

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: June 12, 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: June 6-8, 2017			
Facility Information			
Facility name: Toledo Correctional Institution			
Facility physical address: 2001 E. Central Ave Toledo, Ohio 43608			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 419-726-7977			
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: John Coleman			
Number of staff assigned to the facility in the last 12 months: 441			
Designed facility capacity: 1988			
Current population of facility: 1050			
Facility security levels/inmate custody levels: Level 1, Level 3, Level 4,			
Age range of the population: 18-78 (range)			
Name of PREA Compliance Manager: Michael Jenkins		Title: Operational Compliance Manager	
Email address: Michael.Jenkins@odrc.state.oh.us		Telephone number: 419-726-7977 Ext 7210	
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			
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

The PREA audit of the Toledo Correctional Institution was conducted on June 6-8, 2017 by Auditor Thomas Eisenschmidt. The auditor received the PREA Pre-Audit Questionnaire and supporting documents on a thumb drive provided by the agency 4 weeks prior to the audit. The auditor reviewed this documentation prior to his arrival.

This was the second PREA audit for the Toledo facility. The auditor took part in the three day ACA reaccreditation audit prior to the PREA audit and as a result the physical site was toured prior to the actual start of the PREA audit. The entrance briefing for the PREA audit was held on June 6, 2017 with Warden John Coleman, Deputy Warden Sean Bowerman, Deputy Warden Kimberly Henderson, Sonrisa Sehlmeier Wardens Assistant Micheal Jenkins, PREA Compliance Manager and Charlotte Owens, 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 (32 inmates), inmates disclosing prior victimization (4), inmates identifying as LGBTI (7), a limited English speaking inmate (1), inmate reporting sexual abuse (2) and segregated housing unit inmates (2) were interviewed. Forty eight (48) inmate interviews were conducted while on site.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Agency Director, Prea Coordinator Health Care, Human Resources, Mid-Level Supervisor (3), Intake Staff Orientation, Intake Staff Questionnaire (Medical), Risk of Victimization Assessment (Case Manager, Unit Manager), Mental Health Administrator, Restricted Housing 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 7 PREA investigations conducted at Toledo 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 six (6) sexual abuse allegations. Four allegations (4) involving staff and two (2) involving other inmates. Two (2) of the inmates on inmate cases were unsubstantiated. Of the four cases involving staff, two (2) cases against staff were determined unsubstantiated, one (1) case was substantiated and one (1) was unfounded. The substantiated case was a contractor with Aramark who was terminated. The case was referred for prosecution and not taken to trial. The facility conducted one (1) sexual harassment investigation during the last 12 months. This case involved an allegation against other inmate and was unsubstantiated.

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 Toledo the auditor met with Warden John Coleman, Deputy Warden Sean Bowerman, Deputy Warden Kimberly Henderson, Sonrisa Sehlmeier Wardens Assistant Micheal Jenkins, PREA Compliance Manager and Charlotte Owens, PREA Compliance Administrator-Bureau of Operational Compliance in attendance. 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 Toledo Correctional Institution (ToCI) is an all male, adult, close security (Level 3) and maximum security (Level 4) facility located near the northeast corner of downtown Toledo, Ohio. The institution grounds cover approximately 45 acres and are nestled relatively close to residential areas. Upon arrival at ToCI, all staff and guests must enter through the Front Entry Building. This facility is approximately 3900 sq. ft. and houses separate visitor and staff check-in stations, and visitor restroom facilities. The institutional mail department is located in a separate room in front entry.

The Administration Building (first floor) begins with the Warden's Suite and Business/Personnel wings, both comprised of several offices, conference rooms, and restroom facilities. These areas encompass approximately 7584 sq. ft. of space. Master Control Center is also a part of the Administration Area and serves as the hub for all movement within the institution grounds. Master Control contains several touch screen computers, video camera monitors, fence alarm systems, key watch systems, a telephone switchboard, and radio charging stations. Equipment and keys used daily are distributed from Master Control and D ½ Control. Inmate Food Services consists of two dining halls, each equipped with stainless steel security tables to seat 120 apiece, separate serving and dump stations, and a full service kitchen. Food Services cover approximately 10102 sq. ft.

