

**PREA AUDIT REPORT**    INTERIM    FINAL  
**ADULT PRISONS & JAILS**

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<b>Date of facility visit:</b> May 17-19, 2007			
<b>Facility Information</b>			
<b>Facility name:</b> Warren Correctional Institution			
<b>Facility physical address:</b> 5787 State Route 63, Lebanon, OH 45036			
<b>Facility mailing address:</b> <i>(if different from above)</i> <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 513-932-3388			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Chae Harris			
<b>Number of staff assigned to the facility in the last 12 months:</b> 363			
<b>Designed facility capacity:</b> 679			
<b>Current population of facility:</b> 1229			
<b>Facility security levels/inmate custody levels:</b> Level 3, Closed Custody			
<b>Age range of the population:</b> 18 - 72			
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<b>Agency Information</b>			
<b>Name of agency:</b> Ohio Department of Rehabilitaion and Correction			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> State of Ohio			
<b>Physical address:</b> 770 Broad Street, Columbus, OH			
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## AUDIT FINDINGS

### NARRATIVE

The Ohio Department of Rehabilitation and Correction continues in their quest to make sexual safety part of the institutional culture throughout its system. This goes from the Governor of the state to the beginning correctional officer. The nature and culture of institutions is difficult to change, and to be truly effective PREA must become part of the culture of institutions. Much progress has been made in the past three years. They (ODRC) has incorporated PREA as part of their compliance process and have program managers who oversee the process. They continue to work on ways to make the process not only meaningful but transparent. One of the recent innovations is their data base process on incident reports. Incident reports for sexual misconduct have many data fields. This process has become automated and has been since last December (2016) gathering data. This data collection will enable trends and provide for analysis much more relevant than count analysis. The PREA Incident Report User Guide is 135 pages long, but a look at the table of contents provides information on the depth of this new reporting system.

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If the PRC would like to review this document, it can be forwarded.

Another noteworthy move toward the integration of sexual safety into the culture of the agency is the publication of Policy 69-OCH-05, Legal Issues in Correctional Health Care. This revises an earlier policy but is noteworthy because of the changes to the process of identifying and treating offenders who identify as gender dysphoric. This expanded criteria uses definitions found in DSM-V as guidance. Inmates who identify as transgender are anxiously awaiting a method to request hormone treatment. Both medical and mental health staff voice some trepidation on needing to make recommendations for treatment. It is noted that the institution is only making recommendations.

During the conduct of the audit, six recommendations and suggestions were noted. They are listed below with the institution's response to them. All responses are deemed satisfactory.

**Recommendation 1:** Provide staff at their next annual training information on victimization. One place to start may be: <https://victimsofcrime.org/help-for-crime-victims/get-help-bulletins-for-crime-victims/trauma-of-victimizationm>. This site gives good basic information regarding being victimized and the trauma associated with it.

**Response:** WCI Training Department will review victimization/ sensitivity suggestions as they develop the next annual training cycle. PREA training will continue to be a mandate for all staff. The Local training officer will research the above-mentioned website to determine if the information could be utilized in an in-service training locally at WCI in training year 2017-2018.

The Bureau of Operational Compliance (BOC) will consult with the Corrections Training Academy in effort to determine the possibility of incorporating victimization/sensitivity training within the agency's PREA training curriculum.

**Recommendation 2:** With the issuance of the OH policy on gender dysphoria, provide a template or other guidance to medical and mental health staff regarding questions to ask to assess the level of dysphoria to make determination of a recommendation

of hormone treatment or other accommodations. Here are some things which may assist if they do not send anything right away: <http://www.avitale.com/FAQ.htm>; <https://williamsinstitute.law.ucla.edu/wp-content/uploads/geniuss-report-sep-2014.pdf>; <https://www.psychiatry.org/patients-families/gender-dysphoria/expert-qa>. These certainly are not all inclusive, but they do provide some resources. The Williams Institute information on gender dysphoria is the most complete.

**Response:** WCI Health Care Administrator and WCI Mental Health Administrator will seek guidance and direction from the Operation Support Center concerning training and checklists available for their staff regarding Gender Dysphoria assessment. They will also review the provided link and ask any clarifying questions to appropriately licensed staff.

**Recommendation 3:** Develop of privacy partitions around phones of some type to allow inmates a modicum of privacy when making phone calls which could involve reporting sexual abuse.

**Response:** Security Staff and Maintenance are currently reviewing options of installing phone barriers that ensure privacy but not inhibit security. The privacy barriers must also be durable.

**Recommendation 4:** For the developmentally disabled and seriously mentally ill, develop specialized training for these offenders to ensure they know about sexual safety and reporting in the institution. Here are some URLs which might help: [https://www.mayinstitute.org/news/topic\\_center.html?id=417](https://www.mayinstitute.org/news/topic_center.html?id=417); <https://www.pinterest.com/source/vkc.mc.vanderbilt.edu/>; <http://www.snapcurriculum.org/index.html>; [https://www.youtube.com/watch?v=k9Xobwpj9\\_Y](https://www.youtube.com/watch?v=k9Xobwpj9_Y); and, <https://sharemylesson.com/subject/students-disabilities>. Again, these are not inclusive nor even perhaps good examples, but they are provided as jumping off points.

**Response:** The medical director and psychologists will speak with inmates and make sure they understand the process of how to report. To keep the options simple for their comprehension, they will instruct inmates to talk to a Security Supervisor. Mental Health Administrator will ensure this practice is being followed.

**Recommendation 5:** The video being used by ODRC is outdated and needs to be updated.

**Response:** The Bureau of Operational Compliance (BOC) is currently in the process of revising/updating the agency's statewide inmate PREA educational video.

**Recommendation 6:** Development of an institutional workgroup to see if they can increase jobs and thereby reduce the number of inmates in the living units during the day. About one-third of the inmates at WCI are unassigned, which means they are in the living units most of the days. This idleness affects a lot in the institutional setting but from a PREA perspective, the majority of the investigations between inmates occur in the living units. Because of many inmates being in living units, the cases, which are fully investigated, generally become unfounded or unsubstantiated as it becomes one inmate's word against another inmates.

**Response:** WCI will develop a workgroup consisting of the DWO, DWSS, UMC and Major to determine where and what additional jobs can be created to eliminate idleness.

One issue which needs discussion, not so much for the institution, but for the process is the requirement that female staff members announce their entry into opposite sex units. Ohio uses an electronic buzzer to announce. This buzzer provides a loud audible tone to everyone in the area where female staff are entering. It should be noted that Warren Correctional Institution is a closed facility whose classification is held for offenders who are below maximum custody. They are in the general population but when they go to their living units and they do not want to or are not allowed to remain in the common areas, they are locked in their rooms. This practice reduces the ability of others to assault or otherwise become involved in errant behavior, such as stealing.

The female employees who understand and support sexual safety in the facility, do not like this system. In fact it was said to me by one female, "we hate that damn buzzer." And while I was not surprised with the staff response, I was somewhat surprised by the reason for the distaste by female employees. You would think it would be because the buzzer allowed errant males to engage in masturbatory activity when these women were making their rounds. It was because they felt the buzzer did not allow them to be professional correctional officers. Their universal opinion was it degenerated them to second rate correctional officers

because they could not do their jobs. The male staff members did not like the buzzer either, but they did not like it as they said it enable the establishment of “shooting galleries.” This nuanced difference is important, and the institution administration needs to be aware of this.

