

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

**Date of report:** May 31, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Thomas Eisenschmidt			
<b>Address:</b> 26 Waterford Lane Auburn, NY 13021			
<b>Email:</b> tome8689@me.com			
<b>Telephone number:</b> 315-255-2688			
<b>Date of facility visit:</b> May 3-5, 2017			
<b>Facility Information</b>			
<b>Facility name:</b> Lebanon Correctional Institution			
<b>Facility physical address:</b> 3791 State Route 63, Lebanon, Ohio 45036			
<b>Facility mailing address:</b> <i>(if different from above)</i> P.O. Box 56, Lebanon, Ohio 45036			
<b>Facility telephone number:</b> 1-614-752-1159			
<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> Thomas D. Schweitzer			
<b>Number of staff assigned to the facility in the last 12 months:</b> 497			
<b>Designed facility capacity:</b> 1,460			
<b>Current population of facility:</b> 2,214			
<b>Facility security levels/inmate custody levels:</b> Level 3			
<b>Age range of the population:</b> 18-78 (range)			
<b>Name of PREA Compliance Manager:</b> Dan Hudson		<b>Title:</b> Operations Compliance Manager	
<b>Email address:</b> Daniel.Hudson@odrc.state.oh.us		<b>Telephone number:</b> 1-513-932-1211 Ext. 28068	
<b>Agency Information</b>			
<b>Name of agency:</b> Ohio Department of Rehabilitation and Correction			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Ohio			
<b>Physical address:</b> 770 West Broad Street, Columbus, Ohio			
<b>Mailing address:</b> <i>(if different from above)</i>			
<b>Telephone number:</b> 614-752-11591			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Gary C. Mohr		<b>Title:</b> Director	
<b>Email address:</b> Gary.Mohr@odrc.state.oh.us		<b>Telephone number:</b> 614-752-1164	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Andrew Albright		<b>Title:</b> Chief, Bureau of Operational Compliance	
<b>Email address:</b> Andrew.Albright@odrc.state.oh.us		<b>Telephone number:</b> 614-752-1708	

## AUDIT FINDINGS

### NARRATIVE

The PREA audit of the Lebanon Correctional Institution was conducted on May 3-5, 2017 by Auditor Thomas Eisenschmidt. The auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency 5 weeks prior to the audit. The auditor reviewed this documentation prior to his arrival.

This was the second PREA audit for Lebanon. The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the majority of the physical site was toured prior to the actual start of the PREA audit with the rest of the grounds being seen during the conduct of the audit. The entrance briefing for the PREA audit was held on April 26, 2017 with Warden Thomas Schweitzer, Deputy Warden Douglas Luneke, Deputy Warden Marva Allen, Dan Hudson, Program Administrator/ PREA and Mark Stegemoller, PREA Compliance Administrator-Bureau of Operational Compliance in attendance. The auditor gave a brief overview of the audit process and once it was completed the interview portion of the review began. A list of random inmates from each of the housing units (22 inmates), inmates disclosing prior victimization (4), inmates identifying as LGBTI (4), a limited English speaking inmate (1), and segregated housing unit inmates (2) were interviewed. Thirty three 33 inmate interviews were conducted while on site..

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care, Human Resources, Mid-Level Supervisor, Intake Staff Orientation, Intake Staff Questionnaire (Medical), Risk of Victimization Assessment (Case Manager, Unit Manager and Unit Manager Chief), Mental health Administrator, Segregation Supervisor and Line Staff, Retaliation Monitor, Victim Support Person, Incident Review Team Member, PREA Manager, Facility Investigator, State Police Investigator and the Warden.

There were 27 PREA investigations conducted at Lebanon during the last 12 months. The OSP determined in all but one (1) case, elements of a crime did not exist so the cases received an administrative investigation at the facility. There were seven (24) sexual abuse allegations. Five allegations (5) involving staff and nineteen (19) involving other inmates. Eighteen (18) of the nineteen inmates on inmate cases were unsubstantiated, one (1) case unfounded. Of the five cases involving staff, three (3) cases against staff were determined unfounded and two (2) were unsubstantiated. The facility conducted two (2) sexual harassment investigations during the last 12 months. Each of the two cases involved allegations against other inmates and both were unsubstantiated. There was also an allegation of retaliation that was investigated and it was determined to be unfounded.

Training records (2014, 2015, and 2016) for all staff mandated PREA training were verified. The auditor also reviewed records for the one time additional training requirements for each Investigator, Medical and Mental Health full and part time staff, and the facility victim support staff.

At the conclusion of the site visit at Lebanon the auditor met with Deputy Warden Douglas Luneke, Dan Hudson, Program Administrator/ PREA and Mark Stegemoller, PREA Compliance Administrator-Bureau of Operational Compliance. The auditor let those in attendance know that he could not give them a specific outcome but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Lebanon Correctional Institution is located approximately 40 miles north of Cincinnati, Ohio. The physical address of the facility is 3791 State Route 63, Lebanon, Ohio, 45036. The facility sits on 1,915 acres of land. The area within the secure compound occupies approximately 40 acres of land. A separate sister facility, the Warren Correctional Institution, is located on property adjacent to that occupied by the Lebanon Correctional Facility.

The stated mission of the Lebanon Correctional Institution is “The Lebanon Correctional Institution is responsible for the incarceration of convicted felons in a humane, safe and secure manner until their transfer to another institution within the Department of Rehabilitation and Correction or upon their legal release from custody to society at-large, in accordance with the laws of the state of Ohio and departmental regulations. During this period of incarceration, the institution must provide for the safety and security of the staff as well as the surrounding community, while providing work and other specialized programming to meet the particular individual needs of its population.

