

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

**Date of report:** 05/28/2017

<b>Auditor Information</b>			
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<b>Date of facility visit:</b> April 10-14, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Lorain Correctional Institution			
<b>Facility physical address:</b> 2075 S. Avon-Belden Rd., Grafton, OH 44044			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> 440-748-1049			
<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> Kimberly Clipper			
<b>Number of staff assigned to the facility in the last 12 months:</b> 430			
<b>Designed facility capacity:</b> 750			
<b>Current population of facility:</b> 1589			
<b>Facility security levels/inmate custody levels:</b> Maximum Security/Inmate Custody Maximum, Medium, Minimum			
<b>Age range of the population:</b> 19-82 years			
<b>Name of PREA Compliance Manager:</b> Melissa Spatny		<b>Title:</b> Operational Compliance Manager	
<b>Email address:</b> Melissa.Cantoni@odrc.state.oh.us		<b>Telephone number:</b> 440-316-4770	
<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 W. Broad Street, Columbus, Ohio			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 614-752-1159			
<b>Agency Chief Executive Officer</b>			
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<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Andrew Albright		<b>Title:</b> Chief, Bureau of Correctional Compliance	
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## AUDIT FINDINGS

### NARRATIVE

The Prison Rape Elimination Act (PREA) Audit for the Ohio Department of Rehabilitation and Correction (ODRC) of Lorain Correctional Institution (LORCI) was the second part of an American Correctional Association (ACA) Audit and a PREA Audit/site visit, the week of April 10-14, 2017 (ACA Audit April 10-12, the PREA audit 12-14, 2017). The audit process began with the notification and assignment of the certified PREA auditor, James Curington by the American Correctional Association, to both the ACA audit and the PREA Audit. This dual assignment, afforded the auditor a very positive opportunity to review the operations and performance of the institution during the ACA audit and to follow up with a review of operations, policy, procedures, and informal and formal interviews during the PREA Audit. Simply, a combination weeklong audit gives the auditor a greater oversight of the operations of the facility. This was the case for Lorain Correctional Institution.

This PREA Audit report dated May 28, 2017 is a final report by the auditor for the Lorain Correctional Institution of the Ohio Department of Rehabilitation and Correction, accomplished by the auditor under the training/direction given by the National Prison Rape Elimination Act (PREA), and the PREA Resource Center (PRC), Bureau of Justice Administration, Department of Justice.

The methodology of the PREA auditor, to develop this audit report, was to use a step-by-step process which includes the following:

- 1) scheduling through the American Correctional Association (ACA) with the Ohio Department of Rehabilitation and Correction (ODRC);
- 2) making contacts with the agency/facility, sending a Pre-Audit Report Form to the PRC, the posting of audit notices, and the sending of an agenda to the facility for the site visit;
- 3) obtaining information, documents, the facility Pre-Audit Questionnaire (PAQ), and other materials from the agency/facility and carefully reviewing such, prior to the on-site visit (information was supplied via a USB flash drive);
- 4) making an on-site visit to the community and the facility to be audited (on-site April 10-14, 2017);
- 5) making an assessment of compliance/noncompliance prior, during, and after the site visit with a follow-up review of documents, materials, and auditor notes;
- 6) completing an interim/final Auditor's Summary Report, through a triangulation of the a) the pre-audit steps, b) on-site visit/tour, and c) post-visit review of notes, materials and documents;
- 7) notifying and sending a copy of the Auditor's Summary Report to the agency/facility; and
- 8) sending a Post Audit Report Form with the final Auditor's Summary Report attached to the PRC.

The Prison Rape Elimination Act, it's 43 standards, and the evaluation instrument supplied by the PRC, was used to assess standards and complete the audit report. The evaluation instrument used by the auditor, is the PREA Audit Instrument, Adult Prisons and Jails, supplied by the PRC through its website to conduct an audit of the Lorraine Correctional Facility. The PREA Audit Instrument and its seven sections, A-G is detailed as follows: A) the Pre-Audit Questionnaire (PAQ, used throughout the report for documentation), B) the Auditor's Compliance Tool (used during the pre-audit review, the on-site visit and the summary review), 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. Again, this instrument was used as the basis for the auditor's assessment process and triangulation information, materials, notes, and etc. These documents were also used by the agency/facility to help prepare for the audit and assist the auditor in his review and assessment of compliance/noncompliance.

The auditor submitted a daily agenda (this agenda for Lorraine Correctional Facility was for the week of April 9-10, 2017.

Sunday, April 9

Evening dinner/introductions/meet and greet – facility staff and auditors for ACA and PREA audits  
Pre-Audit Meetings as appropriate  
ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Wed., PREA audit, Wed. – Fri.)

Monday, Tuesday, and Wednesday morning, April 10, 11, and 12 – ACA Audit

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

Wednesday continuation, April 12 – PREA Audit/PREA Agenda

PREA Audit Report

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

Attend Shift Briefings – Post Assignments – Afternoon, Evening

Schedule interviews with staff and inmates (facility staff assistance). This may be done on Monday or Tuesday.

Tour facility. Note: PREA "Instructions for PREA Audit Tour". Follow up as needed from ACA audit tour.

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

Review Allegations (sexual abuse, harassment, retaliation: investigated-administrative, criminal indicted, prosecuted, referred: founded, unfounded, substantiated, unsubstantiated.

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

View/review Offender Orientation/Admission.

Thursday, April 13

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

3:00 p.m. Review PREA standards for compliance/information.

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local mental health facility.

Interviews with staff and inmates. Note: PREA "Interview Protocols" Make sure interviews include all staff "shifts".

Make sure inmates from each housing unit are interviewed.

Friday, April 14

Follow-up on PREA standards compliance and facility information needed and appropriate to the PREA Auditor's Summary Report. Begin "triangulation" of a) pre-audit, b) site visit/interviews, information and report.

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

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

12:00 noon Depart Trumbull Correctional Institution.

Agenda for the PREA site visit is flexible and tentative and can be modified in conjunction with the facility Warden, staff and inmates, and the Agency PREA staff.

The above methodology and the agenda were accomplished, making adjustments as necessary for visiting all areas of the facility, reviewing operations of the facility, and observing efforts for compliance with PREA. The agenda assisted with the scheduling of formal interviews of staff and inmates, specifically, there were 35 formal inmate interviews and numerous informal inmate interviews/discussions; there were 37 formal interviews with staff, including 23 specialized staff, and 14 random staff, as well as numerous informal staff discussions/visits. It is the auditor's assessment that there was a thorough, comprehensive, professional, PREA on-site visit and tour and, with the assistance from staff and inmates, there was significant insight into the operations of the Lorain Correctional Institution and the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in prison and to obtain PREA compliance by meeting PREA standards.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Lorain Correctional Institution is located in Northeast Ohio about 25 miles southwest of Cleveland in Lorain County at 2075 S. Avon-Belden Rd., Grafton, OH 44044. The facility was constructed in 1986-1990, the first inmates received in March 28, 1990. With an original capacity of 750 beds for adult male inmates, the institution has undergone subsequent construction and expansion and LORCI is now a large reception center with an average daily population of 1488 adult (ages 18 and over) male inmates in a campus style setting of 13 brick and concrete buildings on a 111 acre site. The inmate population is all housed on one compound which is surrounded by 14 foot high double fences with rolls of razor ribbon, security detection devices and patrolled by armed perimeter vehicles 24 hours a day, seven days a week (see picture overview, following).