As with all Ohio institutions I have visited and completed audits, Warren Correctional Institution takes the matter of sexual safety seriously. This was borne out by inmate interview were the majority of offenders indicated they felt safe in regards to their sexual safety.

## DESCRIPTION OF FACILITY CHARACTERISTICS

Warren Correctional Institution is a closed custody facility located in Lebanon, Ohio, about halfway between Dayton and Cincinnati. The facility was constructed between 1985 and 1989. The institution consists of 12 housing units where more than 1,300 inmates reside. As part of their inventory, the institution has a unit dedicated to the housing of those offenders who are developmentally disabled or mentally ill. As a side note, during the review, a Rules Infraction Committee was being chaired by a Lieutenant and the person charged with an offense was clearly mentally ill. The length of time and the depth of understanding demonstrated by the Lieutenant was noteworthy. He made sure the offender understood the difference between right and wrong. He spent a significant amount of time allowing the offender to tell his story, although most of it did not deal with the incident. He was able with the assistance of the psychological staff member present, to redirect the offender. I bring this up during this PREA review as it demonstrated the time and effort of the Lieutenant to make sure policy was managed correctly.

The institution is built as a campus style institution and if it were not for the fence and high mast lighting might resemble a small college. The forty-five acres inside the fence provides for housing and program areas. The institution has an upper and lower compound. Program areas include education, to include a recreational and law library, which incorporates Lexis-Nexis, an industries area, food service, laundry, commissary, etc.



Of concern is that only about 40% of the population is working. This is concerning from a sexual safety and institutional safety standpoint. With the nature and volatile nature of the population, the more working or programming, the better. Research is replete with examples of misconduct being reduced the more inmates are involved in work activities. An article: "Administrative determinants of inmate violence: a multilevel analysis (Journal of Criminal Justice 31(2003) 107-117) reports, "prisoners involved in work program were significantly less likely to assault staff." While this particular article did not demonstrate positive correlation inmate on inmate violence and work, it is suggested that sexual safety of the entire population is enhanced with a working population. The institution administration has agreed to institute a work group to determine if they can increase the number of inmates working.

Always looking to comment on innovated programs, the “doggy day care” for staff allows for inmates to watch staff member’s dogs while they are working at the facility.

A review of camera locations demonstrate adequate coverage, although every administrator I know would like to have more cameras. A schematic of the camera was reviewed. As with every institution ever visited camera are used retrospectively more than live. However, it was nice to see that the investigators had the cameras on one of their many screens and the Warden was reviewing the cameras. This is not a recommendation or a written suggestion requiring response, but the Warden might wish to have both Associate Wardens and others in his executive command structure live monitor cameras each day and provide a report of it. Security was commensurate for a closed security institution. High mast lighting provided adequate visibility at night and the two roving patrols continuously monitored the fence line.

As noted one of the 12 housing units is designed to provide housing for those whom are diagnosed as developmentally disabled or mentally ill. While all institutions in the United States have experienced the growth in mentally ill populations, the institution and agency should be commended for establishing a specialized unit to house offenders who are so diagnosed. Again looking at the research literature, it is known this population is subjected to victimization at a higher rate. A fairly old article on, “Physical Victimization in Prison: The Role of Mental Illness” (International Journal of Law and Psychiatry, 31(5) 385-393) indicates that for inmate on inmate assault the rates are 1.6 times higher for those identified as mentally ill and 1.2 times higher for staff on inmate assault. Housing for all of the institution consisted of individual double bunked rooms.

Hensley, Tewksberry and Castle (2003) published an article: “Characteristics of Prison Assault Targets in Male Oklahoma Correctional Facilities,” This article found in the Journal of Interpersonal Violence, 18(6), 565-606, provides a list of characteristics correctional staff should review when looking at persons who may be possibly victimized.

Observations of the population and interviews with staff and inmates lead to two recommendations regarding victimization. The first involved providing staff more knowledge of the intricacies of victimization especially as it deals with coping for trauma. The other recommendation involved special time being spent with those diagnosed as developmentally disabled or mentally ill. The institution has been positive in saying they would implement both recommendations.

## **SUMMARY OF AUDIT FINDINGS**

In a comprehensive review of the PREA standards measured against policy, practice and inculturation, Warren Correctional Institution was found in compliance with all standards. The areas which were recommended have been resolved to the satisfaction of the auditor. Warren Correctional Institution is to be congratulated for the seriousness in which they manage sexual safety for staff and inmates.

Number of standards exceeded: 6

Number of standards met: 36

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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: It is clear the agency has embraced the concepts of sexual safety from the Governor to the beginning correctional officer. The agency has incorporated PREA into its compliance structure as well as practice. The state has worked diligently since 2012 to make PREA a part of the everyday culture of the agency and Warren Correctional Institution has grown in its adaptation of the sexual safety culture. The continued innovation of new practice to provide information regarding sexual safety and the initiative to publish a policy on gender dysphoria speak toward Ohio's continued work in making the facilities a model of sexual safety.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Discussions with staff and inmates; documents to include previous reports and significant incident logs, the acceptance of discussions with the Director and others in the Ohio State hierarchy to include the Interim Agency Compliance Manager, Amanda Moon. It is clear by the resources dedicated to sexual safety and the tenacity of those who work with PREA that it is rubbing off on others throughout the state.**

**For the agency, the agency policy on Prison Rape Elimination 79-ISA-01 and the policy on Prison Sexual Misconduct, Investigation and Prevention and Retaliation. Additionally the agency's organizational chart was reviewed. Interviews with the agency leadership to include the Director, the agency PREA coordinator and since the agency PREA coordinator was on a leave of absence during the review, the Interim Chief Compliance Manager for the agency**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: The State of OH contracts for the confinement of offenders at only two facilities. WDI is not one of these facilities. A review of the contract was had which clearly indicates that any agency providing services for the ODRC must comply with PREA. The only departmental contractual service at NERC is food service. The contract with food service has a PREA requirement, and all staff must be trained.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A review of the agency contractual template which includes PREA compliance as a condition. A review of 79-ISA-01 which delineates the requirement that all contractor and volunteers must be PREA trained and acknowledge the consequences if PREA is not followed.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: None

Timeline for Deliverables:

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: Inmate Communication/Weekly Rounds as codified in 50-PAM-02 articulates how "rounding" occurs in each of Ohio's facilities. Observation of the sign on logs in the units and work places shows that rounds continually occur. Policy 79-ISA-01 outlines the staffing plan requirements and how technology (primarily camers) may agument. The staffing plan for WCI was reviewed. Not a written recommendation needing response, live monitoring of cameras for a period of time by the Warden's executive staff is suggested and a requirement to provide him a report daily. We all know that what gets inspected gets done and the live monitoring of cameras for a period of time demonstrates the importance of sexual safety real time. The leadership makes unannounced rounds by not following a routine while rounding. Unannounced rounds are all documented. There is no evidence that staff are tagging the institutional leadership when they are rounding.

