review Team Members and PREA Compliance Manager confirm that the managing officer implements recommendations outlined in the DRC 1183 or documents reason for not doing so. The review is intended to identify any gaps in policy, practice, or protocol, and recommend improvements when appropriate. The review examines whether policies were followed and whether they need to be changed; whether physical plant and staffing are appropriate to minimize the risk of sexual abuse; whether gang and other group dynamics were a factor in the reported incident, as well as other factors.

Based on: review of policies, procedures, forms and files; interviews with Warden, Incident Review Team Members and PREA Compliance Manager; and observations and questions answered during tours; GCC is compliant with Standard 115.86 Sexual Abuse Incident Reviews.

## Standard 115.87 Data collection

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

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

Review of: 79-ISA-01 Data Collection Monitoring Language with Definitions P: 10; PREA Incident Reporting Packet; confirm policies are in place and enforced to ensure the agency: collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions; maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; and includes, 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. Interview with the PREA Compliance Manager and review of the SSV Report and the 2016 Annual PREA Report confirm the agency collects accurate uniform data using a standardized instrument and set of definitions and the agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident review. The incident-based data collected includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Bureau. As a result of comprehensive data collection and review, the ODRC maintains separate incident based data from all available incident-based documents,

Review of: SSV 2015; 2016 ODRC Annual PREA Report; confirm policies are in place and enforced to ensure the agency aggregates the incident-based sexual abuse data at least annually. Interviews with the PREA Coordinator and PREA Compliance Manager confirm the agency aggregates the incident-based sexual abuse data at least annually. All confidential information is securely retained by ODRC by having all systems password protected and incident data is kept confidential.

Part of this Standard requires the agency obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. Interviews with the PREA Coordinator, Warden and PREA Compliance Manager and review of ODRC Contracts for the confinement of inmates the contract facilities with ODRC have PREA requirements as part of their contract and the data is collected as per ODRC Policy and PREA Standard requirements.

Review of PREA Incident Reporting Packet confirms policies are in place and enforced to ensure upon request, the agency provides all such data from the previous calendar year to the Department of Justice no later than June 30. Interviews with the PREA Coordinator and PREA Compliance Manager confirm the agency provided data from the previous calendar year, as requested, to the Department of Justice.

In conclusion, based on: review of policies, procedures, forms and files; interviews with the PREA Coordinator, Warden and PREA Compliance Manager; and observations and questions answered during tour; GCC is compliant with Standard 115.87 Data Collection and Review.

## Standard 115.88 Data review for corrective action

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

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

### **corrective actions taken by the facility.**

Review of: 79-ISA-01 with definitions, data collection, and monitoring P: 10; SSV-2015; 2016 Annual PREA Report; confirm policies are in place to ensure the agency reviews 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: 1) Identifying problem areas; 2) Taking corrective action on an ongoing basis; and 3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. Interview with the ODRC Director, PREA Coordinator and PREA Compliance Manager find the agency reviews data collected and aggregated pursuant to 115.87. During an interview with the Director he said ODRC conducts incident reviews at the agency level to identify problem areas and assist the institutions in taking corrective action. The data is reviewed by agency leadership and the Director's office during the agency budget reviews. Data is used to: determine appropriate interventions; enhancements to staff and inmate training; assessment of appropriate housing for victims/predators; policy updates; and revisions to enhance operational aspects designed to provide safer prisons. Annual staffing plan reviews, assessment of current use of monitoring/surveillance equipment, and facility infrastructure modifications as well as leading indicators in data that may assist ODRC in making determinations. The data is used to ensure that appropriate action is taken at every level of the organization. Interviews with: PREA Coordinator, Warden, and PREA Compliance Manager confirms the agency reviews data collected and aggregated pursuant to Standard 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, including: identifying 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, as well as the agency as a whole.

Review of 2016 Annual PREA Report confirms policies are in place to ensure such report include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. Interviews with ODRC Director, PREA Coordinator and PREA Compliance Manager confirms the annual report includes a comparison of the current year's data and corrective actions with those from prior years and the annual report provides an assessment of the agency's progress in addressing sexual abuse. The PREA Coordinator reported the information is assessed and a corrective action plan for each facility is developed for anything identified in the review. ODRC annual PREA Compliance Review documents the facility's efforts to take corrective measures. BOC will take corrective measures for items identified for the agency as a whole. Interventions such as training of staff, upgrades to inmate training, assessment of appropriate housing for predators, policy updates and revisions to enhance operational aspects designed to provide safer environments are considered. Assessment of current use of monitoring/surveillance equipment and facility infrastructure modifications are conducted. The auditors reviewed the ODRC annual reports for 2013-2016 years.

Review of: 2013-2016 ODRC Annual PREA Assessment; [www.drc.ohio.gov/prea](http://www.drc.ohio.gov/prea); confirm policies are in place to ensure the agency's reports are per this standard and made available on the agency website. During the interview with the ODRC Director he advised that he uses the information during PREA discussions at agency budget reviews and he approves the annual reports and the reports are made readily available annually to the public through its website. The auditor visited the website and found the information as promised.

Review of 79-ISA-01 P: 10 confirms policies are in place to ensure the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. Interview with the PREA Coordinator found ODRC does not need to redact any information. ODRC does not use specific or confidential information in the report so personal identifiers are not in the annual reports and therefore it does not contain information that warrants redaction.

Based on: review of policies, procedures, forms and files; interviews with the ODRC Director, PREA Coordinator and PREA Compliance Managers; review of the agency website; and observations and questions answered during interviews; the auditors find GCC substantially exceed the requirement of Standard 115.88 Data Review for Corrective Action

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

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

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

Review of: 79-ISA-01 with data collection and monitoring P: 10-11; 79-ISA-01 with definitions P: 2-3; SSV-2 2015; 2016 ODRC Annual PREA Report; confirm policy is in place and enforced to ensure that data collected pursuant to 115.87 are securely retained. Interview with the ODRC Director confirms the agency maintains security of the data with systems that are password protected and incident data is kept confidential. Interview with PREA Compliance Manager confirms the agency policy requires that aggregated sexual abuse data from facilities under its direct control are made readily available to the public annually through its website.

Review of: 79-ISA-01 P: 10; [www.drc.ohio.gov/prea](http://www.drc.ohio.gov/prea); ODRC website aggregated sexual abuse data; confirm ODRC makes 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. Interview with the PREA Coordinator, Warden and PREA Compliance Manager and review of the annual reports on the ODRC website confirm the aggregated sexual abuse data is on the ODRC website.

Review of 79-ISA-01 P: 10-11 confirms policy is in place and enforced to ensure before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. Interview with the ODRC Director found ODRC does not include personal identifiers in the annual reports and therefore it does not contain information that warrants redaction.

Review of ODRC Record Retention Schedule confirm policy is in place and enforced to ensure the agency maintains 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. Interview with the PREA Coordinator confirms Records Retention schedule includes: reports produced within the ODRC containing data routinely requested by the public, DRC Policy 01-COM-12, are permanent; special investigation case files including sexual abuse are retained for 10 years after inmate has reached final release, expiration of sentence, death or 10 years after employee is no longer employed by the agency by shred/delete.

In conclusion, GCC is compliant with this standard, based on: review of policies, procedures, reports, forms and files; interviews with the PREA Coordinator, Warden and PREA Compliance Manager; and observations and questions answered during tour; find GCC compliant with Standard 115.89 Data Storage, Publication, and Destruction.

**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.

*Marilyn McAuley* \_\_\_\_\_

June 1, 2017 \_\_\_\_\_

Auditor Signature

Date