The compound itself is 64 acres situated on 111 acres of state property in a farming area of heavily populated Northeast Ohio. The buildings of the compound consists of the following:

- B 1, which is the entry building, and includes a visiting office, visiting reception and screening, Armory, and security services (outside the secure perimeter);
- B 2, North and South which includes Warden's Office complex, Business Office complex, Personnel Office, Parole Board offices, Inmate Visitation, the security rollcall area, employee mailroom, security offices, and a restrictive housing Transitional Program Unit (TPU, with 76 beds).
- B 3, with two housing pods for general reception population housing and a separate pod with mental health offices with crisis cells.
- B 4, Reception. Initial intake, housing units and a general reception population unit; and classification and reception offices with Unit Management administration. Also, Recovery Services.
- B 5, Receiving and Discharge, Medical Oversight and Mental Health Offices.
- B 6, Food Service, Inmate Commissary, Quartermaster, Maintenance, Staff Training, Recreation, Library, School and Chapel
- B 7, B 8, B 9, B 10 (cadre workforce), all inmate housing on the south part of the compound.
- B 11, Medical Building
- Outside Warehouse
- Vehicle Garage

Programs and services for the inmate population include: Recreation, Visitation, Library Services, Healthcare Services, Dental Services, Mental Health Services, Treatment Programs, Vocational Education, Academic Education, Commissary, Food Service, Maintenance, Ministerial Services, Training and Orientation (including PREA training and orientation), and Receiving and Discharge.

Staffing of the facility consist of the following departments: Business, Personnel, Security, Unit Management, Education, Healthcare (medical, mental health, dental, and ancillary services), Maintenance, Food Service, Receiving and Discharge, Recreation, Chaplaincy Services, Support Services, and Administration. There are 231 Security staff and 173 Administrative, program and support staff (this information from the LORCI audit Welcome Book).

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

"to reduce recidivism among those we touch."

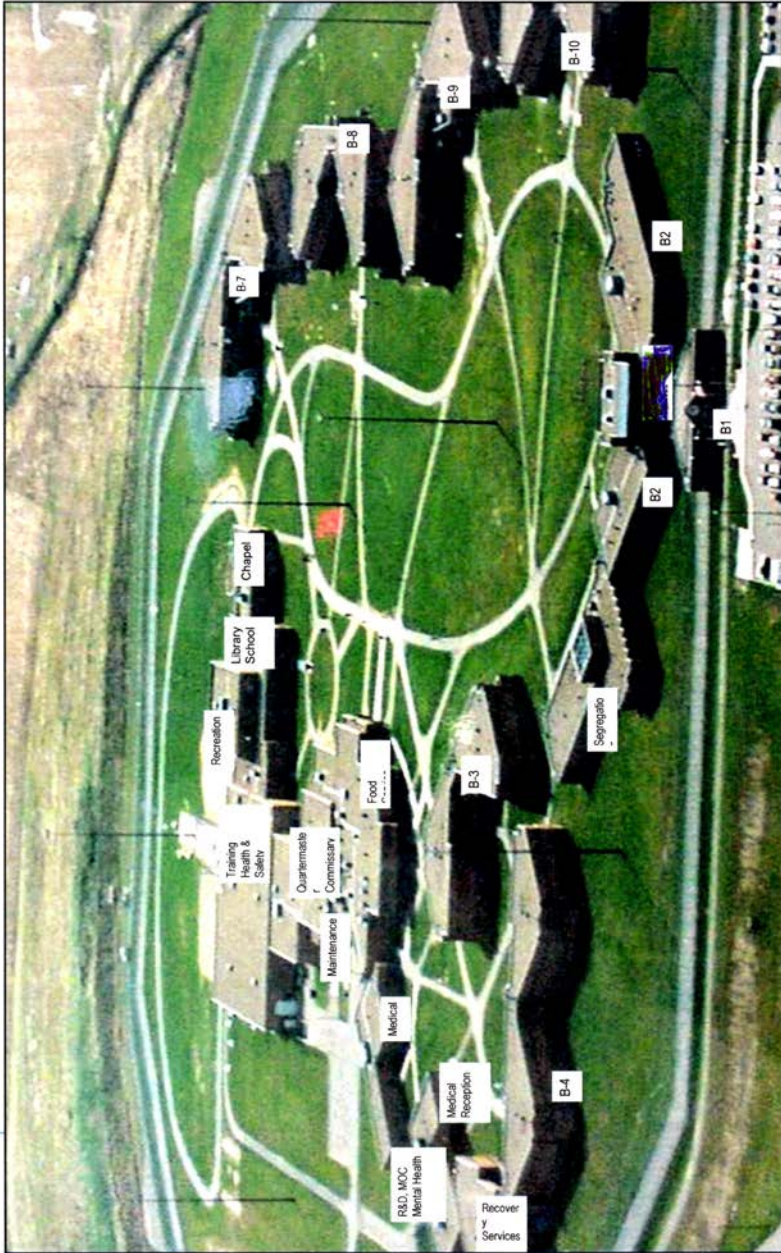
The Lorraine Correctional Institution Mission Statement is:

"the Lorraine Correctional Institution will reduce recidivism by being responsive to citizen, staff and inmate concerns, through the reception process and a progressive and controlled environment."

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

"to reduce crime in Ohio."

# Lorain Correctional Institution



The Lorain Correctional Institution is an American Correctional Association accredited, Adult Correctional Institution and is being recommended for reaccreditation by the ACA audit team that also was conducting an audit during this time frame at LORCI.

#### **SUMMARY OF AUDIT FINDINGS**

The Lorain Correctional Institution is assessed as compliant with the PREA standards as documented and outlined in this final Auditor's Summary Report. As listed below, of the 43 PREA standards, 34 are assessed as meeting substantial compliance in all material ways with the standard for the relevant review period. Also, please note that nine standards were assessed as substantially exceeding the requirement of this standard, and those standards are:

- 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.21 Evidence protocol and forensic medical examinations
- 115.22 Policies to ensure referrals of allegations for investigations
- 115.31 Employee training
- 115.34 Specialized training: Investigations
- 115.41 Screening for risk of victimization and abusiveness
- 115.54 Third-party reporting
- 115.71 Criminal and administrative agency investigations
- 115.88 Data review for corrective action

Number of standards exceeded: 9

Number of standards met: 34

Number of standards not met: 0

**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)

The Ohio Department of Rehabilitation and Correction and the Lorain Correctional Institution are committed to eliminating rape in prison. The auditor's review of standard 115.11 sections, a, b, and c for compliance, included: 1) review and examination of the Pre-Audit Questionnaire: (PAQ); 2) review of the agency policies 79-ISA-01 Prison Rape Elimination, and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; 3) the Lorain Correctional Institution (LORCI) Zero Tolerance Policy, and 4) the Tables of Organization for the ODRC and the LORCI. Clearly the ODRC and LORCI have an active and inmate oriented "Zero Tolerance Policy" outlining the facility's approach to preventing, detecting, and responding to sexual abuse and sexual harassment in prison.

Documentation for this assessment includes not only the above, but the posters, information, and the PREA information reflecting "Break the Silence". Also notable was the knowledge of Zero Tolerance exhibited by staff and inmates when engaged in formal interviews and informal interviews. There is a cultural change (posting needs of "Break the Silence") observed by the staff and inmates at the facility and inmates and staff are aware of the right of inmates not to be abused or sexually harassed in prison. Moreover, it is noted that there is a sense of privacy (not at the expense of appropriate security), and that staff have a duty to report sexual abuse and sexual harassment and inmates should and can report sexual abuse and sexual harassment without fear of retaliation. Efforts at this Reception Center to educate and alert inmates of the national PREA policy and the agency's efforts to prevent rape in prison and promote the PREA was noticeable during the audit on-site review.

The organizational charts reflect, at the agency wide level, a PREA Coordinator with access to the Agency Director, who has the time and authority to develop, implement and oversee the agency's efforts to comply with PREA standards. At the institutional level there is a PREA Manager, with direct access to the Warden, who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The organizational charts were reviewed by the auditor and interviews were held with the Agency PREA Coordinator, and the Institutional PREA Manager.

The auditor, based on the interviews with the Agency Director, PREA Coordinator, PREA Manager, staff and inmates, the policies, procedures, posters and information displayed at the facility, and based on the efforts of the agency and facility observed at LORCI to make this cultural change of "Break the Silence", and to prevent rape in prison, assesses this standard as exceeds.