Upon review of documentation there were no findings of judicial inadequacy, no finding of inadequacy by external oversight bodies, no identifiable problems on any particular shift, adequate supervisory staff

for a closed security facility, no indication of deviance from any state or local law, regulation of standard.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

Interviews with staff and inmates, observation of the sign in process, discussion with the leadership of the institution on how they attempt unannounced rounds, Review of policy 79-ISA-01 on rounding and unannounced rounds. The last published report of Correctional Institution Inspection Committee Report on the inspection and evaluation of Warren Correctional Institution dated May 2015 noted two PREA concerns, a high rate of substantiated cases and indications that on occasion females were not announcing their presence when entering units. By observation I did not note any non announcement of female staff, although there is a strong disagreement by female staff on the use of the buzzer. Some inmates indicated staff did not always announce, but it was not a consistent comment. CIIC is an independent legislative oversight body which reviews confinement facilities, and includes PREA as part of their review criteria. This three year old report did show that PREA training was completed, that there were no concerns noted by those identified as victims, and review demonstrated PREA assessments were used and that staff were in compliance with PREA standards. Their report showed about a 75% indicated they knew how to report and incident of sexual misconduct by either staff or inmates. This was a bit higher than the 2014 aggregate. The review on this audit did not find but one inmate who indicated they did not know how to report. There is concern that those inmates who are developmentally disabled or mentally ill, although reporting they knew how to report actually understood. The last ACA audit review which has 8 significant PREA questions. All of them were found in compliance.

The WCI staffing plan notes blind spots found at the facility. If cameras cannot be procured to provide more supervision to the blind areas, mirrors might be reviewed to see if they would enhance supervision. A study was not completed to review areas identified against actual need; therefore, going on the institution's report, no formal recommendation is made. The site visit did not demonstrate overt issues of concern.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: This recommendation could go here or in the section relative to inmate reporting, but since detail is provided relative to the most recent CIIC report, it is included here. The institution should develop some practice to ensure that those offenders identified as developmentally disabled or mentally ill have a special session with professional staff to ensure that reporting procedures are explained in a manner to invoke compliance.

Timeline for Deliverables: The institution has implemented a program in mental health and the Mental Health Administrator will monitor for compliance.

#### 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.

This standard is not applicable as OH does not place either juvenile offenders or youthful offenders in ODRC. Policy 52-RCP-01 outlines this.

#### **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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: Policy 79-ISA-01 outlines all institutions shall ensure inmates are able to shower, perform bodily functions, change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in extingent circumstances or incidental to making cell checks, to include video monitoring. There were no instances where this policy was seen to be violated or where environmental conditions were not managed to ensure that there was not cross-gender viewing of any type. The policy goes on to mandate that when persons of the opposite gender enter into a living unit, they announce their presence. At WCI, as all OH institutions, this is primarily completed by a "buzzer."**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): During interviews of staff and inmates not on one occasion was there any indication that cross gender viewing ever took place. A visit to the institutional screening room for visiting demonstrated privacy. The gender non-conforming offenders indicated they had been asked their preference. This is in compliance with guidance provided by policy 79-ISA-05. All staff have been trained on how to perform cross-gender pat down searches. Interviews with staff reveal the last time this training was provided was at in-service training which was held in March of this year. The staffing analysis of the rooster shows there a mix of male and female staff members on each shift and that was borne out through observation.**

**WCI is a closed security correctional institution, one step removed from a maximum security facility. As such, inmates are allowed on the compound, but when they are in their dormitories the norm is for them to be locked in their rooms. This is a much to deter malfeasance on the part of all as it is for traditional security. In fact the locking of the rooms may have more to do with inmates feeling safe as anything. More than once, the inmates indicated the only time they were really concerned is when an officer did not lock their rooms.**

**The use of the "buzzer" with the offenders more often than not sets up a situation where those who desire to masturbate when a female staff member enters the doom is given notice. When an audit was completed a year ago at the Ohio State Penitentiary the same issue was found. However, there are some nuanced differences which bear noting. The male staff members, except for a couple interviewed at WCI were concerned the women officers were subjected to the masturbatory display of offenders. However, the women I interviewed at WCI were less concerned about the masturbatory activity of the errant offenders than the need to announce themselves upon entering the unit diminished their value as correctional officers. The women were very concerned about how the profession is still largely a male bastion and the endroads being made by women were not considered when the requirement of announcement was made. Of course having been a senior correctional administrator for many years, I know in general male offenders do not have the same sensitivity regarding modesty as do female offenders. This was the first time I had heard that this standard degraded the worth of female staff. I did not see a violation of the standard and inmates said most of the time women announced themselves before coming on the unit. There were no concerns noted regarding staff making a point of watching them undress, toilet or change clothes.**

The data was not readily available to do an analysis of masturbatory behavior of inmates as measured by misconduct reports pre and post buzzer. Anecdotally, both male and female officers say that this behavior has increased.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision.

**Corrective Action Steps To Be Taken:** This is not a part of the audit for response but because sexual safety is not just for inmates, I would suggest the administration make a real effort to pay attention to the needs of their female officers as well as to keep data to keep the Central Office aware of the issue. I am reminded of the issues at other institutions where female officers have brought formal action against administrations indicating their inaction regarding officer sexual safety.

**Timeline for Deliverables:**

### 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.**

Has the facility met every requirement established by the provision?  Yes  No

**Explain the basis for this conclusion:** Policies 64-DCM-02 and 79-ISA-01 discuss procedures to be used for offenders with identifiable disabilities as well as those who do not speak or understand English. There is a contract for language interpreters. The admission session for the week was visited. It included information regarding PREA. The 21 minute video was reviewed. Inmates were provided the opportunity of asking questions. The video tape has the ability to be subtitled. There is a Spanish version of the tape.

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):** Interviews with a hard of hearing inmate as well as a primary Spanish speaking inmate, Discussion with staff regarding the language line which is provided at each OH institution. Review of policies. Review of TTY phone capability. Review of contract for language line. A review of training material for staff which includes a section on those of offenders identified as disabled or those with limited English speaking ability. Inmates are not used as interpreters. Staff were aware of the language line and that it was located in the correctional complex. The Compliance Manager indicated that if a person had limited reading ability that the information would be read to them. Printed material regarding PREA and sexual safety is provided in English and Spanish.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

**Corrective Action Steps To Be Taken:**

**A refresher Timeline for Deliverables:**

**A Couple of Suggestions:** These suggestions are written as such and in no way count against the standard. If the institution has not developed a POA for a totally deaf inmate to enable them to know when a staff member of the opposite gender was entering the facility, one should be developed. Additionally, the institution indicates they have access to a TTY phone should it be needed. TTY is no longer viewed as the community standard of providing the deaf with phone capability. It is suggested the institution develop an alternative plan than using the TTY phone.