Construction of the Lebanon Correctional Institution started in 1957. The facility opened in the spring of 1960. The Lebanon Correctional Institution is considered an “existing” facility for the purposes of accreditation. The physical plant follows a configuration under which one long corridor extends from the front to the back of the facility. Additional hallways extend from the main tunnel to other major segments of the facility such as the inmate housing areas and the dining halls. Designated programming and service areas such as the gymnasium, maintenance and the correctional industries shops are located to each side of the main corridor. The same configuration, known as the “telephone pole” design is utilized in the corridor to the inmate housing units. Under this system, the living units extend to each side of the corridor. This design permits portions of the facility to be more easily isolated and contained in the event of an emergency.

The inmate housing units at the Lebanon Correctional Institution contain both single and double-occupancy cells within a cellblock housing scheme. General population Cellblocks A, B, and E may house up to 246 inmates each in 143 double-occupancy cells per cellblock. Cellblock F may house up to 198 inmates in 49 double-occupancy cells. Cellblocks H, J and K may house up to 296 each in 148 double-occupancy cells per cellblock. Cellblock K is used as a step down from Limited Privilege H. Cellblock D is a general population cellblock utilized as meritorious housing for up to 246 inmates in 123 double-occupancy cells. Cellblock G is a general population cellblock utilized as meritorious housing for up to 148 inmates in 148 single-occupancy cells. Cellblock C, limited privilege housing may house up to 119 inmates in 119 single-occupancy segregation cells. Cellblock R is designated as restricted housing and may house up to 140 inmates in 70 double-occupancy segregation cells. Cellblock L1 is designated as restrictive housing and may house up to 24 inmates in 24 single-occupancy cells. The facility also provides a camp-style dormitory outside the secure compound for minimum custody inmates. The camp dormitory utilizes an open-bay housing configuration and may house up to 196 inmates in 98 double-occupancy cubicles.

Additional space is provided for medical services, recreation, religious services, educational programs, food preparation, dining, commissary operations, maintenance, clothing and supply distribution, prison industries, warehouse storage and administrative offices.

## **SUMMARY OF AUDIT FINDINGS**

On May 3-5, 2017 a site visit and PREA compliance audit was conducted at the Lebanon Correctional Institution. The final report was provided on May 31, 2017 . The final results of the audit of that institution are listed below:

Number of standards exceeded: 9

Number of standards met: 33

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The Ohio Department of Rehabilitation and Correction (ODRC) policies for the agency zero tolerance for all forms of sexual abuse and sexual harassment within each of their prisons can be found in 79-ISA-01, 79 ISA-02, 79-ISA-3, 79 ISA-4 and 79-ISA-05. These policies include definitions of prohibited behaviors regarding sexual assault and sexual harassment of inmates and sanctions for those found to have participated in prohibited behaviors. Also, these document ODRC strategies and response to reduce and prevent sexual abuse and sexual harassment of inmates. Interviews with the Director, PREA Coordinator, and Lebanon PREA Compliance Manager confirm they have been trained on PREA compliance and know the agency has a zero tolerance toward all forms of sexual abuse and sexual harassment. During the tour of the facility the auditor observed posters in English and Spanish regarding ODRC zero tolerance toward all forms of sexual abuse and sexual harassment in each of the housing units as well as throughout inmates have access to.

In February of this year (2017) the auditor interviewed Mr. Gary Mohr, the Agency Director. During his interview he described how he has committed this Agency to providing a safe environment for staff and inmates by insuring the PREA standards remain a top priority. He informed this auditor that all expansions and major facility modifications will continue to take into account the PREA Standards when considering design and installing video enhancements.

Andrew Albright is the PREA Coordinator for the agency. Andrew is truly committed to this responsibility and with the help of the talented individuals working with him in Central Office, Mark Stegemoller, PREA Compliance Administrator, and Charlotte Owens, PREA Compliance Administrator they work diligently to see all the facilities within ODRC comply with the standards. He has direct access to the Director Gary Mohr and meets regularly with him specifically to discuss PREA matters.

Daniel Hudson is the Operational Compliance Manager at Lebanon Correctional Institution and PREA Compliance Manager. This was his first PREA audit in this title. You certainly would not have known it. He is extremely knowledgeable about the PREA policies, PREA standards and the PREA process and was extremely confident during the audit process. He confirmed he has access to the Regional Compliance Manager as well as the PREA Coordinator. and also indicated during his interview that he had enough time during his work day to perform his PREA responsibilities. Inmates and staff were well aware of his position at Lebanon if reporting a sexual harassment or sexual abuse allegation became necessary.

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

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

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

In February 2017 this auditor interviewed Leslie Piatt, the Senior Financial Administrator for the ODRC. He is the individual who oversees contracts with the two private prisons within the Ohio Department of Rehabilitation and Corrections. The facility contract monitor oversees all the operational practices, the contract practices, and the day to day operations of that particular facility. One of their primary responsibilities in monitoring is to make sure that the facility is PREA compliant. The agency has included in new contracts the requirement to adopt and comply with the PREA standards. The renewed contracts are modified to include the same requirement. The contract monitor's primary responsibility is overseeing that the vendor is compliant with PREA Standards as well as ODRC Policies and Procedures. The contract monitor insures a compliance review is done at each facility annually. If anything of immediate risk is identified,

the contract monitor would take immediate action to have the facility resolve the situation. Both of the private facilities under contract with ODRC have completed their initial PREA Compliance Audit. .

