

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: April 30, 2017

Auditor Information			
Auditor name: Thomas Eisenschmidt			
Address: 26 Waterford Lane Auburn, NY 13021			
Email: tome8689@me.com			
Telephone number: 315-255-2688			
Date of facility visit: March 21-23, 2017			
Facility Information			
Facility name: Richland Correctional Institution			
Facility physical address: 1001 Olivesburg Road, Mansfield, Ohio 44901			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 419-526-2100			
The facility is:	<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		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Dave Marquis			
Number of staff assigned to the facility in the last 12 months: 420			
Designed facility capacity: 2107			
Current population of facility: 2577			
Facility security levels/inmate custody levels: L 1-2			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Rhonda Evans		Title: Operational Compliance Manger	
Email address: Rhonda.L.Evans@odrc.state.oh.us		Telephone number: 419-526-2100	
Agency Information			
Name of agency: Ohio Department of Rehabilitation and Correction			
Governing authority or parent agency: <i>(if applicable)</i> State of Ohio			
Physical address: 770 West Broad Street, Columbus, Ohio 43222			
Mailing address: <i>(if different from above)</i>			
Telephone number: 614-752-1159			
Agency Chief Executive Officer			
Name: Gary C. Mohr		Title: Director	
Email address: Gary.Mohr@odrc.state.oh.us		Telephone number: 614-752-1164	
Agency-Wide PREA Coordinator			
Name: Andrew Albright		Title: Chief, Bureau of Operational Compliance	
Email address: Andrew.Albright@odrc.state.oh.us		Telephone number: 614-752-1708	

AUDIT FINDINGS

NARRATIVE

This is the second PREA audit that this auditor has conducted at Richland Correctional Institution. The staff and inmates were much more informed and comfortable with PREA requirements and how, where and to whom to report any PREA concerns. The auditor received PREA documents from the facility and the Agency (ODRC) approximately 35 days prior to the audit. The auditor spoke with the Domestic Violence Shelter, Inc. staff located in downtown Mansfield, Ohio. The Executive Director at the Shelter indicated their address and phone number is found on posters throughout the facility and was verified by this auditor. The Shelter's understanding is that the mail and calls received from inmates are considered privileged and not monitored by staff. She was correct as this was confirmed by the facility Warden.

The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the entire physical site was toured prior to the actual start of the PREA audit. The entrance briefing for the PREA audit was held on March 22, 2017 and once it was completed the interview portion of the review began. A list of random inmates from each of the housing units, inmates disclosing prior victimization, inmates reporting allegations of sexual assault, a limited English speaking, and inmates identifying GBTI were interviewed. This number totaled 21 inmate interviews.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, 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, Incident Review Team Member, PREA Manager, Facility Investigator, State Police Investigator and the Warden.

Training records for all required staff training were verified as were additional trainings verified for the Investigator, Medical and Mental Health full and part time staff, and the facility victim support staff.

The auditor reviewed all forty three (43) investigative case files with the facility investigator. Of these cases, twenty four (24) involved sexual abuse allegations and nineteen (19) involved sexual harassment allegations.

Of the twenty four (24) sexual abuse cases four (4) cases involved staff, with two being substantiated and two unsubstantiated. Both of the substantiated case resulted with the employee and contractor being terminated. One was referred for prosecution (pending). The other wasn't. The two other allegations against staff were unsubstantiated. There were twenty (20) sexual abuse allegations made by inmates against other inmates. Sixteen (16) unsubstantiated and four (4) unfounded.

Of the nineteen (19) sexual harassment investigations conducted at Richland one was against staff and eighteen (18) were against other inmates. The one involving the staff member was unsubstantiated. There were fifteen (15) designated as unsubstantiated after the investigation and there were four (4) substantiated against other inmates.

At the conclusion of the site visit at Richland the auditor met with the Warden and his Executive Staff. The auditor let those in attendance know that he could not give them a specific outcome at this point 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

“Richland Correctional Institution was constructed in 1996 on 78 acres of state owned land off State Route (Olivesburg Road) north of the city of Mansfield, Ohio. The facility is immediately adjacent to Mansfield Correctional Institution and the, now closed, Ohio State Reformatory. Richland was designed as a campus style, open bay, dormitory facility. All buildings face an open compound which is used for passive recreation and inmate movement.