**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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion:** This standard deals primarily with Human Resource functions related to PREA. Three policies were reviewed in this regard: 79-ISA-01, Prison Rape Elimination Act, 31- SEM-02, Standards of Conduct and 34-PRO-07, Background Investigations. Discussion with the HR staff revealed they were all very aware of the PREA requirements in regards to hiring, promotion and staffing. The 3 PREA questions are asked prior to hiring. Background investigations are managed with a system in place to make sure those whose investigations are required for re-review are completed prior to the expiration date of 5 years. The process of employee discipline was discussed relative to both criminal sanctions and administrative findings. The state uses a Garrity warning when investigating administrative investigations. The provision of zero-tolerance is used as the guide. The employee standards of conduct clearly articulate possible penalties. Discussion was had regarding promotions of staff who had sustained charges of sexual misconduct and for some reason continued in employment. A check of documentation revealed there were no requests from other law enforcement agencies. We did discuss how they provided information to other law enforcement agencies.

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):** As indicated, there was significant discuss with the institution’s HR staff. Additionally review of the aforementioned policies was had as well as the human resource section of the agency Intranet. A random sample of employee files were reviewed (five) to ensure all the HR related PREA information was provided along with a random check of training information and background information.

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: There has been no new construction or substantial modification at WCI during this audit period.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Institution's statement and request for capital improvement.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

#### **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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: The Ohio State Highway Patrol would go to the hospital if such an examination were warranted to make sure any forensic evidence which was collected was maintained according to the rules of evidence. The Rape Crisis Center Women Helping Women or the staff assigned to assist during victimization would accompany the offender to the hospital upon request. A formal mental health referral is provided to the victim. Additional medical treatment if necessary is provided without cost to the offender either at the institution, the local hospital or the OSU Medical Center. During this review period, two instances of forensic evaluation was reported.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):**

The following information was reviewed: Policy 79-ISA-02, 68-Med-15, Medical Protocol B-11, OSU Medical Contract, MOU with Women Helping Women, Victim Support Person List, MOU with Ohio State Highway Patrol, PREA Incident Report, OSHP Investigation Policy and OSHP Evidence Protocol. Of course 79-ISA-01, Prison Rape Elimination Act was reviewed. In addition to the review of policy, a staff victim support person was interviewed, the institution investigator was interviewed, an interview with the Executive Director of Women Helping Women was conducted, and a determination made Atrium Medical Center had the capability and professional staff to conduct a sexual abuse forensic examination. A review of the "Coping with Sexual Assault" handbook of Women Helping Women was reviewed. This booklet is not produced by ODRC but it was suggested it might be translated into Spanish. The state highway patrol person assigned to the institution was interviewed and has received specialized training in sexual assault and demonstrates knowledge and sensitivity regarding forensic examinations.

The following documentation was reviewed:

SANE Referral to Hospital

Atrium Medical Center Discharge Instructions

Incident Report

Sexual Abuse First Responder Check List

Medical Exam Report(s)

PREA Incident Summary

Investigation and Outcome to include notification to alleged victim

Misconduct Report for alleged victim as he admitted as part of the investigation as to providing false information as he and the alleged perpetrator had consensual sex and he reported as PREA as the perpetrator owed him monies for the act.

Victim Support Person Activity Report

MOU with Victim Support Organization

Although the facility reported only two forensic examinations being conducted during the audit period, all evidence supports the facility goes above and beyond to ensure that both the legal and supportive nature of forensic evaluations were met.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

**Explain the basis for this conclusion:**

**Explain the basis for this conclusion:** All parties at WCI understand the importance of investigation of any allegation of sexual harassment or abuse. Staff were able to clearly outline the responsibilities for grievances, and administrative and criminal investigations. Staff were able to provide answers to whom conducts administrative investigations and whom conducts criminal investigations.

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):**

The Institutions Operation Compliance Manager, The Institution Investigator and the Institution Inspector, the Warden, and the Deputy Warden were all interviewed to ensure all issues relative to sexual abuse and sexual harassment investigations were covered from a corporate administrative and referral for criminal investigation. It is clear the three primaries in this process with the Investigator being responsible for actual investigations work well together to ensure any case which needs investigation is completed. Additionally all staff have been trained as to whom is responsible for both administrative and criminal investigations of sexual safety. Several administrative investigations (10) as well as a pending criminal investigation were reviewed. The investigations were chronological and provided a clear picture of the allegation and the proof found or not found. The OSP manages all criminal investigations. All allegations are referred to the OSP for status determination. A review was had to make sure if the investigation was administrative employee safeguards existed to include Garrity warning. The two institutional investigators were well trained and discussed in detail issues regarding PREA investigations. There are still indications some inmates attempt to use PREA to obtain transfer, etc., but both investigators had indicated this had leveled off from previous years.

The OCM's office is on the compound allowing her to speak to inmates who desire to discuss issues to include issues which may be suspect but have not raised to an issue of harassment. She takes her role seriously. Policies 79-ISA-02 (Reporting) was reviewed as well as ODRC Evidence Protocol, OSHP Evidence Protocol, PREA Incident Report, and Referral for Criminal Investigation. The information relative to referral of PREA investigations is found at <http://www.drc.ohio.gov/prea>.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

### **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.**

**Has the facility met every requirement established by the provision? X**  Yes  No

**Explain the basis for this conclusion:** All aspects of Employee PREA training were reviewed to include documentation of in person training, E-training, new employee training, annual refresher training,

transfer employee gender specific training and supervisory training. The training director was able to demonstrate every aspect of training. Staff at minimum receive PREA training once a year and are required to pass a test with an 80% score to demonstrate competence.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

Lesson plans, e-learning objectives and scripts, in person sign up sheets, PREA Staff Training Curriculum, Staff Roll Call Training information, Policies 79-ISA-01 and 39-TRN-10, and staff interviews provides significant evidence concerning the training every staff member receives. There is evidence to suggest training for those transferring from female exclusive facilities is discussed as part of Staff on the Job Training. In the past 12 months 363 staff were trained. In the period between annual training episodes if new information is received it is gone over in roll call or through policy reviews.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Suggestion: It is not clear if there is a discussion of vicarious liability for supervisors as part of supervisory training in relation to sexual safety. If it is not a part of supervisor training, it is suggested it become part of the training. As this is not a requirement of the standard, no specific recommendation is made. ("Legal Liabilities and Responsibilities of Corrections Agency Supervisors (1984)," 48 Federal Probation 52-65)

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: The training of the volunteers at WCI is a significant undertaking and is viewed with the same level of seriousness as employee training. There are over 180 volunteers and contractors at WCI who have been trained during the last twelve months. Discussion was had with both volunteers and contractors. It is clear they have been trained and they understand their responsibility to report.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):

The training records, the contractor/volunteer training script, the contractor/volunteer training acknowledge form. Discussions with volunteers in the community, discussion with contractor in health service, interview with the training director.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: The agency and the institution have clear expectations regarding inmate education concerning PREA and sexual safety. There are many policies covering inmate education to include: 79-ISA-01, 52-RCP-10, 64-DCM-02. All of these policies are geared to ensure every inmate no matter their status or disability had requisite education in regards to PREA. An inmate orientation was observed, as well as the PREA Video, inmate handbook, inmate information on inmate mail kiosks. Each unit had many posters which included information concerning PREA, telephone numbers, points of contact, names of Rape Crisis Centers, among other information. Most of the information was communicated in English and Spanish. Similar information to degree was found in many of the work sites frequented by inmates such as food service and facilities. Posters were also found in the front lobby as well as the visiting room and the website. The presence of the OCMs office facilitated the ability of questions being asked post orientation.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Interviews with 47 inmates and many staff. Policies referenced above, Inmate video, Reporting posters, and Inmate video script all provided additional evidence. Discussion with offenders. Observation of the orientation process.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken: The current PREA video is outdated. The agency agrees and is taking steps to upgrade the current video.