### Standard 115.13 Supervision and monitoring

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

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

A review of policy (79-ISA-01), the staffing plan and interviews with the Warden, PREA Coordinator and PREA Compliance Manager confirm Lebanon Correctional Institution management has developed, documented, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, Lebanon has taken into consideration: generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from Federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); the composition of the inmate population; the number and placement of supervisory staff; institution programs occurring on a particular shift; any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Warden also stated that he must be notified when there is any deviation from this plan. It must be noted in writing and the reason for the deviation. Typical deviations from the staffing plan can include: hospital duty; constant and direct observation (suicide watch), off institution transports and hospital security.

The staffing plan is reviewed annually, documented and made available. The auditor reviewed those annual assessments done for years 2014, 2015 and 2016. Upon completion of each review it was discussed with the Regional Director and the Agency PREA Coordinator and then forwarded to the Director.

Supervisors and upper level management, including the Warden, are required by policy to make unannounced rounds. These rounds must be documented and completed on each tour. The supervisor staff indicated during their interviews that unannounced rounds are accomplished by staggering the round times on a daily basis and locations. Interviews with Supervisors supported this policy requirement as did a review of some of the housing unit logs books.

### Standard 115.14 Youthful inmates

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

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

There are no youthful offenders ever housed at the Lebanon Correctional Institution, therefore the standard is not applicable.

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

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

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

Review of Policy 310-SEC-01 confirms the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Interview with random selection of staff and inmates found the facility does not allow cross-gender viewing and searches except in exigent circumstances or when performed by medical practitioners per agency policy. There were zero cross-gender searches or cross-gender visual body cavity searched at Lebanon during the last twelve months. During random interviews with staff and inmates confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches.

Review of 79-ISA-01 and tours of the housing units at Lebanon confirm the facility has implemented policies procedures and practice that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their , buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. These policy and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

Training records for 2014, 2015 and 2016 indicated all staff have received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner as required by policy AD 03.22 , and never for the purpose of determining genitalia status. The random staff interviews indicated this policy mandate was presented to them during their training and understood. Transgender inmate interviews confirmed each felt that they have been treated with respect during frisk procedures.

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

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

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

Review of policies 64-DCM-02 and 79-ISA-01 confirm the agency has policies in place and to ensure the agency takes appropriate steps to ensure that offenders with disabilities (including, for example, offenders who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include, when necessary to ensure effective communication with offenders who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency ensures that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities, including offenders who have intellectual disabilities, limited reading skills, or who are blind or have low vision. Lebanon has a contract with VOCLINK INC. This company provides assistance to the facility with sign language, interpretive expertise in written materials, phone help, wrtitten and site help if needed.

The auditor had the opportunity to review the entire intake process conducted on new arrivals at Lebanon. Every inmate arriving at there receives a facility orientation pamphlet. This book ( Spanish and English) is not only an overview of the agency/facility rules and general information but it details the Agency PREA policy as well. The provided information includes phone numbers and addresses inmates can contact to report allegations of sexual abuse or sexual harassment. On this same arrival day the inmate is also provided and required to watch the PREA informational video.

The auditor conducted an interview on a partially blind and hearing impaired inmate. He indicated he had an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. He informed the auditor he was well aware of how and whom to report allegations of sexual abuse should it become necessary.

### Standard 115.17 Hiring and promotion decisions

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

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

The auditor interviewed Kim Rowe in February 2017. She is the Agency Human Resources Administrator for ODRC. During her interview she indicated the agency follows policy 79-ISA-01 which requires a criminal background check be conducted on everyone (employee, contractor, volunteer) who has contact with any inmate within ODRC. Employees and contractors are required to have an additional background check done at least every five years, which are conducted by the facility Investigator. The auditor reviewed his documentation and found Lebanon up to date on all staff needing background rechecks.

ODRC policy 34-PRO-07 prohibits hiring or promoting anyone who may have contact with inmates, enlisting the services of any contractor who also may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. Anyone who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse been civilly or administratively adjudicated to have engaged in the activity is prohibited entrance into any ODRC facility. The auditor conducted a random sampling of employee, contractor and volunteer files on staff from years 2014, 2015, and 2016. In every case background investigations were conducted on each with individuals not allowed entrance into Lebanon until the investigations were completed and approved. There were 77 background investigations conducted at Lebanon during the last 12 months for new employees and volunteers. Because every employee at Lebanon received a background check in 2014 none are required to have the 5 year recheck completed as required by policy.

The Standards of Employee Conduct (31-SEM-02) mandates employees disclose to the facility any sexual misconduct allegation made against them under PREA, amongst other things.

### Standard 115.18 Upgrades to facilities and technologies

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

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

Lebanon has had no substantial expansion or modifications to its physical plant over the last three years, or installed or updated any video monitoring equipment since August 20, 2012. There are currently 230 cameras inside the secure perimeter at Lebanon. These additional cameras (102), added in the last 12 months provide viewing of the housing runs and activity areas. The PREA Manager was involved in the placement locations of the new cameras. He confirmed this during his interview and the Warden also indicated that he would be included in any additional camera location placements.

### Standard 115.21 Evidence protocol and forensic medical examinations

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

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

All allegations of sexual abuse at Lebanon are reported to the Ohio State Patrol (OSP) to determine if a crime has been committed. If it is determined the allegation is not criminal then an administrative investigation is conducted by the facility investigator. The OSP has the legal authority to conduct these criminal investigations and the MOU dated 2016 mandates their investigators adhere to investigation protocols based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011. The auditor interviewed the OSP Investigator and she confirmed that her training and practice follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions and administrative proceedings.

Administrative investigations, at Lebanon, are conducted by one of the trained facility Investigators. The interview conducted with one of the administrative investigators indicated he utilizes the protocols based on the most recent edition of the U.S. Department of Justice’s publication and his training curriculum covered this as well.