The Maintenance Department is located next to the Officers' Dining Room (ODR) and accounts for 5500 sq. ft. of space. The Master Chemical Distribution Department is located in the main hallway leading to Receiving & Discharge (R&D), and accounts for 1152 sq. ft. of space. This area serves as the central distribution point for chemicals, sanitation supplies, and various safety items.

The institutional Powerhouse (6400 sq. ft.) is located between the Master Chemical Distribution Department and R&D. This area includes generators, boilers, and a water-cooled ventilation system. The R&D Department, located beyond the Powerhouse, serves as the central point for all inmate movement into and out of the prison. All inmate transports originate from this area. R&D (2160 sq. ft.) consists of five group holding cells, the inmate property vault, ID office, and restroom facilities.

Each inmate housing block (A, B, and C) has 288 inmate cells, on two separate floors with two ranges of cells per floor. Each block is also divided into three separate pods, with each pod holding 48 cells. A and C Blocks house general population Level 3 inmates. B-Block houses Protective Control, Level 4, and Extended Restricted Housing (ERH) population inmates. These housing blocks account for over 225000 sq. ft. of space. Movement within each housing block is monitored by D ½ Control. Unit Management offices are located within the short hallways leading to each housing block. B Block includes space for medical, library, unit management, and programming separate from the general population inmates as well as indoor recreation cages in B ½ South and outdoor recreation cages in the B-C Courtyard. D Block differs from the other housing blocks. D ½ (lower level) is general population with 40 cells, as well as home to the Operations Department and the Commissary. D ¾ (upper level) is the Transitional Programming Unit. D ¾ can hold up to 186 inmates in two-man cells. It is equipped with its own outside recreation cages, as well as indoor recreation areas.

The Recreation Department is located at the north end of the first floor in the Administration Building. This area accounts for over 6900 sq. ft. of indoor space, not to mention access to the large outdoor recreational yard which includes a track, basketball courts, and handball courts. Recreational services include basketball, board games, isometric exercise equipment, a music program, and arts and crafts. The inmate laundry and quartermaster are located just outside of the recreation complex, and make up approximately 4400 sq. ft. of space. The cleaning, repair, inventory, and distribution of inmate clothing/uniforms and bedding take place in this department.

The Inmate Visitation Room completes the first floor of the Administration Building. The large, open visiting room (equipped with small tables, individual chairs, and a children's reading area) is bordered by non-contact booths, attorney rooms, and a shakedown/inmate processing room. This area accounts for over 5400 sq. ft. of space.

The second floor of the Administration Building includes Library Services (including law library), Educational and Vocational classrooms, Religious Services, Medical and Mental Health, and Staff Training Facilities. The second floor departments total almost 41000 sq. ft. of space.

The Warehouse and Garage facilities are on a separate site on the grounds of ToCI. The Warehouse, with over 18000 sq. ft. of space, serves as the institution's central storage and distribution facility. It is paired with the Garage/Maintenance Department. This area, which covers over 6000 sq. ft. of space, is home to the maintenance and repair of all institutional vehicles and equipment.

The Toledo Correctional Camp (ToCC) reopened on March 28, 2016. ToCC accounts for over 37000 sq. ft. of space, and is fenced in completely separate from the close-security side. The camp has two dorms for inmate living and houses Level 1 cadre and Treatment Transfer inmates. Upon entrance to the camp, visitors will be directed to the large open Visitation room, complete with Children's Reading Area. Visitor rest rooms are available in the camp entry area. ToCC also has its own Inmate Food Services full service kitchen and one dining hall. Inmate commissary is located next to the dining hall and across from Library Services (including law library). Unit staff and Recovery Services staff offices are located between Inmate Food Services and the inmate dorms. The Education classroom is located past the inmate dorms. ToCC also has a large Recreation yard complete with basketball, handball, and sand volleyball courts.