Timeline for Deliverables:

### 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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: Both the Institutional Investigator and the assigned OSP Investigator have received specialized PREA training. Training has been through NIC or the Moss Group. In discussion with one of the two institutional investigators, he is now taking an advanced course in PREA investigations sponsored by NIC.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Review of policy on the Prison Rape Elimination Act, MOU between OSP and ODRC, Investigator Certificate for training completion. Training curriculum for institutional investigators, and sign in sheets demonstrating the number of times the OSP officer visits.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: Both the medical departments and the mental health department have received specialize training given the level of their responsibility. Training records for both full-time and contractor staff were reviewed. In addition the specialized curriculum for medical and mental health staff and the protocols for same staff were reviewed.**

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Interviews with the Health Systems Administrator and Mental Health Chief were had. Discussion with a medical contractor was completed. Review of policy, 79-ISA-01, as well as the training lesson plan was reviewed. Training records for both medical and mental health staff were reviewed. Discussion with medical contractor was had. The instance of all medical staff being mandatory reporters was part of training.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: The ODRC has established a two part screening process with administrative oversight. Medical staff complete step one of the screening process, the inmate's case manager completes step two with the Unit Manager providing administrative oversight. Any special issues are discussed and resolved by the Unit Manager Chief.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Observed a case manager completing a risk assessment and reviewing the medical screening. Previously had witnessed a medical screener asking Part 1 of the assessment questionnaire. Reviewed the automated PREA assessment process, Reviewed policy 79-ISA-04, PREA Risk Assessment and Accommodation Strategies, reviewed memorandum from agency PREA coordinator explain definitions of victimization. Discussed housing and job accommodations for gender non-conforming offenders with the OCM. A inmate transfer list and traced the case from intake to post assessment. During interviews with inmates some indicated they could not remember if they were asked question relative to their sexual orientation by medical screeners. A review of assessment forms were check and demonstrated they had been asked. It is not known if the medical screeners did not elaborate on the issue to the point the offender understood it being asked and why or the inmates just did not remember. When asking this question of offenders during the interview process, and they indicated they were not aware of being asked the question time was taken to explain why the questions were being asked – so the staff could make a determination regarding housing and work assignments.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: While assessment data may be viewed and reviewed by a limited number of staff with a need to make housing and job decisions, the entire process and the automation of it demonstrates the significance of it to ODRC. In addition to the policy on PREA Strategies, the department has codified a policy on LGBTI (79-ISA-05). These policies discuss the PREA Accommodation Strategy Team who reviews all issues concerning gender non-conforming inmates. If a request is beyond the authority of the institution the request is forwarded to the Central Office. This is done primarily to ensure any decision made is done with a review of the possible impact upon departmental policy. Both gender non-conforming inmates are functioning well in the general population. Gender non-conforming is not the only reason for this standard. There are 17 gender non-conforming offenders at WCI and at the time of the review only one was housed in restrictive housing. That placement had nothing to do with his sexual orientation. This is a difficult standard to measure beyond policy and procedure. The use of this outcome measure seems to demonstrate that the screening information is being used appropriately. Most of the 47 inmates interviewed felt safe at the facility and most related that the institution took sexual safety seriously.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The largest piece of evidence relied upon for this standard was how inmates perceived their safety. While the inmate population at WCI had many recalcitrant, most believed that the institution was safe in regards to sexual safety and most communicated that they felt safe at the facility. As long as the phone could be used without identification, many indicated they would report if someone was being sexually assaulted.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision?  Yes  No**

**Explain the basis for this conclusion: The new phrase for protective custody is involuntary segregation. The ODRC has policy relative to the issue: 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation and Prevention of Retaliation. Other than policy, there is not much to review, as there have been no offenders who present a high risk of victimization placed in involuntary segregation over the course of the last three years.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Review of policy on the Prison Rape Elimination Act, MOU between OSP and ODRC, Investigator Certificate for training completion. Training curriculum for institutional investigators, and sign in sheets demonstrating the number of times the OSP officer visits.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision?  Yes  No**

**Explain the basis for this conclusion: PREA reporting information is located throughout the institution to include inmate living and many work sites, in the visiting room and the front lobby, through inmate orientation, on the departmental website, and through a plethora of written material. There is no evidence to suggest staff or inmates do not know how to report, how to report through a third party or how to report confidentially.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):** A review of the significant methods an offender, his family, friends and even staff can report PREA allegations is impressive and significant. A check of the phone number inmates can call was checked with success. There is no doubt that offenders may report and through interviews with them most indicated they knew how to report and how they could report through a third party or confidentially. However the phones are positioned in such a manner in the living units that offenders could not use them without having overhears. This led to the recommendation the institution either purchase or make sound barriers which would allow the offenders to use the phone with a monicum of privacy.

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision.** The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

**Corrective Action Steps To Be Taken:** Purchase or construct phone barriers to allow offenders to use the phones with a monicum of privacy.

**Timeline for Deliverables:** The institution has committed to providing a sound barrier.

#### **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.**

**Has the facility met every requirement established by the provision?** X  Yes  No

**Explain the basis for this conclusion:** ODRC has provided in policy a variance which allows PREA grievances to be filed without subject to time constraints, thus obviating that section of the Prison Litigation Reform Act of 1996.

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):** This information is found in the policy variance to 79-ISA-02, in an explanatory memorandum, in the inmate handbook both in English and Spanish. It was communicated to inmates during the observed PREA section of the inmate orientation process. Inmates are also advised they may seek discussion with the Institution Inspector, the Institution Investigator or the OCM at any time if they need to report. It is discussed with inmates they report to staff (not just those listed) at any time, that when significant time passes generally investigations become more difficult. Inmates are encouraged to report as soon as possible. Because PLRA is law and PREA is law with different regulations coming from them in regards to inmate grievances, this always need discussion with staff during training. While policy, law, variance to policy have all been reviewed, there have been no grievances regarding sexual safety.

**The following represents the language the department submitted to say they were exempt but that the standard was applicable:**

The Ohio Department of Rehabilitation and Correction does not utilize the Inmate Grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the Institution Investigator. An investigation into a sexual abuse or sexual harassment allegation shall follow Department Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation. This policy adheres to the time constraints referenced in this standard. ODRC inmates are not prohibited from utilizing any grievance related forms (ICR, NOG, Appeal forms) to communicate PREA allegations in writing. However, ODRC does educate inmates (inmate handbooks and DRC Policy 79-ISA-02) that any PREA allegations received on grievance forms will be immediately channeled to the Institutional Investigator for proper handling.

While the facility says they are exempt, I am finding compliance as they still allow the grievance form to be used to report. Also the institution investigator is the person responsible for grievances.