Richland Correctional Institution's 45 acre secure compound is bounded by 12 foot fencing, razor ribbon, and shaker alarm fence. Near the facility entry points, perimeter security is enhanced with microwave motion detection. There are two breaches in the facility perimeter: a pedestrian sally port in the administration building, and a truck trap sally port about half way down the west fence line. The vehicle sally port allows access to Reception/Discharge, the Food Service area, and Facility Maintenance. Physical security of the perimeter is enhanced by two armed roving patrols 24 hours per day.

The administration building forms the southern end of the perimeter and is the point of entry for all staff and visitors. This building includes the warden's office, business office; business administration office, operations, deputy warden of operations, major's office, shift captain's office, staff training, ACA office, personnel, the record office and visiting room.

Immediately west of the administration building one structure houses both the 98 bed segregation unit and the facility health services operation.

The largest building inside the institution, affectionately known to the staff as the strip mall, includes receiving and discharge, the laundry and offender clothing issue, commissary, maintenance, health and safety office, food preparation area, two offender dining rooms, mental health, education, vocational trades, and the inmate library. The offender dining facility has two sections each seating 252 inmates.

The vocational turf management classroom, greenhouse, and drafting classroom are located in a separate building between this building and the first of three housing units on this side of the institution.

Three inmate housing buildings, designated H3, H4, and H5 complete the west side buildings. These units, like H1 and H2 on the east side of the compound, are two stories. Each floor is operated as a separate housing unit under one Unit Manager each housing unit has two large bays and a common bathroom and shower area. Several units have specific program or treatment roles. Examples include the Recovery Unit, or the Pound Puppy Program.

In addition to the two housing units, K Building which hosts Recovery Services and the Recreation Building are arrayed adjacent to the east fence line. The Recreation Building houses an Arts and Crafts Program, Music Recreation, a Gymnasium, and weight room with universal type, fixed stack lifting equipment. There are ball diamonds and soccer fields north of the Recreation Building as well as handball walls both integral to the building and free standing nearby.

There are three buildings outside the secure perimeter. One, a small quartermaster issue building is wholly controlled by Richland Correctional Institution staff. The garage is shared with Mansfield Correctional Institution and operated by Mansfield staff. The warehouse is overseen by the Mansfield Correctional Institution but operated by Richland Correctional Institution staff.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 8

Number of standards met: 34

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.

Richland has a comprehensive policy on sexual abuse and sexual harassment which is outlined in agency policy 79-ISA-01. Ohio Department of Rehabilitation and Correction policy outlines and defines their mandatory zero tolerance toward all forms of sexual abuse and sexual harassment. The policy further outlines the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.

The auditor interviewed the Agency Director, Gary Mohr, in February 2017. Mr. Mohr went into detail how he and the Agency are committed to providing a safe environment for staff and inmates and continues having complying with the PREA standards as a top priority. He informed this auditor that all expansions and major facility modifications take into account the PREA Standards and inmate safety when considering design and installing video enhancements.

Andrew Albright is the PREA Coordinator for the agency. He has direct access to the Director Gary Mohr and meets regularly with him specifically to discuss PREA matters. Andrew is truly committed to his 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 he has worked diligently to see all the facilities within ODRC comply with the standards. The intake process and investigative processes are just two of the areas that have been streamlined and improved over the last three years Andrew acknowledged that he has sufficient time to dedicate to his responsibilities ensuring PREA standards are followed and concerns addressed during his interview.

Rhonda Evans is the Operational Compliance Manager at Richland Correctional Institution. Her duties include ACA Manager as well as the PREA Compliance Manager. She indicated during her interview that she had enough time during her work day to perform both assignments allowing her sufficient time to perform her PREA responsibilities. Staff and Inmate Interviews revealed each were well aware of her position if reporting became necessary. She is extremely knowledgeable about the PREA policies, PREA standards and the PREA process. She confirmed she has access to the Regional Compliance Manager as well as the PREA Coordinator.