**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)

The Lorain Correctional Institution does not contract with other entities for the confinement of inmates. The Ohio Department of Rehabilitation and Correction does have two facilities with which it contracts for the housing of inmates and these facilities are required to comply with PREA by contract. These contracts are monitored on site, but again Lorain does not contract thus this standard is not applicable to a LORCI and therefore meet standards.

### 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)

The ODRC Policy 79-ISA-01 Prison Rape Elimination, directs that each institution shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and, where applicable, supplement with video monitoring supervision and monitoring efforts to protect inmates. The agency and the facility take into consideration, in calculating adequate staffing levels, the following:

- 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 an adequacy from internal or external oversight bodies.
- 5) all components of the facility's physical plant, including blind spots.
- 6) the composition of the inmate population.
- 7) the number and placement of supervisory staff.
- 8) institutional 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.

Considering these factors, the opinions of the Warden and key staff, the opinion of the Human Resource Department and consistent with the ODRC policies, procedures and operations, the staffing is adequate (the auditor concurs with these opinions).

The Warden reviews the minimum staffing pattern and any deviation from the plan, i.e. any noncompliance with roster management, required posts, and shifts staffing is noted by the Warden and Chief of Security.

Higher-level staff conduct unannounced rounds to identify any deviation from the staffing plan and procedures, and for issues that would concern safety and security of the inmates in compliance with PREA. Post orders, and policies and procedures addressed supervision duties and responsibilities. Intermediate level staff conduct unannounced rounds and they are documented through logs, reports and daily operational counts and procedures sheets. Staff are prohibited from alerting other staff of unannounced rounds.

The auditor noted that video cameras are strategically located throughout the complex, both externally and internally. Cameras are appropriately monitored and recordings are made consistent with policy. Staff routinely checks for blind spots, which are evaluated, secured and appropriately monitored through cameras, mirrors, sightlines, and/or staffing as needed.

Based on the specialized staff interviews, the facility tour, the video review, and the review of the officers' logs, and supervisory rounds, the auditor assesses this standard as compliant.

### 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)

There are no youthful offenders, inmates under the age of 18, at Lorain Correctional Facility. The standard meets compliance.



#### 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)

The ODRC Policy 79-ISA-01 Prison Rape Elimination, and Policy 310-SEC-01 Inmates and Physical Plant Searches (pages 3-4), both address and stipulate that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches except in exigent circumstances. By policy, if any searches are made involving exigent circumstances, policy requires that these searches each be documented.

In the past 12 months, there have been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates at Lorain Correctional Institution. LORCI is an adult, all-male correctional facility (reception institution), thus there have been no pat-down searches of female inmates that were conducted by male staff. This information documented by the Pre-Audit Questionnaire and interviews with staff and inmates.

All security staff received annual training, online training, and shift briefing trainings and training by the PREA Video covering policy and procedures, searches, and the "right of the inmate not to be sexually harassed or sexually abused". Staff are knowledgeable and professional in conducting searches, as observed by the auditor, and when interviewed by the auditor, attested to their training and knowledge of the PREA compliance and appropriate searches.

Policies and procedures allow for inmates to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Moreover, staff alert inmates to their presence when entering a housing unit of the opposite gender by activating enunciators, which direct a light and sound to the inmate population in the housing unit that is being entered/visited. The auditor observed female staff alerting their presence when entering male housing units at LORCI.

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

99.27% of all security staff have received training on conducting cross gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs (this information provided by the Pre-audit Questionnaire, and as a side note, every staff member formally interviewed indicated they had been appropriately and properly trained).

Based on the interviews of staff and inmates, observations of staff in the performance of their duties and responsibilities including searches and counts, and based on the above mentioned policies and procedures, the auditor assesses this standard as compliant.

#### 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)

This standard on inmates with disabilities and inmates who are limited English proficient is divided into three subsections: a) the agency ensures that inmates participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; b) the agency takes reasonable steps to ensure meaningful access to prevent, detect, and respond to sexual abuse and sexual harassment, including providing interpretation; and c) the agency does not rely on inmate interpreters/readers except in limited circumstances. The ODRC Policy 64-DCM-02, Inmates with Disabilities (six pages), addresses disability needs, interpretation needs, and accommodations. Essentially, this policy ensures

nondiscrimination against individuals on the basis of disabilities and provides for reasonable accommodations when the need exists. Policy 79-ISA-01 Prison Rape Elimination addresses inmates not fluent in English, those with low literacy levels, and the use of interpreters, which would only be used in case of an extended delay or an emergency.

The Affordable Language Services LTD contract, which provides translating, interpreting, and teaching, was reviewed by the auditor. Spanish inmate handbooks were made available, and reviewed by the auditor. Spanish inmate education videos are available and further accommodations for individual inmates can be made. Staff training also supports the agency's commitment to providing appropriate assistance to all inmates.

The auditor used the Pre-Audit Questionnaire, agency policy, Spanish-language information, the above mentioned information, and interviews with staff, inmates, and disabled inmates, all of which supported compliance for this standard.

#### **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)

Hiring and promotion decisions are crucial to the safety of the public, safety of the staff and the inmates, and very important to the operations, management, and effectiveness of correctional facilities.

This standard, 115.17 and its eight subsections (a-h), specifically addresses hiring, promotion, and background checks. The ODRC does an expert job vetting prospective employees, contractors, and volunteers who may have contact with inmates, as well as continually reviewing backgrounds and maintaining up-to-date self-evaluation information.

Knowing how important personnel decisions are, the ODRC, and specifically LORCI closely follows Ohio State Personnel Policies regarding hiring and promotion. The ODRC Policy 31-SEM-02 Standards of Employee Conduct, and policy 34-PRO-07 Background Investigations outline specific procedures. The policy prohibits hiring or promoting anyone who may have contact with inmates who has been engaged in sexual abuse in a jail, lockup, community confinement facility, juvenile facility, or other institution. It also prohibits hiring or promoting anyone who has been convicted of engaging or attempting to engage in sexual activity in the community, facilitated by force; or who has been criminally or administratively adjudicated to have engaged in sexual abuse.

The Human Resources/Personnel Department at each facility coordinates with the ODRC Support Services Office in Columbus, Ohio, for the background information, background checks, and personal history checks required to employ staff at the facility.

The Standards of Conduct requires employees to self-report any criminal, sexual abuse and or sexual harassment behavior/activity.

Agency policy dictates background checks are conducted every five years. Agency policy also states that material omissions regarding sexual abuse, sexual harassment and material false information shall be grounds for termination.

The auditor reviewed civil service applications, the required disclosures, the ODRC forms including the Annual Acknowledgment Form (ODRC 1214E), and law enforcement background checks.

Based on the auditor's review of the above forms, background reviews, checklist forms, required disclosures, and based on interviews with the Warden, human resource staff, random staff, contractors, and volunteers, this standard is assessed as compliant.

#### **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)

The Pre-Audit Questionnaire indicates that for this standard, 115.18 Upgrades to Facilities and Technology, Lorain Correctional Institution has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012. The subsection (a)-1 is not applicable and therefore meet standards.

Subsection (b)-1 reveals that the facility has installed or updated its video monitoring system/surveillance system, or added to monitoring technology, assisting in meeting standards for preventing, detecting, and responding to sexual abuse and sexual harassment. The auditor reviewed the camera/video monitoring system and the system has had modifications repairs, and additions improving the overall camera/video technology at LORCI.

The Warden and security staff take into consideration PREA and the safety and security of inmates when utilizing the monitoring and surveillance system technology.

This standard is assessed as compliant based on the interviews with the Warden, security staff, maintenance staff, and the observation of the facility's video monitoring system/electronic surveillance system.