Any inmate, at Lebanon, requiring a forensic exam is sent to Atrium Medical Center. The examinations are conducted at no expense to the inmate, by a Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) whenever possible. If a SAFEs or SANE nurse is not available, the examination is performed by other qualified medical practitioners. Lebanon had to send two inmates out for forensic examination in the last 12 months. The inmates were offered victim support services to accompany him to the outside hospital, mental health and follow up medical intervention at no cost to the inmate victim. This was all documented and reviewed by the auditor.

Lebanon has a MOU with Women Helping Women-Victim Assistance Program, a local community agency that provides support services to inmate victims of sexual assault incarcerated at the facility. The auditor spoke with the Caitlan Rettenmaier who verified the support service they provide and also discussed the current MOU (2016 thru 2019) they have with Lebanon over the next three years. She indicated to the auditor that inmates at Lebanon have taken advantage of the service her agency provides. Lebanon also has employee victim support persons (VSP) to provide victim advocate services to inmates if requested. The auditor reviewed the training each of these staff members receive and interviewed one of them during the site visit.

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

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

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

The Ohio Department of Rehabilitation and Correction has multiple policies covering both administrative and criminal investigations for sexual abuse and sexual harassment. The main policy, 79-ISA-01, requires an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment in any of the ODRC operated facilities.

As previously mentioned the Ohio State Patrol (OSP), a separate agency from ODRC, has the legal authority and is responsible for conducting all criminal investigations. All administrative investigations are handled by the facility trained Investigators. Interviews with both the OSP Investigator and a facility Investigator confirmed that an investigation is required and completed on each allegation of sexual abuse or sexual harassment alleged at Lebanon Correctional Institution.

There were 27 PREA investigations conducted at Lebanon during the last 12 months. The OSP determined in all but one (1) case, elements of a crime did not exist so the cases received an administrative investigation at the facility. There were seven (24) sexual abuse allegations. Five allegations (5) involving staff and nineteen (19) involving other inmates. Eighteen (18) of the nineteen inmates on inmate cases were unsubstantiated, one (1) case unfounded. Of the five cases involving staff, three (3) cases against staff were determined unfounded and two (2) were unsubstantiated. The facility conducted two (2) sexual harassment investigations during the last 12 months. Each of the two cases involved allegations against other inmates and both were unsubstantiated. There was also an allegation of retaliation that was investigated and it was determined to be unfounded.

ODRC publishes their investigative policy on its website (<http://drc.ohio.gov/policies/investigations>). The site gives an overview of the Investigative Policies providing valuable additional information available by clicking on the topic hyperlink.

### Standard 115.31 Employee training

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

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

The agency's policies, 39-TRN-10 Employee Orientation Training 79-ISA-01 Prison Rape Elimination address the PREA requirements and outline the training requirements. Training records, staff interviews, and training curriculum review indicated the training included the zero tolerance policy; the agency policy and procedures for prevention; reporting and response to a sexual assault or sexual harassment incident, and the dynamics of sexual abuse and harassment in a confinement setting; common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively and professionally with offenders; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The training also includes a video with staff and agency leadership staff discussing the PREA information and requirements.

Each staff member attends pre-service prior to being assigned to any facility. The training is also provided annually through the annual in-service training for all staff. Each employee is required to attend in-service each fiscal year and generally scheduled for the same month each year. If an employee cannot attend in-service at the scheduled time, they are rescheduled in the first available class upon return to work. Documentation provided and reviewed during the site visit demonstrated that 462 employees (all current staff at Lebanon) had received their PREA training. Records review for 2014 and 2015 also indicated each employee at Lebanon had received PREA training as well. A selection of training records were checked for facility staff; all had completed the pre-service training and annual in-service.

ODRC requires staff to complete the training annually as a refresher instead of the every two years as required by the standard; this exceeds the requirement. New employees receive the training as part of the pre-service training within sixty days of employment. Training is documented through the signature of the employee on the Employee Acknowledgement Form. Gender specific information is provided through the lesson plan. Staff complete the gender specific training at pre-service, annual in-service, and when a staff member is transferred from one facility to another.

Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in detention, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of their PREA policies and procedures by staff confirm the continuous training that occurs through staff turnout and monthly training. A pocket informational card is provided to each employee that outlines the agency's zero tolerance policy, who to report any violation to, steps to take if a sexual assault occurs, sexual abuse/assault red flags, sexual abuse definition, and summary of the Prison Rape Elimination Act.

### Standard 115.32 Volunteer and contractor training

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance**

**determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

All contractors and volunteers must receive PREA training outlining their responsibilities prior to being allowed to enter Lebanon Correctional Institution as outlined in 79-ISA-01. The auditor reviewed the training curriculum and training records for a sampling of these individuals for years 2014, 2015 and 2016. These individuals signed documents indicating each has received and understood: the agency zero tolerance policy, prohibited behaviors, how and whom to report and consequences of policy violations. Interviews conducted on site with two contractors and a volunteer confirmed the training curriculum and the document each signs indicating their understanding of the ODRC policy..

### **Standard 115.33 Inmate education**

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

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

Both ODRC and Lebanon Correctional Institution provide a comprehensive PREA education to the inmate population beginning at reception into the agency. At intake into Lebanon, staff provide inmates information through a PREA pamphlet and offender handbook (both available in English and Spanish) that explains the agency’s zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. The auditor observed this PREA education during his site visit. The random inmates interviewed acknowledged receiving education on the same day on arrival into the facility. The PREA information is again provided again to the inmate by the nurse during the risk assessment process. Inmate orientation takes place weekly at Lebanon at which time the inmate sees the video and has a question and answer time with staff about the contents of the video and PREA in general.