SUMMARY OF AUDIT FINDINGS

On June 6-8, 2017 a site visit and PREA compliance audit was conducted at the Toledo Correctional Institution. The final report was provided on June, 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.

Toledo Correctional Institution follows Ohio Department of Rehabilitation and Correction (ODRC) policies for zero tolerance for all forms of sexual abuse and sexual harassment. Policies 79-ISA-01, 79 ISA-02, 79-ISA-3, 79 ISA-04 and 79-ISA-05 define prohibited behaviors regarding sexual assault and sexual harassment of inmates and sanctions for those found to have participated in these prohibited behaviors and document strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. 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 areas inmates have access to. Also present were postings at the entrance to the facility and in the visiting room area alerting family and friends of contact information to report any incidents of sexual abuse or sexual that they become aware of on behalf of an inmate.

In February of this year (2017) the auditor interviewed Mr. Gary Mohr, the Agency Director. During his interview he described how he has committed his Agency to providing a safe environment for staff and inmates by insuring the PREA standards remain a top priority with each of his institutions and their staff. 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.

Michael Jenkins is the Operational Compliance Manager at Toledo Correctional Institution and the PREA Compliance Manager. This was his first PREA audit in this title. Michael is confident with his duties and his knowledge with the PREA policies, PREA standards and the PREA process. He was an asset to this auditor prior, during and after the site visit. He confirmed he has access to the Regional Compliance Manager as well as the PREA Coordinator. He 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 Toledo Correctional Institution as the point of contact for any questions, concerns reporting or information relating to PREA.

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. She 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.

In accordance with ODRC Policy 23-BUD-01, Staffing Requirements, each institution must develop, document, and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and, where applicable, video monitoring, to protect inmates against sexual misconduct. Toledo Correctional Institution has developed and provided to the auditor a staffing plan that 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 confirmed using these considerations during his interview and also stated that he must be notified when there is any deviation from this plan. Deviations are made in writing with the reason for it. 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 and assessed annually, documented and made available for review. The auditor reviewed those annual assessments done for years 2014, 2015 and 2016. Upon completion of each review the report is discussed with the Regional Director and the Agency PREA Coordinator and then forwarded to the Director.

Policy 50-PAM-02 Inmate Communication/Weekly Rounds requires all supervisors and upper level management, including the Warden, to make unannounced rounds. These rounds must be documented and completed on each tour. The supervisory staff indicated during their interviews that their unannounced rounds are accomplished by staggering the round times on a daily basis and locations so staff do not become aware of when they are conducting them. The auditor found supervisor signatures in logs during the tour of Toledo

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 Toledo 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.

Policy 310-SEC-01, Inmate and Physical Plant Searches, prohibits staff at Toledo from conducting cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances. Should a cross gender search ever be done it must be documented including who performed it, the exigent circumstance and the approving authority. There were zero cross-gender searches or cross-gender visual body cavity searched at Toledo during the last twelve months. Interviews with staff confirmed they do not conduct cross-gender strip searches or cross-gender visual body cavity searches. The random inmate interviews disclosed that they had not had cross gender strip searches conducted on them.

ODRC policy 79-ISA-01 requires each facility (Toledo) implement 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. The policy and procedures also require staff of the opposite gender to announce their presence when entering an inmate housing unit. During the entire week the auditor was present, he observed female staff announce (buzzer or verbally) their presence when entering the inmate living areas.

Training records for 2014, 2015 and 2016 indicated all staff, except those on long term absence, have received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner and never for the purpose of determining genitalia status. The random staff interviewed at Toledo indicated this policy mandate was presented to them during their training. Transgender inmate interviews (5) confirmed each felt that they have been treated with respect during frisk procedures and indicated they felt they were never searched for the purpose of determining their genital status.

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.

64-DCM-02 and 79-ISA-0 are the policies for ODRC to ensure the agency provides inmates with disabilities (including inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) with an equal opportunity to participate in and 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.