#### **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)

The PREA auditor's assessment of this standard, 115.21 Evidence Protocol and Forensic Medical Examinations is that the ODRC and Lorain Correctional Institution substantially exceeds the requirement outlined. This is based on Lorain's cooperative and professional association with the Ohio State Highway Patrol (OSHP) and its major hospitals Ohio State University Hospital, University Hospital Elyria, and the Nord Center; and the agency's policies 79-ISA-01 Prison Rape Elimination and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.

The Ohio State Highway Patrol is used to handle every investigation of sexual abuse and forensic examinations for sexual abuse occurring at LORCI. There is a Memorandum of Understanding (MOU) between the ODRC and the OSHP. The MOU between the Director of the ODRC and the Director of the Ohio Department of Public Safety states that there will be a uniform process for evidence collection and the investigation of PREA related incidents. This protocol is adapted from the Department of Justice's Office on Violence Against Women publication "A National Protocol for Sexual Assault Medical Forensic Examination Adult/Adolescents". The MOU also encompasses all investigative/evidence collection steps outlined in this standard.

The Ohio State University has a medical branch that may be used for forensic medical examinations by LORCI or the local emergency medical Nord Center may be used. The Nord Center is a not-for-profit private organization serving the health, human service, and mental health needs of the community, Lorain, Ohio. The Nord Center's clinical services are certified by the Ohio Department of Mental Health and Addiction Services and provides SAFE/SANE services and, if necessary, Victim Support Services (Lorain also has specially trained staff, who were trained by qualified Nord staff, for Victim Support Services [VSP]) for Lorain Correctional Institution.

Services are provided without financial cost to the victims.

Based on the auditor's interview with the health care staff, VSPs, OSHP troopers, specialty staff, and the documents and information substantiating the above-mentioned policy and protocols, this standard is assessed as exceeds compliance.

**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)

LORCI has policies in place to ensure the referral of all allegations of sexual abuse for investigation.

The agency/LORCI policies 79-ISA-01 Prison Rape Elimination and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, direct duty and action and have a checklist for security and non-security first responders. The checklist itself is a step-by-step action process that is thorough and comprehensive and helps ensure the appropriate referrals.

When an allegation is made, the first responders follow the protocol for reporting this process through the appropriate channels, to the intermediate and higher level supervisors, the Medical and Mental Health Departments, Victim Support Services, the institutional investigator, the Ohio State Highway Patrol, and the PREA Compliance Manager at the facility. There is a "PREA Incident Packet" for staff to complete the checklist referred to above, which includes notifications and further insurers that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment that are not unfounded.

In the past 12 months, there were 17 allegations of sexual abuse and sexual harassment that were received. During the past 12 months, 17 of these allegations were referred for administrative/and/or criminal investigations. This information taken from the Pre-Audit Questionnaire. The agency documents all referrals of these allegations and maintains the investigation information. It is noted that the institutional investigator, in conjunction with the OSHP investigator, has considerable responsibility for documentation and follow-up at this reception center. The reception center, obviously has a greater intake than most facilities and is responsible for follow-up action and notifications as appropriate. This being said, it is incumbent upon regional management, through the Warden, to continue to review and assess workloads, procedures, and follow-up. This is not a criticism, but merely an observation of the workload, duty, responsibility and experience by an active and hard-working reception, intake facility and staff.

Based on the policies and procedures, review of the referral packets/checklist, and again, as in standard 115.21, based on the interviews with specialty staff, investigative staff (both at the facility and with the OSHP), and interviews with staff and inmates, this standard is assessed as exceeds.

**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)

The PREA auditor for Lorain Correctional Institution assesses standard 115.31 Employee Training as exceeds. The ODRC/LORCI not only trains each employee about PREA during orientation, as well as annually, but also tests each employee helping to ensure that understanding of PREA and its' importance is appropriately and totally communicated to the staff. A record of testing and the scores achieved by staff exemplifies the commitment of the ODRC to accomplish the PREA goals and objectives of above, eliminating rape in prison.

Moreover, as outlined in the Zero Tolerance Policy, the ODRC is committed to changing the culture of rape in prison and are committed to "Break the Silence, Stop the Violence," posted throughout the facility and directed at the inmate population, the staff, volunteers, contractors, and interns.

The auditor reviewed training policies, curriculum, the e-learning program, the employee test itself, and had many interviews, both formal and informal, with staff concerning PREA and its positive effect on the safety and security of staff and inmates which helped confirm an "exceeds" assessment for this standard. It is noted that staff answered positively to the 10 bullets about training and the supplemental training questions on the scripted formal interviews. This staff were knowledgeable regarding their PREA duties and responsibilities. In the past 12 months, 335 staff were trained, and since the last PREA audit 891 staff who have contact with inmates were trained. This information obtained from the Pre-Audit Questionnaire.

Based on policies, reviews, and especially the numerous interviews, both formal and informal, of staff, the auditor assesses employee training as exceeding standards.

#### **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)

All volunteers and contractors who have contact with inmates have been trained in their responsibilities under PREA. They have also been trained in ODRC policy regarding sexual abuse, sexual harassment, prevention, detection, and response. Specifically, the standard requires that contractors/volunteers (a) receive appropriate training, (b) understand how to report sexual abuse and (c) that the agency maintain documentation of this training.

The ODRC/LORCI Prison Rape Elimination Act Contractor/Volunteer Training Script (seven pages) as well as acknowledgment records signed by contractors and volunteers were reviewed by the auditor. The training was appropriate and thorough as reviewed by the auditor and acknowledged by the volunteers interviewed.

Specifically, the ODRC PREA Contractor/Volunteer/Intern Training Acknowledgment Form detailed the following (from the agency's policies 79-ISA-01, 02, 03, 04, 05):

- 1) the ODRC's Zero Tolerance for sexual abuse.
- 2) Zero Tolerance for sexual harassment.
- 3) how to report sexual abuse and sexual harassment.
- 4) sexual abuse and sexual harassment prevention.
- 5) sexual abuse and sexual harassment protection.
- 6) how to respond to sexual abuse and sexual harassment.
- 7) the legal prohibition on any sexual activity with inmates.
- 8) the identifiers of possible sexual assault victims.
- 9) sexual assault prevention strategies.

The acknowledgment form is signed by the contractor/volunteer/intern dated, and confirmed with a staff witness signature. It is also noted that a test is also required of volunteers and contractors regarding sexual abuse/harassment, prevention, detection, and response. In the past 12 months there have been 278 volunteers/contractors/interns who have been trained. The level of training is based on the services provided. Documentation confirms the training and is maintained.

Interviews with contractors, volunteers, and review of the agency and institutional policies, confirmed compliance with the standard.

### 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)

Inmates receive information upon intake about the zero tolerance policy and how to report incidents of sexual abuse and harassment, or suspicions of sexual abuse and harassment. Lorain Correctional Institution is a reception facility for the ODRC and in the past 12 months, has admitted 8591 inmates and has educated 8591 inmates, whose length of stay was for 30 days or more, on their right to be free from sexual abuse and harassment and their right to be free from retaliation for reporting sexual abuse or sexual harassment. These are large numbers, but were confirmed by not only the Pre-Audit Questionnaire, but also the inmate daily logs, and reviews with intake and screening staff.

LORCI's inmate education begins with the reception process itself, and the identification, intake, and screening. Every inmate is required to be trained in PREA, as outlined by the ODRC Policy 79-ISA-01 Prison Rape Elimination, Policy 52-RCP-10 Inmate Orientation, Policy 64-DCM-02 Inmates with Disabilities, the education video, and/or education video script, the Inmate Handbook both in Spanish and English, the Inmate Handbook Appendix A which defines the inmate's rights in the above mentioned paragraph, and the special accommodations noted by staff when completing Intake Sheets (logs with names, numbers, dates and time) and Orientation Checklists.