The facility provided PREA information to all inmates who arrived at Lebanon prior to 2013, via town Hall Meetings. Inmates interviewed, who have been at Lebanon prior to 2013, indicated the town hall meetings were indeed held and attending inmates were provided PREA information. Those inmates also received security interviews, by case managers, to assess risk vulnerabilities.

Random inmate interviews and informal discussions with inmates during the facility tour, they acknowledged they have received PREA information upon arrival at the facility, reinforced daily through staff interaction, and through information posted in the housing areas.

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

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

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

Trained Facility Investigators handle all non criminal sexual abuse and sexual harassment cases and the Ohio State Patrol conducts all criminal investigation involving sexual abuse. Interviews conducted with the OSP Investigator and one of the facility Investigators found

they received training specific to conducting sexual abuse investigations in confinement settings beginning with a specialized investigations training curriculum. Additionally this training was based on NIC “Investigating Sexual Abuse in a Confinement Setting” training involving interviewing, interrogating, and evidence collection.

Each investigator informed the auditor during their interview that the training they each received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

The specialty training was verified through the investigator interviews and reviews of the training records.

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

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

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

ODRC policy 79-ISA-01 requires full time and part time medical and mental health practitioner receive receive additional training covering topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and whom to report all allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff indicated that this additional training was required of each of them over the mandated PREA training. The auditor reviewed training documentation for medical and mental health staff while on site. He confirmed that this specialized group, full time and part time, received this additional training.

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

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

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

ODRC policy and practice with regards to its' intake process is very impressive. This computerized screening for sexual abusiveness and sexual victimization or sexual abusiveness toward other inmates is performed on every inmate upon his arrival at Lebanon. If an inmates arrive on a weekend or after hours the screening is accomplished no longer than 72 hours from the date the inmate arrives. The auditor observed the following intake process during the site visit.

Each inmate is given an orientation booklet containing PREA information upon walking into the receiving area off the bus. He is placed in a holding cell where he watches the agency PREA video. He is then brought to the medical unit and immediately assessed for his vulnerability or abusiveness by a nurse. The nurse begins the assessment by asking the inmate: 1) if the she has a mental, physical, or developmental disability; 2) The age of the inmate; (3) the physical build of the inmate; 4) Whether the inmate has previously been incarcerated. (5) Whether the inmate’s criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child;(7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) the inmate’s own perception of vulnerability; and (10) whether the inmate is detained solely for civil immigration purposes. The Nurse also determines if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening is immediately sent to a mental health

practitioner and or medical staff person.

Upon completing this part of the assessment his information is placed into a queue on the computer for the Case Managers part in the process. It is important to note that the entire risk assessment is electronic with notifications popping up to the next staff person in the process so no inmates gets lost. This electronic system allows each facility to easily share information throughout the agency if needed. This information is shared only with individuals with a need to know and is password protected.

The Case Managers check their "In-Progress" assessments at least daily and complete the second screen. The assessment then goes into the Unit Manager queue. The Unit Managers check their "Pending UM" cases and determines if the inmate does not need a PREA Classification or they recommend a classification: Victim (High Risk): Previous victim of sexual abuse in an institution setting – automatic classification, Abuser (High Risk): Previously sexually abused another in an institution setting – automatic classification, Potential Victim: At risk of victimization, Potential Abuser: At risk of abusing.

If a PREA Classification is recommended, the UMC in conjunction with the Unit Team determines the final classification and develops the PREA Accommodation Strategy. This (PAST) team addresses housing, programs, work and education with the goal of keeping the inmates safe. All transgender and intersex inmates are automatically referred to the PREA Accommodation Strategy Team (PAST). This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health staff. The teams meet with the inmate to discuss his views and develop a PREA Accommodation Strategy.

Interviews with the screening staff confirm the policy is followed to ensure an offender's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. Interviews with random sample of offenders confirm offender's risk level is reassessed per ODRC policy and this standard. These interviews also confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked about: whether the offender has a mental, physical, or developmental disability; whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; whether the offender has previously experienced sexual victimization; and the offender's own perception of vulnerability.

Information obtained during this screening process is shared with appropriate staff (medical, mental health, and supervisors) as needed to make housing, bed, work, education, program assignments and mental health and medical referrals.

Whenever an inmate alleges sexual abuse the case manager completes a new risk assessment utilizing the same risk form the nurse completed on a new arrival and the inmate assessment is again reviewed by the Unit Manager and Unit Chief with the inmate receiving a temporary classification either as a "potential victim" or "potential abuser" depending on his role in the allegation. Upon the investigation being completed another complete assessment is done regardless if the allegation is unfounded, substantiated and unsubstantiated.

#### Standard 115.42 Use of screening information

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

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

Agency's policy 79-ISA-04 IPM 4.01 address the assessment process and the use of the screening information to determine housing, bed, work, education, and program assignments with the goal of keeping offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate screens for risk of sexual victimization or risk of being sexually abusive an immediate referral will be made to the PREA Accommodation Strategy Team to determine these housing, bed, work, education, and program assignments. During the site visit, the auditor observed the risk assessment process with an inmate during receiving. The housing and program assignments are made on a case by case basis. Through inmate and staff interviews, it was determined that the facility addresses the needs of the inmates consistent with the security and safety of the individual inmate.

There are no dedicated housing units based on sexual identity at Lebanon. According to interviews conducted with the PREA Compliance Manager and a member of the Risk Assessment Staff all information obtained from the risk assessment screening during intake is reviewed, assessed and used to determine housing, bed, work, education and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive. Assignments for transgender and intersex inmates are done individually twice a year according to policy and staff interviews. There were three transgender inmates at Lebanon interviewed at the time of the site visit. Each indicated they were not housed in dedicated housing, were allowed to shower alone and gave input about their safety concerns prior to bed and work assignments.