Toledo has a contract with VOCLINK INC. This company provides assistance to the facility with sign language, interpretive expertise in written materials, phone help, written and site help if needed.

The auditor discussed the receiving process conducted on new arrivals at Toledo with the Intake Officer. Each inmate arriving receives an inmate handbook available in Spanish and English. This handbook is not only an overview of the agency/facility rules and general information about Toledo but it details the Agency PREA policy as well. The only exception to this is with those inmates going to the Camp. Those inmates are all received and processed at the main institution and then moved to the Camp and issued an inmate handbook specific to the Camp. The provided information at both locations includes phone numbers and addresses where inmates can 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 interviewed a disabled inmate and a limited english inmate. Both indicated they believed they 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. Each informed the auditor they were 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 (employees and contractor) 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 each facility Investigator. The auditor reviewed his documentation and found Toledo 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 Toledo until the investigations were completed and approved. There were 55 background investigations conducted at Toledo during the last 12 months for new employees and 8 contractors. Background re-investigations are conducted through the facility investigator and the Investigations Unit in Columbus. Toledo is currently up to date.

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.

Toledo Correctional Institution has had no substantial expansion or modifications to its physical plant over the last three years. It re-activated the Camp during the last 12 months. It continues to replace and upgrade its video camera system. There are currently 263 cameras inside the secure perimeter at Toledo. The Operational Compliance Manager is involved in the placement locations of new cameras and was confirmed with the interviews with both he and the Warden. The auditor reviewed the locations of the camera and monitored what each camera is available to view from the Wardens Office. He has access to all of them. There are no privacy concerns associated with any of the cameras positioned at the camp or at the main institution.

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.

Upon receiving any allegation of sexual abuse the facility Investigator contacts the Ohio State Patrol (OSP) to determine if a crime has been committed or not. If there is a determination made that the allegation is not criminal then an administrative investigation is conducted by one of the two facility investigators. The OSP has the legal authority to conduct criminal investigations and the signed MOU dated 2016 mandates the OSP Investigator 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 confirmed that she completed the NIC training and she indicated she follows a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for criminal prosecutions

The interview conducted with one of the administrative investigators indicated he attended the same NIC Training that covered the uniform evidence protocols based on the most recent edition of the U.S. Department of Justice’s publication.

St. Vincent Hospital, Toledo, Ohio is the hospital inmates are sent to for a forensic exam if necessary. 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. Toledo had to send one inmate out for forensic examination in the last 12 months. A SANE/SAFE Nurse was not available at the time of this exam and the exam was completed by a trained Doctor. The inmate was offered a victim support person to accompany him to the outside hospital, a mental health follow up was offered and taken as well as medical treatment. This was all documented and reviewed by the auditor.

Toledo has a MOU with the local YWCA- Hope Center-Rape Crisis. This local community agency provides support services to inmate victims of sexual assault incarcerated at the facility. The auditor spoke with Deborah Stoll, Director of this community group who verified the support service they provide and also discussed the current MOU (2016 thru 2019) they have with Toledo over the next three years. She indicated to the auditor that inmates at Toledo have taken advantage of the service her agency provides. Toledo 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.

Ohio Department of Rehabilitation and Correction main policy, 79-ISA-01, requires an administrative or criminal investigation be completed for every allegation of sexual abuse and sexual harassment in any of the ODRC operated facilities including the two private facilities.

As previously noted the Ohio State Patrol (OSP), a separate agency from ODRC, has the legal authority and responsibility to conduct all criminal investigations. All administrative investigations at Toledo are handled by one of the two 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 Toledo Correctional Institution. ODRC publishes their specific investigative policy on its website (<http://drc.ohio.gov/policies/investigations>). The site gives any visitor an overview of the Investigative policy while also providing valuable additional information by clicking on the available topic hyperlinks.