The Inmate Orientation Checklist is to be completed upon arrival (this is stated on the checklist itself). The first checklist box is "Receipt of Handbook" which includes information on how to report sexual abuse and sexual harassment and retaliation for reporting sexual abuse and sexual harassment (including phone numbers and addresses), inmate rights concerning sexual abuse and sexual harassment, and how friends and families can report allegations of sexual abuse. Further, the Inmate Handbook, addresses, self-protection, treatment, medical and mental health follow-up, and of course many other things helpful and of the importance to the inmate during his incarceration. The checklist further outlines staff assistants, if required, mental health/psych/suicide awareness, explanation of the grievance system, and how to access medical/mental health services.

Inmates' PREA education is supplemented throughout the facility by posters, notices, and information on PREA, and PREA reporting.

There were zero (0) number of inmates in the facility who did not receive comprehensive education within 30 days of intake as required. A note is also placed on the Pre-Audit Questionnaire for the auditor that indicated that all inmates were educated at LORCI by January 23, 2014.

The auditor was impressed by the staff and inmates commitment to educating inmates referencing PREA. The auditor would also like to note that, as a reception center, LORCI has a responsibility, not only to the inmates received from the 25 counties of Northeast Ohio which it services, but also, to all the other institutions in the ODRC system to whom these inmates are transferred or sent as the inmate's "parent" institution. Again, it is incumbent upon higher administrative and regional staff to be cognizant of these demanding duties and responsibilities required of a reception facility.

Based on the review, by the auditor, of the policies and documents, the Inmate Handbook, inmates' educational materials and including the interviews of inmates throughout the facility, this standard is assessed as compliant.

### 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)

This standard, Specialized Training: Investigations is assessed as substantially exceeding the requirement of this standard. Specifically, the teamwork of the ODRC/LORCI and the OSHP in accomplishing investigations, criminally and administratively, through its highly trained institutional investigators and state trooper investigators exemplifies an outstanding effort in investigating sexual abuse and sexual harassment in this prison, Lorain Correctional Institution. Investigators and state troopers not only meet the minimum requirements, background checks, and the standards set for their respective positions but also must accomplish specialized prison training, specialized prison investigative training, and PREA specialized training. A higher level of expectation and compliance has been brought to Ohio Correctional Institutions by involving, day in and day out, the Ohio State Highway Patrol and its investigative officers. There is a law enforcement professional competition to do the best job, to get it right, and to be expert.

The National Institute of Corrections PREA Learning Center is the basis for specialized PREA training. Training certificates were reviewed for the Lorain Correctional Institutional Investigator and the OSHP investigators. The agenda training for correctional investigators includes the following:

- > the Unique Nature of Sexual Abuse Investigations in Correctional Settings.
  - > PREA Investigative Standards.
  - > Legal issues, and agency liability.
  - > Trauma.
  - > First Response.
  - > The Impact of Agency Culture on Investigations.
  - > Evidence Collection.
  - > Interviewing Victims of Sexual Assault.
  - > Prosecutorial Collaboration.
  - > Forensic Medical Exam.
  - > Miranda and Garrity Warnings.
  - > And additional investigative scenarios, questions, challenges, etc.
- The training is listed because of the impressiveness of this comprehensive three-day training.

The auditor also again reviewed the Memorandum of Understanding between the ODRC and the Ohio State Highway Patrol, and the cooperative effort "signed off on" by the directors of those two agencies. This is the basis of the investigative part of the memorandum indicating a commitment that law enforcement and corrections are prepared and working to solve the problem of sexual abuse and sexual harassment in prison.

Based on the above information, and review of standards 115.21 Evidence Protocol 115.71 Administrative Agency Investigations and the interviews with the investigative staff from the OSHP and the ODRC, the auditor assesses this standard as exceeds.

**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)

The Agency Policy 79-ISA-01 Prison Rape Elimination, as well as the medical/mental health curriculum, the medical/mental health training, and the contract medical/mental health training, all provide for and relate to the training of medical and mental health practitioners and staff who work regularly in the ODRC and at LORCI.

100% of all medical and mental health care practitioners who work regularly at Lorain CI have received the training required by agency policy. Twenty-five (25) healthcare staff have been trained.

No forensic medical exams are performed by the Medical Department at this facility.

Training logs, acknowledgment forms, and the curriculum for mental and medical health care staff were reviewed by the auditor. Documentation of training is maintained.

Based on the above information, and interviews with specialized staff, the auditor assesses this standard as compliant.

**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)

This facility is a reception facility for Northeast Ohio (25 N.E. counties) and is subject to massive screening, intake, and reception. The Pre-Audit Questionnaire indicates that 8591 inmates entered the facility within the past 12 months, whose length of stay in the facility was for 72 hours or more, and they were screened for risk of sexual victimization or risk of sexually abusing other inmates. All were interviewed within 72 hours. The sheer numbers of inmates that must be screened gives one pause to consider the immense job that must be accomplished to protect inmates and make them safe (the adult male population that is received daily).

The auditor was impressed with the reception unit, and their commitment to appropriate screening of inmates for the risk of sexual victimization and abusiveness. The staff were knowledgeable, very competent and were working hard, this all observed during the week that the auditor was at the facility. Day-to-day operations were an indication of the staff's commitment to an accurate and comprehensive screening process. From the very first, Security Unit Management and medical/mental health care worked as a team to properly evaluate, screen and place inmates. The team effort is "to screen inmates for the risk of sexual victimization and abusiveness and to establish the process for the use of sharing of screening information to make informed decisions for housing, bed, work, education, and program assignments" as outlined in ODRC Policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies.

Inmates are appropriately screened at both the initial reception level and the institutional reception level such that each individual inmate is educated on how to report sexual abuse or sexual harassment, their rights not to be sexually abused or harassed, or retaliated against. Inmates risk assessment level is based on ODRC's PREA Risk Assessment Automated System utilizing checklist forms, comment/open-ended review sections, and addressing the 10 intake criteria listed in the auditor's tool as follows

- 1) whether the inmate has a mental, physical, or developmental disability.
- 2) age of the inmate.
- 3) physical build of the inmate.
- 4) previous incarceration.
- 5) criminal history (nonviolent and/or violent).
- 6) whether the inmate has prior convictions of sex offenses.
- 7) whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.
- 8) whether the inmate has previously experienced sexual victimization.
- 9) the inmates own perception of vulnerability.
- 10) whether the inmate is detained solely for civil immigration purposes (zero (0) number of inmates are held for immigration purposes at LORCI).

The above assessment and risk information is shared/maintained on a need to know basis and security passwords are assigned and controlled to monitor the appropriate access and appropriate sharing of this sensitive information.

Based on the interviews with staff and inmates, interviews with specialized staff, and review of the risk assessment process that is used by Lorain Correctional Institution, the auditor assesses this standard as exceeds.



#### 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)

The use of the Assessment Tool that has been established by the ODRC in conjunction with preventing, detecting, reporting, and eliminating rape in prison is not only a key document as described in standard 115.41, but is a key document for the use of the Unit Management Teams in conjunction with security of the institution. This Assessment Tool and the information it contains helps for the security of staff and inmates working and housed at LORCI. Unit Management staff along with medical/mental health staff and key security staff who have a need to know, use this risk assessment and screening information to appropriately place inmates in housing, work, and program assignments to secure and accomplish the safety, custody, care and control of all inmates at the facility.

Policies of the ODRC, including 79-ISA-01 Prison Rape Elimination; 79-ISA-03 Sexual Abuse Review Team; 79-ISA-04 Risk Assessment and Accommodation Strategies; and 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex Inmates, were reviewed, by the auditor and found to direct individual treatment, direct the individual safety and security of each inmate, and direct the appropriate and confidential use of information by staff using the Assessment Tool.

LORCI makes determinations about how to ensure the safety of each inmate on an individual basis. The Unit Management Team makes assignments of housing/programs for transgender or intersex inmates in the facility on a case to case basis. Transgender and Intersex inmates' opinions and perceptions of their own safety and vulnerability, are given consideration.

Based on the above policies mentioned; the observation of the Unit Management, reception, medical/mental health, and security teams; and based on the interviews with specialized staff, and random inmates, this standard is assessed as compliant.