#### Standard 115.43 Protective custody

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

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

Policy 79-ISA-02 stipulates that inmates at high risk for victimization can not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abuser (no longer than 24 hours). This policy was confirmed during the interviews with the Warden and the Segregation Supervisor. According to them if it did occur they prisoners would have access to: programs; privileges; and education.

The Warden further stated, during his interview, that if ever a situation presented itself where an inmate alleging risk of victimization needed to be placed in other than general housing it would most likely be in the hospital until the inmate could be placed in general confinement. There has been no case where segregation was used to place inmates at high risk of victimization in the last 12 months.

The auditor observed and confirmed no offenders were in protective custody for protection from sexual abuse during the tour of the segregation unit.

**Standard 115.51 Inmate reporting**

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

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

Found in the inmate rules booklet, on posters in every housing unit, in the medical unit, in the school, in the library in the visiting room are posters informing inmates at Lebanon multiple ways to privately report PREA allegations. Allegations by inmates can be done verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties (family members or friends). The random interviews conducted with the inmates at Lebanon revealed that they were well aware of these reporting venues if needed.

This policy also provides staff multiple ways to privately report sexual abuse and sexual harassment of inmates and was acknowledged them during random interviews as well

Franklin County Detention Facility is used by inmates at Lebanon to report sexual abuse to a public/private entity not part of the agency. The inmate may make his abuse allegation confidentially to the phone number posted throughout the facility. This number is monitored 24 hours a day at the Franklin County Facility. When they do receive an allegation they immediately contact the Chief Inspector for ODRC who in turns immediately notifies the facility Investigator so a PREA case can be initiated. This was confirmed by the facility investigator. These call are not monitored.

**Standard 115.52 Exhaustion of administrative remedies**

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

- Does Not Meet Standard (requires corrective action)

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

Lebanon Correctional Institution does have administrative procedures through the inmate grievance process regarding sexual abuse and sexual harassment complaints to the extent that they are notified in the inmate handbook that a sexual abuse or sexual harassment complaint may be submitted at any time, however, a timely complaint is essential to providing services and proper investigation. The inmate handbook further states inmate grievances filed regarding a complaint of sexual abuse or sexual harassment shall be immediately reported to the Investigator for proper handling in accordance with ODRC Policy 79-ISA-02.

Language in ODRC Policy 79-ISA-02 also addresses inmate grievances filed related to a complaint of sexual abuse or sexual harassment. They are immediately reported to the Institution Investigator for proper handling. There is no time limit on when an inmate may report sexual misconduct. A sexual abuse or sexual harassment complaint may be submitted at any time. Acceptance of a late complaint does not waive the applicable statute of limitations with respect to any related lawsuit.

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

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

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

79-ISA-01 requires inmates be provided access to victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including tollhotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. The facility must enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.

Lebanon has a MOU with Women Helping-Victim Assistance Program, a local community agency that provides support services to inmate victims of sexual assault incarcerated at the facility. The auditor spoke with the Caitlan Rettenmaier who verified the support service they provide and also discussed the current MOU (2016 thru 2019) they have with Lebanon over the next three years. She indicated to the auditor that inmates at Lebanon have taken advantage of the service her agency provides. Contact by phone or by mail is treated as confidential communication and is not monitored, checked or recorded.

The majority of random offenders interviewed indicated to the auditor that they were not aware of the outside support services. However, the facility provides this information on the housing unit as indicated above.

### **Standard 115.54 Third-party reporting**

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

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

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Posters referred to as (Family and Friends) are located at the entrance to Lebanon as well as in the facility visiting room in their visiting room. Provided to visitors in spanish and english it provides an email address and a phone number that any family member of friend of an inmate can report an allegation of sexual abuse and/or sexual harassment on his behalf.

The ODRC agency web page also has a PREA section on the page allowing anyone to make a sexual abuse allegation on behalf of any inmate through that link. Inmates disclosed to the auditor, during their interviews, that they were aware of this "third" party reporting.

**Standard 115.61 Staff and agency reporting duties**

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

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

Policies 01-COM-08 Incident Reporting and 79-ISA-02 require every staff member, contractor and volunteer to report: any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment, they become aware of, that occurred in an institution whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Staff did acknowledge this requirement during their random interviews. Staff also informed the auditor that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or officials.

Medical and Mental Health staff confirmed during their interviews that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it.

**Standard 115.62 Agency protection duties**

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

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

Policy 79-ISA-02 requires staff to take immediate action to protect any offender subject to substantial risk of sexual abuse. The auditor questioned random staff and the Lebanon Warden about this specific section of the policies. All indicated that they would take immediate action to safeguard the inmates well being, following the same procedures as if the inmate was a victim of sexual abuse. Their responses supported the agency reporting policy requirements.

The Warden during his interview specifically reinforced that segregation would not be an option he's use as a means of safeguarding a potential victim. He would transfer the inmate before that happened unless protection was warranted immediately.

### Standard 115.63 Reporting to other confinement facilities

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

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

Policy 79-ISA-02 requires upon receiving an allegation that an inmate was sexually abused while confined at another institution, the Managing Officer/designee of the institution that received the allegation shall notify the Managing Officer/designee of the institution or appropriate office of the agency where the alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall be documented on an Incident Report (DRC1000). The Managing Officer or agency office that receives such notification shall ensure that the allegation is investigated in accordance with applicable provisions of this policy.

The facility also has documented two instances where the facility Lebanon was notified by another facility about an allegation of sexual assault allegedly occurring at Lebanon when the inmate was housed there. The notification to the facility was made within 24 hours of the disclosure by the inmate and the facility began the investigation immediately. It was found unsubstantiated after the investigation was completed.