There were 7 PREA investigations conducted at Toledo 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 six (6) sexual abuse allegations. Four allegations (4) involving staff and two (2) involving other inmates. Two (2) of the inmates on inmate cases were unsubstantiated. Of the four cases involving staff, two (2) cases against staff were determined unsubstantiated, one (1) case was substantiated and one (1) was founded. The substantiated case was a contractor with Aramark who was terminated. The case was referred for prosecution and not taken to trial. The facility conducted one (1) sexual harassment investigation during the last 12 months. This case involved an allegation against other inmate and was unsubstantiated.

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.

Policy 39-TRN-10 Employee Orientation Training and policy 79-ISA-01 Prison Rape Elimination address the PREA training requirements for pre-service and inservice for each classification of employee within ODRC.

The auditor reviewed copies of the inservice curriculum indicating what PREA information each student receives at Toledo. The subject matter includes instruction on the agency 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. Gender specific training is also provided at this time.

Training also includes a video on proper search techniques to perform when conducting pat down searches on transgender and intersex inmates. No staff member is allowed to work at Toledo prior to receiving this training. The random staff interviews conducted and general questions asked during the tour confirmed each staff member is very knowledgeable on what their responsibilities are in detecting, reporting, and responding to sexual abuse and sexual harassment.

Staff at Toledo is also provided PREA training through their annual in-service training required of all staff. If an employee cannot attend this in-service training at the scheduled time, they are rescheduled in the first available class upon their return to work.

Documentation provided and reviewed during the site visit demonstrated that employees (all current staff except those out on long term absences) at Toledo have received their PREA training. Records review for 2014 and 2015 indicated each employee at TOCI also received PREA training as well.

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.

Contractors and volunteers are treated no different than employees when it comes to PREA training. Both of the groups must receive PREA training outlining their responsibilities prior to being allowed to enter Toledo 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. Contractors and volunteers at Toledo 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.

Inmate PREA instruction at Toledo Correctional institution is very impressive. At the receiving and discharge (R&D) area at the main facility every inmate arriving for placement there or the Camp is provided an inmate handbook (available in English or Spanish). This handbook explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. Inmates who will be sent to the Camp will receive an inmate handbook specific to the Camp. All inmates arriving are provided the PREA video outlining the agency zero tolerance policy and how and to whom to report sexual abuse/harassment.

During the risk assessment by the facility trained Nurse PREA information is again provided to the inmate, answering any questions the inmate may have. Inmate orientation takes place at least weekly at which time the inmate is provided additional PREA information with an opportunity for questions.

The facility provided PREA information to all inmates who were at Toledo prior to 2013 via town Hall Meetings. Inmates randomly interviewed with an arrival date 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 documented in their institutional files.

Random inmate interviews and informal discussions with inmates during the facility tour, indicated they have received PREA information upon arrival at the facility, reinforced daily through staff interaction, and through informational postings 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.

Investigator Specialized Training was received by the two Toledo Investigators and the Ohio State Patrol Investigator. Both of the interviewed investigators confirmed in that they received training specific to conducting sexual abuse investigations in confinement settings beginning with a specialized investigations training curriculum. Each confirmed this training was based on NIC "Investigating PREA Audit Report

Sexual Abuse in a Confinement Setting” involving 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 auditor verified the facility investigators training through their facility 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.

Medical and Mental Health practitioners, full and part time, are required to receive additional PREA training as outlined in ODRC policy 79-ISA-01. This policy requires additional training in 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 also conducted interviews with some of them and they confirmed that they have received this additional specialized 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.

Every inmate that arrives at Toledo Correctional Institution receives an assessment for risk of victimization and abusiveness upon arrival. Each inmate is received in the Receiving and Discharge area of the facility and issued an inmate handbook containing PREA information. 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 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. This is a computerized screening for sexual abusiveness and sexual victimization and is performed on arrival but no longer than 72 hours from the date the inmate arrives according to agency policy.

Upon completing this part of the assessment the inmates' 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 (PAS). This PAS 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.