#### 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)

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

In the past 12 months there have been zero (0) number of inmates at risk of sexual victimization, who were held in involuntary segregation for any period of time (one hour to 30 days or longer).

The auditor assesses this standard as compliant based on the review of policies and procedures, the review of segregated housing, and interviews with staff and inmates, including those staff who work and inmates who live in segregation.

### 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)

The ODRC Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; outlines the procedures for inmates to report sexual abuse, sexual harassment, and retaliation for reporting sexual abuse and sexual harassment (Section 6, procedure A. Reporting of Sexual Misconduct and Retaliation). Also the Inmate Handbook, posters, inmate education videos, video script, and Memorandums of Understanding (MOU) between the Ohio Department of Rehabilitation and Correction and the Ohio Department of Youth Services (inmates in restricted housing) and the MOU between the ODRC and Franklin County Juvenile Detention Facility (inmates housed at an Ohio Department of Rehabilitation and Correction prison), detail ways to report.

Internal ways to report include the following:

- > verbally to any staff member
- > in writing to any staff member
- > operations support center 614-995-3584
- > outside agency hotline 614-728-3155

External ways to report:

- > outside agency hotline 614-728-3155
- > family and friends can report allegations of sexual abuse, sexual harassment, and retaliation on an inmate's behalf by calling phone, 614-995-3584
- > email [DRC.ReportSexualMisconduct@odrc.state.oh.us](mailto:DRC.ReportSexualMisconduct@odrc.state.oh.us)
- > volunteers/interns/contractors are trained on how to report sexual abuse, sexual harassment, and retaliation

Upon request, inmates shall be given the opportunity to remain anonymous, (by reporting to outside agencies). Retaliation for reporting incidents of sexual abuse or sexual harassment is prohibited by agency policy. These provisions are outlined in the ODRC policies and noted in the Inmate Handbook, posters displayed at the facility and through the inmate education program. The posters also note "PREA Reporting the Road to Recovery" and emphasize changing the culture by "Breaking the Silence".

The agency requires documentation of reports of sexual abuse and sexual harassment, whether made verbally, in writing, anonymously, or from third parties.

Staff can report, privately, sexual abuse or sexual harassment of inmates by filling out an Incident Report and taking it to the PREA Compliance Manager or sending it to the Agency PREA Coordinator. Staff is trained in the above procedures.

Based on the Pre-Audit Questionnaire, the agency's policy and procedures, posters, documents, and interviews with staff and inmates, the auditor assesses this standard as compliant.

### 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)

A file memo from the Agency PREA Coordinator to the PREA Auditor stipulates the following: "the Ohio Department of Rehabilitation and Correction does not utilize the Inmate Grievance Process, as its administrative procedure for handling allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the institutional investigator... Department Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, and Prevention of Retaliation. This policy adheres to time constraints referenced in this standard." Inmates are not prohibited from utilizing any grievance related forms to communicate PREA allegations in writing. ODRC does educate inmates that the forms will be immediately channeled to the Institutional Investigator for proper handling.

Based on this file memo and the opportunities to report afforded to the ODRC inmates, staff, families, volunteers, contractors, and etc., the auditor assesses this standard as compliant.

#### **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)

LORCI provides inmates' access to outside victim advocates for emotional support services related to sexual abuse. It also informs inmates the extent to which communications may be monitored. The Lorain Correctional Institution and the Nord Center (the Lorain County Rape Crisis Service) have a Memorandum of Understanding (MOU) outlining services.

The MOU outlines the following services of the Nord Center; accompanying and supporting the victim through the forensic examination process; accompanying and supporting the victim through investigatory interviews; providing emotional support; providing crisis intervention services; providing referrals for resources; providing follow-up services; limits to confidentiality are outlined; a telephone number is available for victims to call; and an address is available for victims to write. This MOU is effective November 6, 2016 through end date November 5, 2019. Posters are placed throughout LORCI advertising "For confidential emotional support you can write to: Lorain County Rape Crisis Service the Nord Center".

Based on posters, the institution MOU, interviews with staff and inmates, and contact with the Nord Center, the auditor assesses this standard as compliant.

#### **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)

The LORCI and the ODRC provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. As indicated in standard 115.51 Inmate Reporting, several of these ways are available for third-party reporting on behalf of an inmate. ODRC is seriously committed to eliminating rape in prison through its PREA program and third-party reporting accentuates and emphasizes its commitment to prevention, detection, and reporting sexual abuse and sexual harassment supporting an "exceeds" assessment for this standard, 115.54 Third-Party Reporting.

Specifically noted, third-party reporting can be accomplished by the following:

- > contact with the Operational Support Center, phone 614-995-3584
- > the outside agency hotline 614-728-3155
- > contact with the agency Inspector General or OSHP
- > family and friends can report allegations by calling 614-995-3584
- > emailing DRC.ReportSexualMisconduct@odrc.state.oh.us

The ability/opportunity to report is a serious issue that the ODRC has championed. The ODRC is changing the culture of silence to a culture of report, report, report.

Based on ODRC's efforts to change the prison culture, ODRC's policies and procedures, the Inmate Handbook, and interviews with staff and inmates, this standard is assessed as exceeds.

#### **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)

The ODRC and Lorain Correctional Institution (as with all ODRC facilities) requires all staff to report immediately and according to policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at LORCI. The report must be made immediately. This policy also stipulates that retaliation and third party and anonymous reports shall be reported to the Institutional Investigator (the Institutional Investigator is responsible for monitoring retaliation, and working with the OSHP on all allegations of sexual abuse).

LORCI/ODRC has Zero Tolerance for sexual abuse and sexual harassment. It's commitment to Zero Tolerance is outlined in its policy and procedures (79-ISA-01), reporting duties include all subsections a-e (reporting, information use, legal reporting, youthful reporting which is not applicable, third-party and anonymous reports).

Based on, formal random staff interviews, informal interviews and discussions with staff and the responses that clearly indicated staff were aware of their "duty to report" and based on staff training curriculum, online training scripts, and the documentation of such training, the auditor assesses this standard as compliant.

#### **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)

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

The above mentioned policy outlines the following:

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

8) A copy of the Imminent Risk of Sexual Abuse Form will be sent to Unit Management for special screening in the PREA Risk Assessment System.

In the past 12 months there have been zero (0) times the facility has determined that an inmate was subject to be of substantial risk of imminent sexual abuse. This taken from the Pre-Audit Questionnaire.

Based on the ODRC policy and procedures and interviews with the Warden and key staff, this standard is assessed as compliant.

#### **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)

The ODRC/Lorain Correctional Institution Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; advises that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the receiving facility/designee must notify the head of the facility or appropriate office of the agency/facility where the sexual abuse is alleged to have occurred. Also outlined is the direction requiring that, when reporting to other facilities. LORCI will accomplish such as soon as possible, but no longer than 72 hours after receiving the allegation. The Institutional Investigator documents all allegations as noted by the PREA auditor.

LORCI is a reception center that receives inmates from 25 NE Ohio counties and thusly, as a reception center, is alerted to allegations of sexual abuse by the newly received inmate. It should be noted that in this process of reporting and addressing sexual abuse and harassment in prison, it is important that the reception center continue to pay close attention to allegations of sexual abuse that may have occurred at other of facilities. Every allegation needs to be reported to the facility/agency where the misconduct/abuse may have occurred.

This standard addresses not only reporting to other facilities, but how many reports LORCI received from other facilities that an allegation of sexual abuse occurred at Lorain Correctional Institution. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was seven (7). These allegations were referred to the investigator and investigated.

Based on the review of policies and procedures and interviews with the Warden, the investigator, and the documentation of investigations, this standard is assessed as compliant.

#### **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)

The agency and the Lorain Correctional Institution have policy and procedures for response to allegations of sexual abuse. The following is quoted from the LORCI policy: "Response to Sexual Abuse.

1. First responders.

The Sexual Abuse First Responder Checklist (appendix D) shall be used upon report of an allegation of inmate sexual abuse.