The Facility also had a case within the last 12 months where an inmate made an allegation to the staff at Lebanon that he was sexually assaulted at another ODRC facility. Notification was immediately made to the Warden at that facility and the auditor reviewed the documentation.

### Standard 115.64 Staff first responder duties

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

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

Every Lebanon staff member is trained as a first responder for sexual abuse/ harassment allegations. The random staff members, including non-custody staff, interviews detailed their duties as first responders. All indicated they would: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The non custody staff also stated that after securing the alleged victim, they would immediately contact a security person to take charge of the situation.

### Standard 115.65 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

O3E-02 Institution Sexual Abuse Coordinated Response Plan details Lebanons' coordinated actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interviews with medical staff, mental health staff, the Investigator and multiple supervisors confirmed they were knowledgeable of their responsibilities during a response to sexual abuse.

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

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

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

The Ohio Department of Rehabilitation and Correction has entered into a new or renewed Collective Bargaining Agreements since August 20, 2012. The current agreement allows the Agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation.

**Standard 115.67 Agency protection against retaliation**

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

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

Policy 79-ISA-02 requires each institution with ODRC to protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. Retaliation monitoring to protect all inmates and staff who report sexual abuse or cooperate with sexual abuse investigations is done by the facility Investigator. Retaliation monitoring to protect all inmates and staff who report sexual harassment or cooperate with sexual harassment investigations is done by the facility PREA Compliance Manager. By policy the monitoring period is for 90 days unless the situation requires extending it.

During his interview, the Investigator, stated he monitors inmate disciplinary reports, housing assignments, program/work assignment changes, and performance reviews. He also indicated he would monitor staff retaliation much in the same way. (job assignments time off, promotions and evaluations). A review of all the case files for 2016 and a sampling of files from 2014 and 2015 showed retaliation

monitoring for all substantiated and unsubstantiated cases.

The PREA Compliance Manager during his interview confirmed he also monitors evaluations, housing assignments, bed assignments and disciplinary reports when looking at inmates requiring monitoring for sexual harassment complaints. Staff monitoring would include his looking at job assignment, time off, overtime promotions and evaluations.

### Standard 115.68 Post-allegation protective custody

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

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

As previously noted in standard 115.43 policy 79-ISA-02 stipulates any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is prohibited unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separation from likely abuser (no longer than 24 hours). This policy was confirmed during the interviews with the Warden and the Segregation Supervisor. According to them if it did occur they prisoners would have access to: programs; privileges; and education. There has been no case where segregation was used to place inmates at high risk of victimization in the last 12 months.

The auditor observed and confirmed no offenders were in protective custody for protection from sexual abuse during the tour of the segregation unit.

### Standard 115.71 Criminal and administrative agency investigations

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

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

Investigations are conducted on every sexual abuse allegation made at Lebanon. Allegations are all initially considered criminal until the Ohio State Patrol makes the determination that the facts/evidence does not support a crime. At that time the facility Investigator conducts an administrative investigation. The auditor reviewed the training records of both the facility investigators and the attendance of training by the OSP Investigator. As noted in standard 115.34 each has received the specialized training required. The Lebanon Investigator informed the auditor that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. He lets the facts and evidence be the determining factor. Neither the OSP Investigator or the facility Investigator require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with any sexual abuse investigation. They both stated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation.

The auditor looked at case files for for 2014, 2015 and 2016 the last twelve months. During the last 12 months there were 27 PREA

investigations conducted at Lebanon during the last 12 months. The OSP determined in all but one (1) case, elements of a crime did not exist so the cases received an administrative investigation at the facility. There were seven (24) sexual abuse allegations. Five allegations (5) involving staff and nineteen (19) involving other inmates. Eighteen (18) of the nineteen inmates on inmate cases were unsubstantiated, one (1) case unfounded. Of the five cases involving staff, three (3) cases against staff were determined unfounded and two (2) were unsubstantiated. The facility conducted two (2) sexual harassment investigations during the last 12 months. Each of the two cases involved allegations against other inmates and both were unsubstantiated. There was also an allegation of retaliation that was investigated and it was determined to be unfounded.

### Standard 115.72 Evidentiary standard for administrative investigations

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

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

79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, imposes a standard of preponderance of the evidence for determining whether or not allegations of sexual abuse or sexual harassment are substantiated. This is also documented through the Specialized Investigation Training lesson plan. The interviews with the facility and OSP investigators confirm compliance with the policy and 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)

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

79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation require that all inmates who make an allegation that they have suffered sexual abuse in an agency facility must be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following upon completion of the investigation by the agency including the OSP. Notifications were made in accordance with this policy.

These policies further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged. There were no cases involving this conduct requiring this type notification within the last 12 months.

The determination of the investigative outcome is delivered to the prisoner by the facility Investigator and made part of the case record.

### Standard 115.76 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The Standards of Employee Conduct 31-SEM-02, Unauthorized Relationships 31-SEM-07 and Prison Rape Elimination 79-ISA-01 requires that ODRC staff are subject to disciplinary sanctions up to and including termination for violating the agency’s sexual abuse or sexual harassment policies. Sexual misconduct with offenders and harassing and retaliating against an offender or another individual for participating in an official investigation is a violation where dismissal is recommended.

No staff member has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months.

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

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

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

The auditor conducted one contractor and two volunteer interviews at Lebanon during the site visit. All three indicated they were informed during their training of the agency zero tolerance policy and the consequences for any violation prior to entering th facility. The auditor reviewed their training records which showed that they had recieved this training information. Recruitment and Supervision of Volunteers 71-SOC-01, Prison Rape Elination 79-ISA-01, and Standards of Conduct Volunteers, Contractors and Volunteers Training requires that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

No volunteer or contractor has been terminated or disciplined for any violation of the agency zero tolerance sexual abuse policy during the last twelve months .