Classification staff at Toledo are guided by agency's policy 79-ISA-04 for the use of 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 the inmate screening assesses an inmate and suspects a risk of sexual victimization or risk of being sexually abusive an immediate referral will be made to the PREA Accommodation Strategy (PAS) Team to determine their housing, bed, work, education, and program assignments. 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 the Toledo facility. The PREA Compliance Manager and a member of the Risk Assessment staff stated in their interviews that 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.

There were five transgender inmates at Toledo interviewed by the auditor. Each of these inmates indicated they were not housed in dedicated housing. They also indicated they were allowed to shower alone and gave input about their safety concerns prior to bed and work assignments. According to these five and individuals and interviews conducted with classification staff, individual assignments for are performed twice a year.

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.

Inmates at high risk for victimization at Toledo can not be placed in involuntary segregated housing (Restricted 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 mandate is outlined in policy 79-ISA-02 was confirmed during the interviews with the Warden and the Restricted Housing Supervisor. All indicated that because of the type of facility Toledo is, it would never happen. Inmates could be separated from other inmates allowing the same opportunities and programming (privileges and education) all inmates in population receive.

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 36 months.

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

The inmates at Toledo Correctional Facility are provided multiple internal ways to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. As previously noted each inmate receives an inmate handbook upon arrival, with PREA information, including how to report. There are also posted notifications, in Spanish and English, posted in every area inmates have access informing them of 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 the facility revealed that they were well aware of these reporting venues if needed.

Franklin County Detention Facility is used by inmates at Toledo to report sexual abuse, sexual harassment and retaliation 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 Warden and Investigator so a PREA investigation 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.

Toledo 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.

Toledo is required by policy 79-ISA-01 to provide inmates access to a victim advocate for emotional support services related to sexual abuse by providing mailing addresses and telephone numbers, including hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations.

Toledo Correctional Institution has an three year MOU with the Toledo YWCA-Hope Cener (Victim Assistance Program) expiring December 2019. This local community provides support services to inmate victims of sexual assault incarcerated at the facility. The auditor spoke with Deborah Stoll the Director who verified the support service they provide and also discussed the current MOU they have with Toledo until December 2019. She indicated to the auditor that inmates at Toledo 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.

Contact information for Hope Center is provided in posted notifications in each of the facility living areas as well as throughout inmate access areas,

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.

The entrance of the main institution and Camp have contact information (phone numbers and mailing addresses) on posters referred to as Family and Friends notices. They provide visitors information, in spanish and english, in order that any family member or 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.

Staff members, contractors and volunteers at Toledo Correctional Institution are required to report any knowledge, suspicion, or information regarding incidents of sexual abuse or sexual harassment. This is a mandate of policies 01-COM-08 (Incident Reporting) and 79-ISA-02. These reporting requirement mandate they report incidents 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.

Random staff, including security staff, medical and mental health, contractors and volunteers acknowledged their requirement to report any and all information they come upon with respect to sexual abuse. They also indicated that any information they become aware of is not to be reported or repeated to anyone except to a designated supervisors or official.

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.

When any staff at Toledo becomes aware of information that an inmate may be at substantial risk of sexual abuse they are required by policy 79-ISA-02 to take immediate action to protect the inmate. The auditor questioned random staff and the Toledo Warden about this specific section of the policy. 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. The Warden, during his interview, specifically reinforced that restricted housing (segregation) would not be an option he'd use as a means of safeguarding a potential victim. He would transfer the inmate before that happened unless protection was warranted immediately. Their responses supported the agency reporting policy requirements.

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.

Notification to a facility where an inmate alleged to have been sexually abused is a requirement of Policy 79-ISA-02. The Warden at Toledo is required upon learning such information to immediately notify the head of the facility where the allegation of abuse took place 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 has documented one instance where the facility (Toledo) notified another facility about an allegation of sexual assault allegedly occurring at that institution (Lorain) another ODRC facility when the inmate was housed there. The notification to that facility was made within 24 hours of the disclosure by the inmate and the facility began the investigation immediately. It was found that the allegation was an incident in 2013 and had already been investigated and found to be unsubstantiated.

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.