The first initial actions of security and non-security staff members are noted below:

the first security supervisor to respond to the report shall be required to:

a. Separate the alleged victim and abuser.

- b. Preserve and protect any crime scene. In total appropriate steps can be taken to collect any evidence pursuant to Department Policy, 310-SEC-13, Protection of a Crime Scene, and appendix A of this policy.
  - c. Request that the alleged victim not take any actions that could destroy physical evidence.
  - d. Ensure the alleged abuser does not take any actions that could destroy physical evidence.
- The first non-security, or the first line security staff member to respond to the report shall be required to:
- a. Separate the alleged victim and abuser.
  - b. Request that the alleged victim not take any actions that could destroy physical evidence, and then notify the security shift supervisor."

The above is followed up with medical responsibilities; completion of the allegation of sexual abuse report packet including incident summary, first responder information, victim information, perpetrator information, protection and follow up, investigation and outcome, Sexual Abuse Review Team, and prosecution results.

In the past 12 months there have been twelve (12) number of allegations of inmate sexual abuse. Of these allegations, eight (8) were responded to by a security person and five (5) were notified within a time period that allowed for the collection of physical evidence.

Based on the auditor's review of the allegations, review of the investigations, and review of the Sexual Abuse Report Packet information, and based on interviews with staff, this standard is assessed as compliant.

**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)

The Lorain Correctional Institution has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among its first responders, medical and mental health staff, investigators, and facility leadership. The coordinated response is outlined in LORCI Policy 03-LORCI-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation. The policy addresses procedures which include:

- > reporting sexual abuse, sexual harassment and retaliation for reporting.
- > response to sexual abuse.
- > medical responsibilities.
- > mental health responsibilities.
- > investigations.
- > Victim Support Person responsibilities.
- > completion of an investigation, and monitoring retaliation.
- > institutional leadership.

Institutional leadership includes the direction that the managing officer, the Deputy Warden, Chief of Security, and executive staff shall ensure all employees, contractors, and volunteers, under their supervision, comply with PREA requirements by the monitoring of all sexual abuse, sexual harassment and retaliation reports and incidents, including the Sexual Abuse Review Team, review of all substantiated and unsubstantiated allegations, and obtaining all "relevant input".

Based on the above information, and interviews with the Warden and specialized staff, and with the Incident Review Team members, the auditor assesses this standard as compliant.

**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)

Commented [O1]:

The Ohio Department of Rehabilitation and Correction has entered into new or renewed collective bargaining agreements since August 20, 2012. The Educators Union, the OEA/NEA; the Ohio Civil Service Employees Association OCSEA/AFSCME; and the Ohio Service Employees International Union SEIU/1199 have all entered into agreements with the ODRC and have contracts, which contained language such that the ODRC has the ability to protect inmates from contact with abusers.

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

The auditor assesses this standard as compliant based on the above contracts and interviews.

**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)

The ODRC Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; protects 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. Knowledge of this protection and emphasis on protection from retaliation is further addressed in the Employee Handbook and the LORCI Inmate Handbook.

This protection against retaliation is further noted by posters and notices placed throughout the facility.

Inmates and staff have been trained and educated on this protection from retaliation.

Formal and scripted questions during the interviews of random staff and random inmates address the fact that inmates and staff have the right to be free from retaliation for reporting sexual abuse. All staff and inmates who were interviewed, responded affirmatively and knew that retaliation was prohibited.

The LORCI Institutional Investigator is responsible for monitoring retaliation, and does so every 30, 60, and 90 days (longer if necessary). This is more often than is required by the standard itself.

In the past 12 months there have been zero (0) number of instances of retaliation that have occurred at the facility. This according to the Pre-Audit Questionnaire.

Interviews with the Institutional Investigator, the Warden and staff and inmates confirm compliance.

**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)

The agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless there are no alternatives available. This is outlined in ODRC Policy 79-ISA-04 Risk Assessment and Accommodation Strategies, which indicates involuntary segregation is used only as a last resort for the protection of inmates who have alleged to have suffered sexual abuse.

The Unit Management Teams assist in placing inmates at high risk of victimization, into safe circumstances. The Unit Management Teams individually address risk assessment of the inmates at LORCI and appropriately screen all inmates to ensure safety, custody, care, and control. Each inmate is afforded an assessment screen and if any inmate is placed in involuntary segregation, the appropriate alternative steps have been reviewed and taken if possible.

In the past 12 months there have been zero (0) number of inmates who have been placed in involuntary segregated housing.

Based on the above policies and procedures and interviews with key staff including the Warden and the Institutional PREA Manager, this standard is assessed as compliant.

**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)

The ODRC has a policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation related to criminal and administrative investigations. Investigations within the ODRC and LORCI concerning sexual abuse are thorough, comprehensive and professional. These investigations are coordinated with the Ohio State Highway Patrol.

This particular standard has 12 sub-standards (a-l) on the Auditor's Compliance Tool which are addressed either through the policy of the ODRC, the policy of the Ohio State Highway Patrol, or through the laws of the State of Ohio. Additionally, the ODRC Policy 79-ISA-02 mentioned above, details the procedures and steps to complete an investigation and, as related in standard 115.21 Evidence Protocol and Forensic Medical Examinations, and 115.22 Policies to Ensure Referrals of Allegations for Investigations, there is a Memorandum of Understanding between the ODRC and the OSHP detailing investigative cooperation. There is professional and expert collaboration between the OSHP and the investigative offices of LORCI. The OSHP has an office at LORCI.

The MOU between the two agencies details the following:

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



Substantiated allegations that appear to be criminal are referred for prosecution. The number of sustained allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012 or since the last PREA audit, whichever was later, is three (3). This taken from the Pre-Audit Questionnaire.

The State Retention Schedule requires that special investigative case files be retained for 10 years after an inmate has reached final release (expiration of sentence, death) or 10 years after an employee is no longer employed by the agency. The OSHP requires that records are held indefinitely for all criminal investigations.

Based on the above information, and based interviews with the Warden, specialized staff, the Ohio State trooper assigned to LORCI, and the Institutional Investigator all support an "exceeds" assessment of this standard.

#### **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)

As defined in the ODRC Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, the agency "imposes a standard no higher than a preponderance of the evidence for administrative investigations".

The agency policy and interviews with the Institutional Investigator and the Warden support compliance for this evidentiary standard.

#### **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)

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

Lorain Correctional Institution abides by this policy and informs inmates as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation. In the past 12 months there have been 12 completed criminal or administrative investigations of alleged inmate sexual abuse and 12 inmates were notified either verbally or in writing of the results of the investigation. This taken from the Pre-Audit Questionnaire.

The auditor reviewed incident reports, PREA Incident Packets, documentation of notification, and interviewed with the Institutional Investigator (who is responsible for notification to the inmate, and maintaining documentation), and has assessed this standard as meets compliance.

**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)

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

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

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

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

**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)

Similar to standard 115.76, Corrective Action and Discipline for Contractors and Volunteers is defined by policy 79-ISA-01 Prison Rape Elimination and 71-SOC-01, Standards of Conduct for Contractors and Volunteers. The Ohio Revised Code may also apply to contractors and volunteers. Contractors, volunteers and others who fall under the standard have been trained and alerted to these policies, rules and regulations.

In the past 12 months there have been no contractors nor volunteers who have been reported to law enforcement agencies and relevant licensing boards for engaging in sexual abuse of inmates. In the past 12 months there have been zero (0) number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates. This information taken from the Pre-Audit Questionnaire.

Based on the information taken from the Pre-Audit Questionnaire, policies, and interviews with the Warden and investigative staff, this standard is assessed as compliant.

**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)

Inmate Rules of Conduct 5120-9-06, ODRC, Administrative Code, Rules Violations/Disciplinary Violations, and the Inmate Disciplinary Process, in policy 56-DSC-01, which address disciplinary sanctions for inmates and a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse or harassment. Further, Administrative Codes 5120-9-07 and 5120-9-08 define and list the disposition for rule violations. This information is available through the Inmate Handbooks, handouts, the law library and the electronic kiosk machines.