Standard 115.12 Contracting with other entities for the confinement of inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
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The auditor interviewed Leslie Piatt, Senior Financial Administrator as the individual who oversees contracts with the two private prisons within the Ohio Department of Rehabilitation and Correction. She informed the auditor that any new contracts or contract renewal provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The Agency has two prisons under contract, and their contracts were reviewed. These contracts require day-to-day operations monitoring along with the conduct of numerous policy compliance site visits, which includes compliance to all PREA policies. Both of these private facilities have recently received successful PREA audits.

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)

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There is a staffing plan at Richland. The auditor reviewed it during interviews with the Warden and the PREA Compliance Manager. Each indicated that they were involved with the annual review of this plan in September 2016. By policy this plan is reviewed annually and discussed with the Regional Director and the Agency PREA Coordinator. Once reviewed by the Agency PREA Coordinator it is sent to the Director with recommendations if warranted. According to both these individuals this plan takes into account items such as; generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations as well as the placement of video enhancements. All posts must be filled and any deviation to the staffing plan must be reported to the Warden.

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. Interviews 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)

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There are no youthful inmates at Richland 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)

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310-SEC-01 outlines when staff are allowed to conduct cross gender strip searches. Cross gender searches visual body, cavity, strips are allowed only in exigent circumstances. The PAQ and Richland file documentation indicates that no cross-gender searches of inmates have occurred.

The auditor reviewed staff training records at Richland. 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 79-ISA-05 and never for the purpose of determining genitalia status. The random staff interviews indicated this policy mandate was presented to them during their training.

The auditor observed female staff verbally announcing and using the housing unit buzzers when entering the male inmate living areas. The random interviews conducted with the inmates confirmed this announcement practice is being done.

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.

79-ISA-01 requires all inmates have meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment who are limited English proficient and and low level functioning, including steps to provide interpreters. Richland has a contract with Hallenross and Associates LTD. This group provides assistance to the facility with sign language, interpretive expertise in written materials, phone help, written and site help if needed.

On the day of arrival at Richland every inmate receives a facility handbook. This book is not only an overview of the agency/facility rules and general information but details the Agency PREA policy. 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. This video is close captioned and signed. At the conclusion of the video inmates are allowed to ask questions of staff regarding PREA and on any information they received.

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)

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The auditor interviewed Kim Rowe, Agency Human Resources Administrator prior to arrival to Richland for the audit. Kim indicated the agency follows policy 79-ISA-01 requiring criminal background record checks be conducted on anyone (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. These re-checks are done by the Facility Investigator and are currently up to date.

ODRC policy 34-PRO-07 prohibits hiring or promoting anyone who may have contact with inmates. It also prohibits enlisting the services of any contractor who may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. They are not allowed in any ODRC facility if they have 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. Review of

the personal files showed background checks are done on all employees, contractors and volunteers prior to entering the facility.

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)

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Richland Correctional Institution has not made any substantial expansion or modification of their existing facilities in the last 12 months. They have however expanded the number of cameras (66) in their facility in 2016. The facility leadership, including the PREA Compliance Manager, reviewed particular areas that were left uncovered by current camera locations which created vulnerabilities to the safety of the inmates and staff. Additional cameras are being installed in 2017 to upgrade camera technology and further enhance security. The Warden indicated in his interview that the PREA Compliance Manager will be included in the team that determines placement of them.

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)

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All administrative investigations at Richland are handled by the facility Investigators and all criminal investigations are conducted by the Ohio State Highway Patrol. The auditor had the opportunity to interview both and each confirmed that they follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Both Agencies (ODRC and OSP) have a three year MOU (from 2/2016) stipulating the protocols to be used and is 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 training the two Richland Investigators and the Ohio State Highway Patrol Investigator received was provided through the Moss Group covered these protocols.

Forensic exam, required of inmates at Richland, are conducted at the Ohio Health in Mansfield. These examinations, conducted at no expense to the inmate, are performed at this hospital 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. Richland had 2 inmates receive forensic exams, performed by a SANE/SAFE nurse within the last 12 months.