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

#### **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.**

**Has the facility met every requirement established by the provision? X Yes  No**

**Explain the basis for this conclusion: This standard specifically discusses the inmate having access to outside confidential sources. There are two outside groups not associated with ODRC who visit the institution on a routine basis to provide support to gender non-conforming inmates. And while that is there primary purpose it is clear others would be able to discuss issues with the crisis center personnel. In addition to the groups coming to the facility, there are posters throughout the facility demonstrating how inmates may contact outside agencies through writing or phone call. A previously found issue regarding PIN's for inmate phone calls had been taken of so inmates did not have to provide their PIN.**

**The difference which makes this standard exceptional is the dedication and commitment of the Women Helping Women crisis staff. A meeting with the Executive Director of the Center demonstrated her level of commitment to the support needs of all at WCI. If the rest of her staff meet the same level of dedication and commitment as she, there is no doubt the institution and its inmates are provided outstanding supportive service.**

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

### 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.

Has the facility met every requirement established by the provision? X  Yes  No

Explain the basis for this conclusion: There are posters in areas where family and friends see them; lobby and visiting room which articulate how they may report allegations of sexual abuse, sexual harassment or retaliation. A telephone number is provided as well as a web address: <http://www.DRC.ReportSexualMisconduct@odrc.state.oh.us>. I was able to get to the information on how to report a PREA allegation using this web address through a search engine. A much simpler web address which takes one to the same page is: <http://www.drc.ohio.gov/PREA>.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A check of the phone number found that it was working. A check of the web address demonstrated one could get to the information, but a simpler web address is: <http://www.drc.ohio.gov/PREA>. On that page is a point and click to get to how to report.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

Suggestion: It is suggested that when posters are refreshed ODRC may wish to provide the website address which is simpler.

### 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.**

**Has the facility met every requirement established by the provision? X Yes  No**

**Explain the basis for this conclusion: Policy 79-ISA-02 delineates reporting procedures for staff. Staff training curriculum also provide this information and staff are taught that OH is a mandatory reporting state. Staff are also taught that if an offender per se makes an allegation of sexual abuse outside the agency such as at a county jail they still have a responsibility to report the allegation. Staff are taught the information is confidential and only to be provided to people with a need to know to treat, investigate, and provide for the safety of the offender.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): During staff interviews, they provided an awareness of their duty to report and articulated the process of filing a incident report and verbally advising the shift commander. Most staff had in their possession a PREA card to assist them in making sure they reported according to policy. Additionally, they were able to articulate how to provide the information confidentially. While staff were not questioned as to the legal issues of confidentially and informed consent, all knew that medical information and PREA information was not to be disclosed except to those who had a need to know.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision? X Yes  No**

**Explain the basis for this conclusion: While there have been no reported cases of imminent risk of**

sexual abuse during this period, policy 79-ISA-02 clearly outlines staff requirements. Additionally staff are taught in training how to look for changes in behavior of an offender which might suggest they have been victimized. While this training is afforded, it was not clear as to the breath of understanding regarding victimization and its impact.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Interviews with staff and supervisors were able to articulate the steps they would take to report to their supervisor when they believed an imminent risk of sexual abuse was possible. This question was probed with officers as on nights and mornings as they are often in the units alone and especially before lock down there is more of a possibility of sexual abuse. They indicated if they had any reason to believe sexual victimization was to occur, they would report it to their supervisor and if they felt the victimization might be imminent, they would remove the offender from the area where the victimization might take place until someone could arrive to speak to the offender. Staff indicated they would document these issues using an Incident Report. It is clear the process and the practice is well understood.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: There appears to have been one case where an inmate reported being sexually abused prior to their confinement at WCI, both in the community and at another facility. Policy delineates how this is to be reported within 72 hours. This is also discussed in staff training.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Policy 79-ISA-02, Reporting ..., clearly discusses the responsibility of the CEO of the facility to make sure the CEO of the other facility is notified of the allegation as soon as possible but generally in no more than 72 hours. This practice was followed.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: It is clear that everyone at WCI is trained as a first responder and staff take pride in knowing how to manage sexual abuse allegations. All staff have a first responder check list on what they are to do if infact they are the first person to arrive at the scene. This includes separation of the alleged victim from the alleged aggressor. It also includes the issues of preserving evidence and the crime scene. If if the alleged abuse just occurred all are trained to make sure the alleged victim does not do anything to destroy evidence. When a first responder is a non-security member they too are trained to manage the incident. While there is a separate non-security first responder checklist, discussion with staff demonstrated all of them were aware of their responsibility in this regard.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A check of the phone number found that it was working. The institution has a Sexual Abuse Coordinated Reponse Plan which outlines on the institutional level how incidents are to be managed. This plan covers all staff, contractors and volunteers who have inmate contact at WCI. The first responder checklist requires staff to document steps taken to manage the incident in a professional manner. The actual incident is reported on an incident report which gets reviewed daily by institutional leadership. While some documentation indicated there was a difference between security and non-security first responder forms, none could be found upon review. When completing the non-scientific survey of staff, they were as knowledgble of their responsibilities as first responders. Vounteers and contractors knew to keep the person with them and contact the shift supervisor. Many knew the details of reporting the same as staff to include who investigates administrative verses criminal allegations. If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: As indicated in 115.64, the institution has developed for lack of a better term an institutional PREA plan. This plan is comprehensive and was just updated in the early 2017.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Discussion with staff, contractors and volunteers demonstrated that everyone knew of their responsibility as paid or unpaid staff to respond to issues involving the sexual safety of staff and inmates. What was most impressive during the interviews was not the policy or even the procedure, but that it appears that the culture of WCI has everyone marching to the same drummer in so far as respons is concerned. I could not find any one who did not understand the reason for PREA and the reason to follow steps in making certain response to any claim of sexual harassment or abuse was managed with professionalism.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

#### **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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: There are three unions providing service to employees at WCI. A review of each contract reveals in the management rights section steps may be taken to protect inmate from contact with abusers.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): A review of the contracts for all three employee unions at NERC demonstrate that**

language in the management rights section of each contract preserves the ability of management to take those steps necessary to protect inmates from contact with abusers. Discussion with one of the three local union officials revealed labor had no issue with this requirement.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: While there were no reported instances of retaliation reported during this audit period; however, whenever there is an allegation of sexual abuse there is a process to check on the inmate on a routine basis. An examination of the records for several persons who were reviewed for possible retaliation at the 30, 60, and 90 day time periods was had. This check is to ensure that the victim is not nor has been subject to retaliation. OH has one of the most comprehensive packets involving whenever there is an allegation of sexual abuse. This packet includes a section on retaliation. Policy, 79-ISA-02, provides clear guidance on how persons are to be free from retaliation. It also explains the requirements of staff to do periodic status checks. The Investigator is responsible for making sure the person is not retaliated against but the OCM also checks on the victims routinely. As previously cited with the OCM having an office on the compound, offenders can go to her office and discuss issues with her. She talks with so many inmates there is no status of having inmate go to her office to talk.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): There were a few inmates believed they might be subject to retaliation if they reported an incident involving sexual abuse. The inmates did not seem to care even if this was their perception because in every case save one, the inmate said they would report directly to staff. One inmate said she would report in writing without giving her name. The inmates clearly demonstrated they would report.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