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding. PREA criminal findings are handled through the OSHP and the judicial system.

In the past 12 months, there has been one (1) finding of inmate-on-inmate sexual abuse that has occurred at the facility. In the past 12 months, there has been one (1) number of criminal findings of guilt for inmate-on-inmate sexual abuse that has occurred at the facility. This information taken from the Pre-Audit Questionnaire.

The agency prohibits disciplinary action for a report of sexual abuse meeting good-faith, based upon a reasonable belief that the alleged conduct occurred (policy 79-ISA-02). Sexual activity between inmates is prohibited (5120-9-06). The facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse.

Based on the above information, and interviews with staff and inmates, the auditor assesses this standard as compliant.

#### **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)

As directed by ODRC Policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies, all inmates at LORCI that have disclosed any prior sexual victimization during assessment screening, pursuant standard 115.41 are offered a follow-up with a medical or mental health practitioner. Additionally, offenders who have previously perpetrated abuse as indicated in standard 115.41 during assessment screening are offered a follow-up meeting with a mental health practitioner. These follow-up meetings for the victim or for the abuser are offered within 14 days of screening. This is a key element in changing the culture of prison incarceration, no longer is the institution possibly ignoring abuse and harassment, they must address rape in prison as directed by PREA. The efforts being made by the ODRC to prevent, detect, and respond to and eliminate rape in prison is obvious by the policies and procedures developed and by the training of all staff, including specialized training to investigators and medical and mental health staff, and including first responder training to security and non-security staff.

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

The assessment process used by the ODRC, is a thorough and comprehensive team effort as practiced by the medical and mental health intake staff, the assessment staff, the security staff, and the Unit Management staff. Information related to sexual victimization or abusiveness is strictly limited. This information is used only to make the appropriate assignments for institutional placement, treatment, housing, and programs.

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

**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)

Medical and mental health treatment and crisis intervention services are offered 24/7 at LORCI. Inmates have unimpeded access to health care. For emergencies, there are the institutional emergency protocols, there are emergency transportation services of 911, forensic and emergency medical services at the Nord (local rape crisis) Center, and the emergency room medical services at the local hospital, University Hospital Elyria Medical Ctr., Ohio.

Forensic medical exams are completed at the Nord Center as outlined in the standard, 115.53 and the Memorandum of Understanding between LORCI and the Nord Center.

Support services for sexual abuse victims are also available through the Nord Center and through LORCI trained Victim Support Persons (VSP).

Treatment services are provided for every victim of sexual abuse without financial cost. Inmates of sexual abuse are provided timely information about transmitted infections and prophylaxis in accordance with professionally accepted standards. The following policies and documents were reviewed by the auditor: 67-MNH-09, Suicide Prevention; Medical Protocol B-11, Medical Guidelines for Sexual Contact, or Recent Sexual Abuse; Abuse Incident Report; Medical Follow-Up, and Medical Exam Report; mental health on-call list, and medical staff schedule.

Based on the above information, and interviews with specialized staff and inmates, this standard is assessed as compliant.

**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)

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

Ongoing medical and mental health care for those victimized by sexual abuse is available at LORCI.

Ongoing mental health treatment and evaluation of all inmate-on-inmate abusers is available at LORCI. Abusers are evaluated within 30 days of learning of such abuse history and offered treatment.

The auditor reviewed the above policies and procedures, and based on that review and the formal and informal interviews with inmates and staff, assessed this standard as compliant.

#### 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)

By the ODRC Policy 79-ISA-03 Sexual Abuse Review Team, the Lorain Correctional Institution through its Sexual Abuse Review Team (SART) is required to review all sexual abuse incidents, unless determined to be unfounded, within 30 days of the conclusion of the investigation.

Policy 79-ISA-03, also directs that the managing officer will establish a team that includes, at a minimum, the following:

- 1) Deputy Warden of Operations, Chair
- 2) Institutional Investigator
- 3) Victim Support Person
- 4) Deputy Warden of Special Services
- 5) Institutional PREA Compliance Manager
- 6) Other staff that may have relevant input, Unit Management, medical and mental health staff, line supervisors.

The SART uses a Sexual Abuse Case Review Form DRC-1183 to address checklist issues such as the inmate's concern, committee considerations (change in policy or procedure, motivation, physical barriers, inadequate staffing, and monitoring technology), committee recommendations, committee referrals, committee signatures, committee recommendations approved, and the Warden's comments/actions ordered. This form is very comprehensive and provides a thorough review by the SART.

In the past 12 months there have been nine (9) number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility excluding only unfounded incidents. The facility conducts a criminal or sexual incident review within 30 days of the conclusion of the sexual abuse investigation. In the past 12 months there have been nine (9) criminal or administrative investigations of alleged sexual abuse completed at the facility that were followed by a Sexual Abuse Incident Review within 30 days. The facility, prepares a report of the findings from the Sexual Abuse Incident Reviews.

Based on the above information, policies, review of the SART reports, and based on interviews with the Warden, SART members, and the Institutional PREA Manager, this standard is assessed as compliant.

#### 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)

The ODRC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The ODRC Policy 79-ISA-01 Prison Rape Elimination addresses eight steps of data collection and monitoring: 1) monthly reports of allegations by institutional investigators, 2) automated reporting modules, 3) review of aggregated data, identifying problems, taking corrective action, and preparing an Annual Report, 4) review and comparisons of the ODRC annual data and corrective actions of previous years, 5) ensuring aggregate data from private facilities is obtained, 6) remove/redact personal identifiers, 7) make sure certain information is entered into the Department Offender Tracking System (DOTS), 8) maintain and secure records as outlined in the State of Ohio/ODRC Retention Schedule.

The auditor reviewed the ODRC Policy 79-ISA-01, the SSV report of the latest year, the ODRC Institutional Aggregate Report, the ODRC Annual Report, and the privately operated facilities report. Based on these reports, and interviews with the Warden, the Agency PREA Coordinator, and the Institutional PREA Manager, this standard is assessed as compliant.

**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)

The Agency PREA Coordinator has prepared the ODRC Annual Internal Report on Sexual Assault Data (Annual Report) for 2013, 14, 15. The Annual Report and aggregate data contains information for the Survey of Sexual Violence (SSV) reports required by the Federal Government. The institutional information reports from LORCI contain uniform data which is sent to the Agency Headquarters to assist in the accumulation of aggregate data.

The Annual Report outlined its' purpose, which is to make use of this information to identify problem areas and formulate corrective measures. This report, information, and insights compiled by the ODRC and its Compliance Office is impressive and the auditor assesses this standard as "exceeds", because of the thoroughness and completeness of information/data.

The ODRC Annual Report itself was divided into four areas:

- 1) Introduction
- 2) Data/information
- 3) Problem area identification and corrective measures
- 4) Conclusion (with attachments/spreadsheet individually addressing each ODRC institution and detailing, at a minimum, staff on inmate contact sexual assault, and inmate on inmate confirmed sexual assault).

The report is signed by the Agency PREA Coordinator and approved by the ODRC Agency Director.

Agency information and the Annual Report is available through the public website, <http://www.drc.ohio.gov/web/prea.htm>. This Annual Report reflects, in this auditor's judgment, the ODRC's commitment to the safety and security of staff and inmates, the commitment to reduce sexual violence in prison, and the commitment to follow PREA law/standards.

Based on the interviews with the Agency PREA Coordinator, Institutional PREA Manager, and the Agency Director, the auditor assesses this standard as exceeds.

**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)

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

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

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

Based on the auditor's review of the above policy, retention schedule, and the public website, this standard is assessed as compliant.

**AUDITOR CERTIFICATION**

I certify that:

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

James Curington

05-28-2017

Auditor Signature

Date