Richland Correctional Institution provides support service to inmate victims of sexual assault through the Domestic Violence Shelter INC. The auditor had the opportunity to speak with the Agency Director who verified the support service they provide and also discussed the current MOU they have with the institution over the next three years. She did indicate that inmates at Richland have taken advantage of the

service she provides. Richland also utilizes employee support staff (Victim Support) to provide victim advocate services to inmates if requested. The auditor reviewed the training each received and confirmed it with two of these staff during interviews.

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)

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ODRC policy 79-ISA-01 requires that all allegations of sexual abuse/sexual harassment be investigated administratively or criminally. The Agency has a written MOU with the Ohio State Highway Patrol outlining the responsibilities for each agency in the process of handling all sexual abuse investigations. Criminal Investigations are to be done by the State Police and administrative cases are to be handled by the institution Investigators. The investigation policy for sexual abuse investigations is published on the ODRC website. The interviews conducted with the facility Investigator and the Ohio State Highway Patrol Investigator outlined the process and responsibilities each follow in the process.

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)

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Training was stressed, during the Director interview, as a key element for implementing ODRCs' zero tolerance of sexual abuse in any of its' facilities by staff or inmates. Each staff member at Richland, regardless of title, is trained as a first responder. The training each staff member receives require a written exam upon completion of the class. Failure to pass this test requires that individual to retake the class and the exam. The training curriculum follows all criteria outlined in standard 115.31 (a) and confirmed during the interview phase with the random and specialized staff. Those interviewed were clear on their responsibilities in responding to and preventing sexual abuse and sexual harassment. ODRC training requirement is that all staff receive PREA training annually instead of every two years as the standard. The training received includes class room and e-learning.

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.

PREA training is required of every contractor and volunteer prior to be allowed to enter Richland Correctional Institution. The auditor reviewed the training curriculum and training records for a sampling of these individuals. These training records show signed documents indicating each has received and understood: the zero tolerance policy, prohibited behaviors, how and whom to report and consequences of policy violations. Interviews conducted with a contractor and a volunteer confirmed the training curriculum.

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)

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As with training staff the Agency feels proper and extensive training of all inmates is paramount to eliminating sexual abuse and sexual harassment. As each inmate arrives at Richland he is provided an orientation booklet. This booklet, which they sign for, contains information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It details to every inmate how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing. Inmates arriving at the institution are placed on a Reception Unit for approximately 14 days and during this period receive an in-depth orientation to the facility and on the PREA Law. The indepth orientation on PREA is presented to them by the Unit Management staff, Case Managers, PREA Compliance Manager. The overall orientation includes a video that is close captioned and signed with a question and answer session with a staff member upon completion of the video. Interviews conducted with the intake staff and interviews conducted with inmates confirmed that information is provided both verbally and in writing. The facility provided training to all inmates who arrived at Richland prior to 2013, when the PREA information began being presented to arriving inmates. This was accomplished via town Hall Meetings and one on one security interviews. The security interviews were performed by case managers and included risk of victimization assessments. Information about PREA, reporting hotline numbers and victim support services contact information are posted everywhere in the facility that inmates have access to. The random and specialized inmate interviews demonstrated that inmates were aware of these contact means.

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)

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The Auditor spent a considerable amount of time with both Facility Investigators. As previously mentioned they handle the administrative cases and the Ohio State Highway Patrol conducts all criminal cases. One Facility Investigator received the PREA Investigator's Training (PREA: Investigating Sexual Abuse in a Confinement Setting) through the Moss Group. The other Facility Investigator and Ohio State Highway Patrol Investigator received the PREA Investigator's Training (PREA: Investigating Sexual Abuse in a Confinement Setting) through the National Institute of Corrections. During each of their interviews they indicated the training 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. During the investigative process each keeps the other informed through constant contact via the phone or email. It was very evident to the auditor that an excellent working relationship between both these individuals exists.

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)

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79-ISA-01 requires all full time and part time medical and mental health care practitioners 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 confirmed they had received this training via E-learning. The auditor also had the opportunity to review a random medical and mental health staff E-learning training records confirming this training was received.