### 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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: While there have been no incidents where people have been placed in involuntary protective custody post allegation, I am finding this standard to be in compliance as there are processes established.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): There were no interviews regarding this standard as there have been no cases of persons placed in involuntary segregation, Policy, 79-ISA-04, provides guidance to monitor such a case to include the documentation of a person's placement. There have been no involuntary segregation cases at WCI during this audit period. The institution uses a concept of limited housing rather than restrictive housing whenever possible. In this manner, persons may be held accountable by being housed in a separate area with access to the compound for work, school and food service, but must return to this unit with limited privileges for the majority of the day and evening**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**Suggestion: The policies of ODRC involving the restrictive housing and disciplinary status of offenders were found to be written for males. It is suggested the next time these policies are reviewed that gender neutral verbage replace the male verbage. This suggestion was made during a previous audit and is being addressed.**

### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: The vast majority of the information relative to this standard was discussed when discussing the training requirements for the Investigator and the voluntary certification of the OSP officer assigned to the institution. The relationship between OSP and ODRC is codified in a MOU, but beyond the MOU I have not witnessed a "bad" relationship between an institution investigator and their counterpart. Investigations are completed professionally with good investigative processes. The investigations are understandable and provide what is desired in any investigation a picture of the incident.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): In finding compliance with this standard, there was a review of a lot of material to include: Policy 79-ISA-02, PREA Incident Report, Summary of Administrative Investigations from Investigator to Warden, MOU between OSP and ODRC, status reports of investigations, information regarding an open criminal case which has not been resolved but is not part of this audit period. The reason for its review was that it demonstrated clearly the level of cooperation between the institution and OSP. It is also noted the district attorney in this case actually visited the facility to see first hand the layout of the area where the alleged sexual abuse occurred. It is clear investigations of sexual safety are taken seriously by all parties involved.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: It is clear upon review of policy, 79-ISA-02, that the investigators and administration are aware of the legal standard for finding guilt in an administrative investigation. The two investigators were interviewed and could provide a good definition between preponderance and beyond a reasonable doubt. Sexual Abuse Case Reviews were examined and the reviews clearly demonstrate the evidence in each case. OH has one of the most complete systems of case review seen and it is all maintained as part of the investigatory file for safekeeping.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): In my interview with the Institutional Investigators, it is clear they understand the standard of substantiation is to be no higher than found in the preponderance of the evidence (51%). If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: It is clear in policy and practice that offenders who make allegations of sexual abuse are notified in writing of the outcome of the investigation.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Policy 79-ISA-02 covers the process whereby the institution investigator is required to inform the inmate of the outcome of the investigation and inform them if the allegation was substantiated, found to be unsubstantiated or unfounded. Several investigations were reviewed and in each case there was a written statement to the alleged victim indicating the outcome of the investigation. This information was communicated to the inmate by the investigator and there is a requirement the inmate signs for the notification. From documentation found in the Sexual Abuse Incident Reviews that inmates are kept up to speed as to the actual outcome of investigations. There was a review of 10 completed cases and all of them had the required notification included.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

### 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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: During the period under review, January 1, 2016 through December 31, 2016, there were no sustained staff disciplinary cases regarding sexual abuse or sexual harassment, therefore, there were no measures to make judgment regarding the nature of those outcomes.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): Policy 79-ISA-01, Prison Rape Elimination Act as well as 31-SEM-02, Standards of Employee Conduct and 31-SEM-07, Unauthorized Relationships provide guidance regarding how employees are to be disciplined and how such discipline is to be reported if appropriate. During discussions with HR, it is clear there is an understanding of the process of staff discipline. During the review discussion was also had with the Labor Management Specialist who more than the HR department is involved in staff discipline. Although not discussed in the context of sexual abuse, it was clear he understood the process of progressive discipline. The disciplinary grid for unauthorized contact with offenders to include sexual misconduct shows that the Department takes a very serious stance on sexual abuse, "Committing any sexual act with any individual under the supervision of the Department or any individual within 6 months following their release from custody or supervision of the Department" calls for but one sanction: removal. The Standards of Employee Conduct states all cases of sexual misconduct will be referred to the OSP for determination of prosecution. Additionally, if there is a sustained case, unless it is clear the matter is not criminal, the matter is referred if appropriate to licensing boards/agencies.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

#### **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.

Has the facility met every requirement established by the provision?  Yes  No

**Explain the basis for this conclusion:** The standard of zero tolerance is the same for contractors and volunteers as for full-time employees. The substantive difference is that volunteers may be terminated for any alleged misconduct. The Standard of Conduct for Volunteers and Contractors provides that anyone engaging in unauthorized personal relationships with inmates or their families, including correspondence or phone communication with inmates and their families is prohibited.

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):** During this rating period there was one unsubstantiated case where an inmate indicated a religious service volunteer patted him on the rear and criminal investigation that a food service contractor had been in an inappropriate relationship with an offender. In the case of the religious service volunteer the matter was unsubstantiated after a full investigation. The criminal case against the food service contractor was pending at the time of the review. Policy clearly outlines what process the institution should follow. These policies are: 709-ISA-01, Prison Rape Elimination Act and 71-SOC-01, Recruitment, Training and Supervision of Volunteers. The Contractor-Volunteer Standards of Conduct were also reviewed. Much like the zero tolerance provided to staff, there is a zero tolerance for contractors and volunteers. The difference being is as long as the action of the institution was not arbitrary, the institution may terminate the contractor or volunteer without disciplinary process. The volunteer or contractor is subject to the same criminal procedure as any a full-time staff member. In the case of the religious volunteer he was not removed from providing religious services and in the case of the food service contractor, she has been removed.

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision.** The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

#### **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.**

Has the facility met every requirement established by the provision?  Yes  No

**Explain the basis for this conclusion:** The inmate disciplinary process is outlined in policy to include steps where there is sexual abuse found. The inmate rules of conduct articulates definitions of sexual misconduct as well as sanctions which may be taken if there is a finding of guilt. The inmate discipline policy, 56-DSC-01, follows guidance found in the Supreme Court case of Wolff as well as the Supreme Court case of Turner.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): While there have been no findings of sexual abuse between inmates during this audit period, nor have there been any findings of any substantiated staff on inmate sexual abuse cases. The definitions between what is inmate sexual abuse and staff sexual abuse is clearly stated. The inmate code of conduct also provides for rule violations for sexual misconduct other than sexual abuse and provides for sanctions for them. The most common is called a Rule 13 violation, which in most cases is two inmates kissing each other. In reviewing documentation there was one case of a Rule 13 violation between inmates where each of the two were touching each other inappropriately. Policy is clear that an inmate may not be charged with sexual misconduct with staff where the staff member consented to the contact. There is one case pending criminal disposition where an inmate and staff member were involved in a romantic relationship. The inmates, victims or aggressors are referred for counseling and treatment. Discussion with the Mental Health Chief confirmed this is the policy of WCI. Policy also outlines inmates who make allegations which are found to be false are not automatically subject to discipline. Such review is completed on a case by case basis with clear reasoning shown as to why an inmate who provided a false report is being disciplined. Policy 79-ISA-02 covers the issue of reporting. There was a case found where an inmate was disciplined after he admitted providing false information. The incident was unfounded and the offender indicated he was lying.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: Those who have been victimized whether during this period of confinement are afforded mental health counseling. During the process of assessment if anyone is found to have been abused there is a mental health referral provided. Also, because WCI is a prison, any person who has been found to be a sexual perpetrator whether during this period of confinement are before are afforded the opportunity of mental health counseling. The automated process of the PREA risk assessment provides an ability to make referrals in a timely fashion. In the case reviewed, cases were formally referred to mental in no more than four days and were assigned to a provider on the same day. Also reviewed were cases where the offender was identified as an abuser. These persons were afforded the opportunity of mental health counseling.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): During the process of interviewing inmates any offender who reported they had been victimized was asked the question if they knew they could obtain counseling. The men who were asked this question knew they could ask for mental health counseling. Policies regarding this matter to include 79-ISA-02, and 79-ISA-04, PREA Risk Assessments and Accommodation Strategies were reviewed.