Everyone (Employee, Contractor and Volunteer) at Toledo Correctional Institution is trained as a first responder for sexual abuse/harassment allegations.

The random security staff members interviewed 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 indicated that after securing the alleged victim, they would immediately contact a security person to take charge of the situation. They also stated that they would not let them wash, brush their teeth or talk to anyone until security staff arrived.

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 is Toledo's policy that details the 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.

The auditor spoke with medical staff, mental health staff, the facility Investigator and multiple supervisors during the site visit. Each confirmed they were aware of this local policy and were knowledgeable of their responsibilities should it become necessary they need to respond to a reported incident of 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.

Toledo Correctional institution is required by policy 79-ISA-02 to protect its inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. The Facility Investigator is the individual at this facility who is charged with monitoring any retaliation arising from inmates and staff who report sexual abuse or cooperate with sexual abuse investigations.

Retaliation monitoring for those who report sexual harassment or cooperate with sexual harassment investigations at Toledo is handled by the facility PREA Compliance Manager. By policy the monitoring period is for 90 days unless the situation requires extending it.

Monitoring, by policy, is conducted for 90 days however interviews conducted with these monitors indicated it can be extended indefinitely if warranted

The Facility 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 the use of Restricted Housing (segregated housing) to protect an inmate who is alleged to have suffered sexual abuse is prohibited by policy unless an assessment of all available alternatives has been made and a determination has been made that there is no available means of separating a victim from likely abuser. This placement, if made, can be no longer than 24 hours.

The policy was confirmed during the interviews with the Warden and the Restricted Housing Supervisor. According to them if it did occur the inmates would have access to: programs, privileges, and education. There has been no case where restricted housing was used to place inmates at high risk of victimization in the last 36 months.

The auditor observed and confirmed no inmate were in protective custody for protection from sexual abuse during the tour of the restricted housing 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.

The Agency has an MOU with the Ohio State Patrol to conduct criminal investigations while Toledo Investigators conduct administrative investigations at the institution. As previously noted all allegations are initially considered criminal until the Ohio State Patrol makes the determination that the facts/evidence does not support a crime. At that time the Toledo 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 fulfilled the specialized training requirement.

The facility 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. According to him only the facts and evidence are the determining factor in a case. Truth telling devices are not used for victims as a condition for proceeding with any sexual abuse investigation according to both these investigators.

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. There were 7 PREA investigations conducted at Toledo 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 six (6) sexual abuse allegations. Four allegations (4) involving staff and two (2) involving other inmates. Two (2) of the inmates on inmate cases were unsubstantiated. Of the four cases involving staff, two (2) cases against staff were determined unsubstantiated, one (1) was substantiated and one (1) was founded. The unsubstantiated case was a contractor with Aramark who was terminated. The case was referred for prosecution and not taken to trial. The facility conducted one (1) sexual harassment investigation during the last 12 months. This case involved an allegation against other inmate and was unsubstantiated.

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 and confirmed with the facility investigator.

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 who make an allegation that they have suffered sexual abuse at Toledo must be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded upon completion of the investigation by the agency including the OSP as required by policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation and MOU. The auditor reviewed case files demonstrating receipt by inmates in the case files and it was also confirmed during interviews conducted with those inmates making allegations.

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 of notification within the last 12 months.

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.

Staff members at Toledo Correctional institution are subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or sexual harassment. This is clearly stated in ODRC policies Standards of Employee Conduct 31-SEM-02, Unauthorized Relationships 31-SEM-07 and Prison Rape Elimination 79-ISA-01. 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 three contractor/volunteer interviews at Toledo during the site visit. Each indicated that they had received a background check and PREA training prior to entrance into the institution. They indicated the training they received included the agency zero tolerance policy and the consequences for any violation. The auditor reviewed their training records which confirmed by signature that they had received and understood this training information.

Recruitment and Supervision of Volunteers 71-SOC-01, Prison Rape Elimination 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. The Warden confirmed these sanctions during his interviews.

One contractor has been terminated for 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 Toledo 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. These considerations were confirmed by 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.