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)

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The intake process at Richland Correctional Institution is thorough and impressive. Upon their arrival each inmate receives a screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Although done typically upon arrival policy states the wait is no longer than 72 hours. The auditor observed the following intake process during the site visit. The inmate is brought to a private screening area and immediately assessed by the Medical Department. The nurse begins the assessment by asking the inmate: (1) if he 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 it 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 inmate gets lost in the process. The ODRC PREA Risk Assessment Process was originally implemented using paper forms and scanned into their document imaging system (Onbase). This continued until their automated PREA Assessment Process was put into production on September 8, 2014. This system allows each facility to easily share information throughout the Agency as well. This information is shared only with individuals with a need to know.

The Case Managers check their “In-Progress” assessments at least daily and complete the second screen. The assessment then goes into PREA Audit Report

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 strategy 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. 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.

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.

Richland Correctional Institution uses the information from the risk screening process to inform housing, bed, work, education, and program assignments with the goal of keeping separate and closely monitoring those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The staff goes out of the way to check and recheck work, program and housing locations. If an inmate is designated as a victim, potential victim, abuser or potential abuser the Accommodation Strategy Team addresses housing, work, and program assignments. Supervisors in each these areas have limited access to the risk assessment information only allowing them to know the PREA classification not the reasons for it. Assignments for transgender and intersex inmates are done individually after discussion with the inmate. The auditor confirmed how the information was used during the interviews with the Case Manager, Unit Manager and the Unit Manager Chief.

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.

79-ISA-04 prohibits the placing of any inmate, at high risk for sexual victimization, in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden and the Segregation Lieutenant, during their interviews confirmed the agency policy. Each stated that if ever a situation presented itself where an inmate alleging 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. Inmates interviewed, at risk for victimization, indicated they were never placed in segregation.

Standard 115.51 Inmate reporting

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

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 provides multiple internal ways for residents to privately report PREA related incidents. These include verbal reporting to staff, written reports, anonymous reports and reports from third parties. The inmate handbook discusses these internal reporting methods as well. Interviews with random staff and residents further evidence these internal reporting mechanisms are available and utilized. This policy also provides employees multiple ways to privately report sexual abuse and sexual harassment of inmates. Staff and inmates acknowledged ways of reporting during interviews.

Richland Correctional Institution utilizes Franklin County Detention Facility as the public/private agency used by inmates to report sexual abuse. The inmate may make the abuse allegation confidentially to the number indicated on the posters located throughout the facility. This number is monitored 24 hours a day at the County Facility. When they receive an allegation the Facility notifies the Chief Inspector for ODRC who in turns immediately notifies the facility Investigator so a PREA case can be initiated.

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.

Richland 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.

Inmates at Richland Correctional Institution have access to outside confidential support services through The Domestic Violence Shelter, Inc. located in downtown Mansfield, Ohio. This agency provides inmates with access to a victim advocate, for emotional support services related to sexual abuse. Posters throughout the facility list the mailing address and phone number. Contact by phone or by mail is treated as confidential communication and is not monitored, checked or recorded. Richland has an MOU for three years until 03-01-18 to provide support and advocate services. The auditor spoke with the Executive Director who confirmed the service that the Center would provide and she also indicated they have been contacted by inmates. Random interviews with inmates reflected that they were aware of the posters around the facility but since they had no specific need, were not sure of the services provided.

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.

Third party reporting of sexual abuse and sexual harassment is accomplished at Richland Correctional Institution thru the contact email address and phone number provided on posters located throughout the living areas and in the facility visiting room. The visiting room posting alerts visitors how to make a report on behalf of an inmate if necessary. 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. Some of the inmates indicated during the random interviews that since the issue did not really affect them they did not pay much attention to the phone numbers on facility posters and the information available on the web page

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.

79-ISA-02 require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or

retaliation. Staff did acknowledge this requirement during random interviews. One staff member informed the auditor of how he reported sexual misconduct involving staff and reported it. 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.