The PREA classification list was also reviewed. This list provides a snapshot of all offenders who have been found as victims, potential victims, aggressors, or potential aggressors. Formal referral memorandum were also reviewed as well as documentation to demonstrate that subsequent to a referral a psychological assessment was provided.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: During the period of time between January 1, 2016, and December 31, 2016, there were no cases where medical staff had to provide for emergency medical care. There were referrals of persons who had alleged being sexually abused. These referrals included objective medical examination and mental health referral. There was one case reviewed where an inmate alleged victimization in the community but did not desire referral to either medical or mental health. The agency has a medical protocol (B-11) which clearly outlines treatment as needed is to be provided without cost to the offender.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): During the process of interview with staff they were aware of the requirement to provide emergency medical and mental health care. Specifically, questions were asked about an inmate who had been sexually abused and was injured as to the priority of care. With a bit of prompting all but one staff member was able to state that emergency medical care might trump waiting for the shift supervisor. Inmates also were aware of their right in this case to emergency medical care. Review of medical and mental health notes were reviewed, medical schedules were reviewed, on-call information was reviewed for a independent medical practitioner if needed as well as mental health staff. Medical staff are available 24/7. Policy delineates the giving of sexually transmitted disease propholactics if necessary as well as emergency contraceptive. There have been no cases where this action needed to be taken. The policies reviewed included, 79-ISA-02, Prisons Sexual Misconduct Reporting and Response... as well as 67-MNH-09, Suicide Prevention and Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

**Timeline for Deliverables:**

**Suggestion:** At some point in time the health care leadership of ODRC might want to determine if issues regarding emergency medical care as well as emergency mental health care could be codified in one document.

**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.**

**Has the facility met every requirement established by the provision? X**  Yes  No

**Explain the basis for this conclusion:** WCI offers medical and mental health evaluation, and as appropriate treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations):** The following information was reviewed to assist in this determination: Policies 79-ISA-02, 67-MNH-02, 67-MNH-04, 67-MNH-67, and the previously mentioned medical protocol. The mental health policies discussed mental health screening, mental health treatment and discharge. There were no cases during this period where medical needed to provide follow-up care; however, the HCA was able to articulate the care which would be provided to offenders. The Mental Health Administrator was able to discuss the steps which would take place to provide on-going mental health care.

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.**

Has the facility met every requirement established by the provision?  Yes  No

**Explain the basis for this conclusion: The institution reviews every allegation of sexual abuse, whether founded or not to determine if there are steps which might be taken to provide amelioration. This process is called the Sexual Assault Review and there is a team of institution staff who sits as members of this team. They include the Deputy Warden, the Institution Investigator, the Institution Compliance Manager, a Designated Victim Support Person, and other staff who may have relevant information. This process is codified in policy 79-ISA-03, Sexual Abuse Review Team.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The minutes of several SART meetings were reviewed. The team members demonstrated they took the responsibility seriously. From the review of the minutes provided this process at WCI is a comprehensive process and each and every issue is reviewed. In reviewing the minutes of the reviews, especially those whose cases were unsubstantiated, the work was impressive. There were real suggestions for improvement. Some but not inclusive factors reviewed include: change in policy procedure warranted, was the incident motivated by race, ethnicity, gender identity, LGBTI status real or perceived, physical barriers, staffing and if augmenting with technology (generally cameras) might assist.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

### **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.**

Has the facility met every requirement established by the provision?  Yes  No

**Explain the basis for this conclusion: This is an agency standard regarding data collection. The agency has clearly stated guidance for PREA data collection and monitoring. Many documents were reviewed to ascertain the level of data collection and if there was analysis of the data provided.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The following documents were reviewed to include the PREA incident packet, which puts**

all information regarding a PREA allegation in one packet. This packet includes an incident summary, victim information, perpetrator information, protection and follow-up information, investigation and outcome information, sexual abuse review team information and whether there was a prosecution. Beginning in late November 2016, the information in this packet was automated and entered into a data base. This will allow for OH to review issues across their system as a whole or against like security institutions or geographic areas. The use of these analytics will provide data to improve the process or validate the process which exists. In addition to this being reviewed, the actual annual report for 2016 was reviewed. This report was completed manually without automation. Also the DOJ SSV for 2015 was reviewed as well as the Private Facility Report. There are only two private facilities in Ohio, both managed by different governing bodies. While not germane to this report the difference in data reported between the two facilities bear analysis. Other information reviewed included the policy on the Prison Rape Elimination Act, specifically regarding data definitions and collection requirements. The department should be commended for developing system which is automated and will result over time with significant data.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

Timeline for Deliverables:

#### 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.

Has the facility met every requirement established by the provision?  Yes  No

Explain the basis for this conclusion: This is an agency standard and provides for data review of information collected. This is the analysis part to the collection part of the PREA review.

Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The ODRC Annual PREA report as well as the ODRC webpage showing the availability of the PREA report was reviewed. An opinion is rendered that this standard could easily be combined with the standard on data collection. The automation of the PREA incident report will provide significant data where analysis can be developed. At this point in time, WCI is doing all it can to review data. When the automated system is ripe with data and fully functional, there is do doubt institutions and the agency can dissect information.

If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.

Corrective Action Steps To Be Taken:

**Timeline for Deliverables:**

**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.**

**Has the facility met every requirement established by the provision? X  Yes  No**

**Explain the basis for this conclusion: This is an agency standard which calls for incident based and aggregate data to be securely maintained. The information is maintained according to state and departmental record retention.**

**Describe in detail the evidence relied upon to reach this determination (Interviews, Documents, Observations): The following information was reviewed in making this determination. Policy 79-ISA-01, Prison Rape Elimination Act, which includes an entire section on data collection, monitoring and data retention, the ODRC record retention schedule which outlines that sexual abuse investigations are to be retained for a minimum of ten years after an inmate has reached their final release or death or in the case of an employee, 10 years after an employee is no longer employed by the agency. In the case of criminal action, records are retained according to the provisions of the criminal investigatory agency and/or Court.**

**If the facility does not meet any provision or provisions contained in the standard, detail corrective action recommendations and timeline for deliverables from the facility to demonstrate compliance with this provision. The process for deciding on required steps for corrective action should be collaborative with the facility/agency.**

**Corrective Action Steps To Be Taken:**

**Timeline for Deliverables:**

**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.

Arthur F. Beeler

7/17/17

Auditor Signature

Date