**Standard 115.78 Disciplinary sanctions for inmates**

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

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

56-DSC-01 Inmate Disciplinary Process and 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation detail administrative and criminal sanctions for inmates guilty of sexual abuse and sexual harassment. All inmates at Lebanon are subject to disciplinary sanctions following an administrative finding that the offender engaged in offender on offender sexual abuse or following a criminal finding of guilt for offender on offender sexual abuse. The sanctions would be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories, and consider whether an offender's mental disabilities or mental illness contributed to his behavior. Special considerations are required for offenders charged with or suspected of a disciplinary infraction who are developmentally disabled or mentally ill to determine if the disability or illness contributed to the behavior when determining what type of sanction should be imposed.

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

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

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

79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, PREA Risk Assessments and Accommodation Strategies require that anytime an inmate discloses or anytime it is noted somewhere in the inmate record that he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, the individual is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. The auditor interviewed two staff members responsible for inmate risk assessment at Lebanon. Both of them indicated that they follow both policies and offered documentation showing it was offered to inmates disclosing prior victimization. The auditor also interviewed four inmates who had disclosed prior victimization and each had indicated that they were offered intervention services with mental health.

If the risk assessment or other information made available denotes that the inmate had previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening as well.

These two policies also mandate that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Interviews conducted with medical staff and mental health practitioners confirmed information is password protected and shared only on a need to know basis.

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

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

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

and Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 requires victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment in accordance with policies.

The interview with the medical practitioner indicated no forensic exams are performed at the Unit. Prisoners requiring this exam at sent to Atrium Medical Center in the community. Prophylactic treatment for sexually transmitted diseases is offered to victims of sexual abuse. She further indicated, in her review that the medications are usually started at the hospital and continued at the Unit. Treatment services provided to every victim is performed without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interviews with staff first responders confirmed they understood the role of the first responder including taking actions to protect the victim and then notifying the shift supervisor. Upon an allegation of sexual abuse, the Shift Supervisor begins the notifications which include medical and mental health services. During the last 12 month there were no prisoner sent out for a forensic examination.

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

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

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

Mental Health Screening and Mental Health Classifications 67-MNH-02, Mental Health Treatment 67-MNH-15 and 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation Prisons PREA Plan requires any prisoner during his risk screening indicates he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The Policies also requires if the screening indicates an offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Services are offered at no cost whether the inmate cooperates with the investigation or not.

The interviews with the Nurse and Mental Health staff and interviews with 4 inmates indicating prior victimization upon arrival to Lebanon who indicated they were offered mental health referrals demonstrate compliance. All three of them indicated they did not take advantage of the offer.

### **Standard 115.86 Sexual abuse incident reviews**

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

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

Sexual Abuse Review Team 79-ISA-03 requires the Warden at Lebanon conduct an administrative review for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded. His review team consists of the Deputy Warden for Operations, the Investigator, the PREA Compliance Manager, and Victim Support Person. When reviewing each incident the team review includes: a review of the circumstances of the incident; the name(s) of the person(s) involved; events leading up to and following the incident; a consideration of whether the actions taken were consistent with agency policies and procedures; consider whether the allegation or investigation indicates a need to change policy or practice to better detect, or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or

perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the facility administrator and PREA Manager for improvements based on the above assessments.

The facility must implement recommendations of the review team that result from the review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on twenty (24) cases determined unsubstantiated and founded. The three (3) unfounded cases were not formally reviewed. The administrative incident review team reports were included in the investigation files for review. The Warden and Incident Review Team Member interviews indicated that during their reviews of each case all five elements including staffing, offender movements, area blind spots, review the incident area, building schedules, training records of the involved staff, and whether cameras enhancements could supplement supervision in the area were taken into account. The review of the case files and interviews with the Warden, member of incident review team member, along with the PREA Manager demonstrates compliance with the standard.

### **Standard 115.87 Data collection**

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

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

Prison Rape Elimination 79-ISA-01 requires uniform data be collected for every incident of sexual abuse alleged to have occurred at any ODRC operated facility using a standardized instrument and set of definitions. This incident-based sexual abuse data is aggregated at least annually. The incident-based data collected must include information to provide data requests in the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV.

ODRC and the PREA Coordinator aggregate this incident based sexual abuse data annually. The 2015 ODRC/-01PREA Annual Report is available for review on the agency's website. The auditor reviewed the 2014 SSV, 2015 SSV and annual report as part of the audit process.

### **Standard 115.88 Data review for corrective action**

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

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

Prison Rape Elimination 79-ISA-01 requires the agency review incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each unit, as well as ODRC as a whole.

ODRC collects, maintain, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility in the Agency including the two private facilities it contracts with. Lebanon Correctional Institution provides sexual abuse statistics to Central Office to assist them in creating ODRC Annual Report documenting trends, concerns etc. within the aggregate data total. The data the Agency receives from the two private facilities is not included in this aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2016 deadline. The information supplied in this report to DOJ is accumulated from each facility utilizing the PREA Incident Report System.

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

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

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

Prison Rape Elimination 79-ISA-01 requires ODRC maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews including incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The Agency is required to retain all records for 10 years after the inmate has reached his final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever. This aggregate data is available to the public through the agency’s website.

The 2015 Safe Prisons/PREA Annual Report is available on the website for review. Before publishing the annual report, all personal identifiers are removed.

### 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.

Thomas Eisenschmidt

Auditor Signature

May 31, 2017

Date