79-ISA-02 also requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility must notify the head of the facility or appropriate office of the agency/facility within 72 hours where sexual abuse is alleged to have occurred. During the review of case files with the facility Investigator the auditor reviewed a case where an inmate made an allegation of sexual abuse upon transfer to another facility. Richland was notified on the April 21, 2016 and the investigation was started on the 22nd of April 2016.

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.

79-ISA-02 requires that all staff that become aware of any inmate that is at substantial risk of imminent sexual abuse, shall immediately notify the Investigator, Unit Management Chief and Shift Supervisor. Upon receipt of a report, security staff shall take immediate action to employ protection measures to ensure the inmate's safety. The responses from random staff during interviews supported the agency policy requirement. The interview with the Warden reinforced the policy as well. He also indicated that segregation would not be an option he would use. 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.

The Agency (79-ISA-02) requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility must notify the head of the facility or appropriate office of the agency/facility within 72 hours where sexual abuse is alleged to have occurred. The facility had 4 allegations reported that were alleged to staff upon arrival at Richland. Appropriate notifications were made and were followed up with investigations, which resulted in all four cases being unsubstantiated allegations. The practice of facility notifications was confirmed during the Warden and Investigator interviews.

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)

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 indicated, the Director puts great emphasis on training, preparing and responding as it relates to PREA. Each staff member at Richland is trained as a first responder for sexual abuse/ harassment allegations. During every random staff interview it was clear how serious each employee takes this responsibility how to respond in such a situation. Each 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, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; 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.

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.

79-ISA-02 (RICI) is the written institutional plan coordinating all actions to be taken in response to a sexual abuse incident among staff first responders, medical and mental health practitioners, investigators, and facility leadership. During the specialized staff interviews, the interview with the Warden and the PREA Compliance Manager each elaborated on the content of this policy and discussed their roles in the coordinated response.

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

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

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

The Ohio Department of Rehabilitation and Correction has renewed Collective Bargaining Agreements in July, 2015. The agreements 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. One contractor and one staff member was terminated at Richland during the last twelve months for sexual abuse.

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.

The Facility Investigators at Richland Correctional Institution are the individuals responsible for monitoring staff and inmate retaliation for a minimum of 90 days following a report of sexual abuse. This is a requirement of Agency policy 79-ISA-02 to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. These Investigators are required to monitor inmates and/or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.

During the interview with one of these Investigator he stated he monitored inmate disciplinary reports, housing assignments , program/work assignment changes, and performance reviews. The Investigator stated he would monitor staff retaliation much in the same way. (job assignments time off, promotions and evaluations). He also indicated that such monitoring could extend beyond 90 if warranted. A review of the case files over the last twelve months indicated complinace to this policy.

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.

Richland Correctional institution is prohibited from placing inmates in segregation for protection who alleged to have suffered sexual abuse unless no alternative is available. This prohibition is outlined in ODRC 79 ISA-04. If someone is placed there they must be provided with programs, privileges, education and work or document why they didn't receive them. The Warden and the Special Housing Unit Supervisor (Lieutenant) confirmed that segregation has not been used for this purpose and would probably not be used to house inmates for protection after an alleged sexual assault.

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.

All allegations of sexual abuse are immediately turned over to the Ohio State Highway Patrol Investigator for investigation as a crime. If he determines that no crime has been committed the Richland Investigator conducts an administrative investigation. The auditor reviewed the training records of both facility investigators. As noted in standard 115.34 both have received the special training required. During the interview of one of the Investigators, he 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.

Both Investigators 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, interviewing 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 according to the State Police and the Facility Investigator.

There is an excellent working relationship between both the Ohio State Highway Patrol Investigator and the Richland Investigator. It is clear from review of the investigative files there is constant communication between them from the emails found in the files. All forty three (43) alleged sexual abuse/ investigative files were reviewed. .

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.

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. During the interview with the Richland Investigator he confirmed that this is the threshold he uses.

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.

Any inmate, at Richland Correctional Institution, who makes an allegation that they 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 State Police. This same policy (79-ISA-02) 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. The inmate notification is part of the investigative file and compliance to this policy was observed during the case file review.

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.