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 inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. This is an ODRC requirement specified in policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation and PREA Risk Assessments and Accommodation Strategies.

The auditor discussed the risk assessment process with two staff members who conduct them. Both of them indicated that they follow both policies and offered documentation showing it was offered to inmates disclosing prior victimization during their intake. The auditor also interviewed four inmates who had disclosed prior victimization and each indicated that they were offered intervention services with mental health.

They further stated that if the risk assessment or other information made available to them denotes that the inmate previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, they offer 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 is strictly limited to medical and mental health practitioners and other staff, as necessary, so safety and security decisions including housing, bed, work, education, and program assignments can be made. 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.

Suicide Prevention 67-MNH-09, 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation and Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 are the policies medical staff at Toledo must follow insuring victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.

The auditor interview with the medical practitioner indicated that no forensic exams are performed at the Unit. Inmates requiring this exam are sent to St Vincents Hospital in the community. That hospital conducted one (1) forensic exam for Toledo during the last 12 months. The medical staff person at the institution further stated that prophylactic treatment for sexually transmitted diseases is offered to victims of sexual abuse and typically started in the hospital. Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The auditor interviewed the inmate that was sent out to the hospital for the forensic exam and he confirmed the policy requirements and statement by the medical staff.

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.

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.

Inmates disclosing he has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community is offered a meeting with a medical and a mental health practitioner within 14 days of the intake screening at Toledo. This requirement is outlined in 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. The treatment of such victims when required include, follow-up services, a treatment plan, and, referrals for continued care following their transfer to, or placement in, other facilities, or their release from ODRC custody.

These policies also require when the screening indicates the inmate has previously perpetrated sexual abuse, whether it in an institutional setting or in the community, he is to be offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. These services are offered at no cost to the inmate regardless if he cooperates with the investigation. The interviews conducted with the Nurse and Mental Health Psychologist confirmed this practice and their knowledge of the policy.

The auditor also interviewed four inmates indicating prior victimization to staff during their risk assessment. All of them indicated they were offered medical and mental health referrals if they wanted one.

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.

The Sexual Abuse Review Team (SART) at Toledo consists of both Deputy Wardens, the Investigator, the PREA Compliance Manager, Mental Health Staff and Victim Support Person. Policy 79-ISA-03 requires the Warden conduct an administrative review for all alleged sexual abuse and staff sexual harassment incidents, unless determined unfounded.

This same policy requires team members to review of the circumstances of the incident. The final report contains 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 affiliation, 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 is required to implement any recommendations the review team makes that result from the review, or document the reasons for not doing so. Sexual abuse incident reviews were completed on five (5) cases determined unsubstantiated and founded. The one (1) unfounded case was not formally reviewed. The administrative incident review team reports were included in the investigation files for review.

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 policy, Prison Rape Elimination 79-ISA-0, requires uniform data be collected for every incident of sexual abuse alleged to have occurring at Toledo using a standardized instrument and set of definitions. Data from this facility is sent to the regional office for review prior to it being sent to Columbus where it is aggregated annually from all of the agency facilities. The incident-based data includes information needed to complete 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.

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.

ODRC collects, maintains, and reviews from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each of its' facilities including the two private facilities it contracts with. Toledo Correctional Institution provides sexual abuse statistics to Central Office to assist them in creating the ODRC Annual Report. This report document trends,

concerns etc. within the agency aggregate 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 last 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. The Prison Rape Elimination policy, 79-ISA-01, requires the agency review all 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. This is accomplished by identifying problematic areas, taking corrective action on an ongoing basis and preparing the annual report of findings and corrective actions for each facility, as well as ODRC as a whole.

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 from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. This incident-based and aggregated data includes the two private facility with which it contracts for the confinement of its inmates.

ODRC is required to retain all records for 10 years after the inmate has reached his final release, his expiration of sentence, his death, or 10 years after an employee after found to have perpetrated sexual abuse is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever.

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

June 12, 2017
Date