Policies 79-ISA-01 and 31-SEM-02 mandate that all staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policy. These policies also provide disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

Richland had two (2) substantiated cases of sexual abuse. Both cases resulted in the employee and contractor being terminated. One (1) was referred for prosecution, which is pending.

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 interviewed a contractor and two volunteers at Richland Correctional Institution. All three indicated they were informed during their training on the agency zero tolerance policy and the consequences for any violation. ODRC policies 79-ISA-01, and 71-SOC-01 and Standards of Conduct require 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.

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.

79-ISA-02 and 56-DSC-01 are policies dealing with the inmate disciplinary system. These policies prohibit all sexual relations between inmates and anyone found to have engaged in a sexual relationship with another inmate will receive a rules infraction. Any inmate found guilty of this behavior at a disciplinary hearing receives an appropriate sanction. These sanctions are commensurate with the nature and circumstances of the abuse committed taking into account whether mental disabilities contributed. The policy was confirmed with the Warden during his interview.

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.

The auditor interviewed three staff responsible for the risk assessment during the site visit. All of them indicated that once an inmate indicates or it is noted in the inmate record somewhere 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. These staff also indicated that if the assessment indicates he has 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. All inmates arriving at Richland receive a mental health screening, by a Mental Health practitioner in accordance with Department Policy 67-MNH-02, Mental Health Screening and Mental Health Classification; regardless of victimization acknowledgement. This practice was confirmed during the interviews of inmates disclosing prior victimization.

Policy 79-ISA-02 further require 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. This practice was also confirmed during the same interviews with these practitioners.

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.

Medical Protocol B-11 requires all inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Medical and mental health practitioners according to their professional judgment determine the nature and scope of such services.

All medical and mental health staff at Richland is required to document the timeliness of emergency medical treatment and crisis intervention services that are provided. 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. As previously indicated forensic examinations are performed at Ohio Health in Mansfield. Timely information and services concerning sexually transmitted infection prophylaxis are provided by the hospital or immediately on return according to policy and interview with the Health Care Administrator.

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.

Any inmate at Richland victimized by sexual abuse in any prison, jail, lockup, or juvenile facility is provided medical and mental health evaluations and treatment at no cost. This is detailed in policy 79-ISA-02. The interviews with the Health Care Administrator and interviews with inmates reporting prior victimization verified practice to this policy. This same policy further requires the facility to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. This practice was also confirmed in the interview with the Mental Health Administrator and a review of records of known inmate abusers.

Standard 115.86 Sexual abuse incident reviews

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

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

ODRC policy 79-ISA-03 requires Richland Correctional Institution conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation had been determined to be unfounded.

The Sexual Abuse Review Team (SART) at Richland reviews all sexual abuse incidents within 30 calendar days of the conclusion of the investigation. The Committee, by recent policy, is comprised of the Deputy Warden for Operations, Deputy Warden of Special Services, the Investigator, the PREA Compliance Manager, and Victim Support Person. Interviews with members of this team went into detail on what is reviewed. The auditor reviewed four examples of completed reviews. These reviews are forwarded to the Warden and if the team makes a recommendation then it must be implemented or documented why it was not.

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.

ODRC collects, maintains, 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. Richland Correctional Institution provides their information to the Agency about sexual abuse to assist them in understanding 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 115.88 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.

The Agency collects accurate, uniform data from each of its facilities on every allegation of sexual abuse. They complete the Survey of Sexual Violence (SSV) report providing information on every allegation of inmate on inmate and staff on inmate sexual abuse. The Agency then produces an annual internal report that targets confirmed inmate on inmate and staff on inmate sexual abuse incidents. This report provides a comparison of incidents from 2013 through 2015 and is utilized by the PREA Coordinator to identify problem areas and formulate corrective measures in efforts of reducing future incidents of sexual abuse. ODRC compiled its third internal report (January 13, 2017) since the Agency full implementation of the PREA standards. This document is available on the ODRC web site.

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.

79-ISA-01 requires that aggregated sexual abuse data received from facilities under its direct control (including the two private facilities) is made readily available to the public annually on its website. The auditor verified it was available on the Agency web site. The Agency is required to retain all records for 10 years after inmate has reached his/her 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

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

April 30, 2017
Date