

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Belmont Correctional Institution		
Physical address:	68518 Bannock Road St. Clairsville, Ohio 43950		
Date report submitted:	April 2, 2015		
Auditor Information	Thomas Eisenschmidt		
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Email:	Tome8689@yahoo.com		
Telephone number:	315-730-7980		
Date of facility visit:	March 4-6, 2015		
Facility Information			
Facility mailing address: (if different from above)	Same		
Telephone number:	740-695-5169		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Dawn Ziants	Title:	Operations Compliance Manager
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Agency Information			
Name of agency:		Ohio Department of Rehabilitation and Correction	
Governing authority or parent agency: (if applicable)		State of Ohio	
Physical address:		770 West Broad Street, Columbus, Ohio	
Mailing address: (if different from above)		Same	
Telephone number:		614-752-1159	
Agency Chief Executive Officer			
Name:	Gary C. Mohr	Title:	Director
Email address:	Gary.Mohr@odrc.state.oh.us	Telephone number:	614-752-1164
Agency-Wide PREA Coordinator			
Name:	Andrew Albright	Title:	Chief, Bureau of Agency Policy and Operational Compliance
Email address:	Andrew.Albright@odrc.state.oh.us	Telephone number:	614-752-1708

AUDIT FINDINGS

NARRATIVE:

The auditor received PREA documents from the facility and the Agency (ODRC) approximately three weeks prior to the audit. Prior to arriving at Belmont Correctional Institution the auditor spoke with Tri-County Help Center, the advocacy group that provides support services for victims of sexual assault. The Director Cathy Campbell discussed in detail the services she provides to the facility. She indicated her address is listed on each poster throughout the facility so inmates may write directly to her. Her understanding is the mail is considered privileged and not inspected by staff. Which was confirmed by the facility Warden. She further indicated that phone calls to her agency are not allowed by the inmates, however she informed the auditor that the procedure requires the institution to make the call for the inmate and a member of her staff responds if required. The procedure was unable to be verified at the facility during the site visit as the phone notification for request of service was not documented. The notification/request process was changed to include an additional requirement notification line on the PREA response form.

The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the facility and Camp were toured prior to the actual start of the PREA. The entrance briefing for the PREA audit was held on March 4, 2015 and once that was completed the interview portion of the review began. The ACA provided an additional auditor to assist this auditor with interviews. A list of random inmates from each of the housing units, inmates disclosing prior victimization, inmates reporting allegations of sexual assault, a disabled inmate (blind), and inmates identifying GBTI were interviewed. This number totaled 20 inmates.

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

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

The auditor reviewed all thirty four (34) investigative case files with the facility investigator. Of the thirty three (33) cases thirteen (13) involved sexual harassment allegations. All thirteen (13) were against other inmates and were determined to be unsubstantiated. Twenty one (21) cases alleged sexual abuse. Eighteen (18) cases were filed against other inmates sixteen (16) were unsubstantiated, one (1) unfounded and one (1) under investigation. Three (3) allegations were made against staff. Two (2) of these cases were substantiated with a contractor being terminated and the second case outcome pending. The third allegation against staff is still under investigation.

At the conclusion of the site visit at Belmont the auditor met with the Warden and the Executive Staff. The auditor let those in attendance know that he could not give them a specific outcome at this point but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to insure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Belmont Correctional Institution (BeCI) was completed in the spring of 1995. BeCI is a Level 2 (medium) security institution that houses adult male offenders. The campus style design consists of eight dormitory housing units and five administrative buildings that are located inside a medium security fence containing razor wire and microwave detection system. The main compound at BeCI maintains a Segregation Unit that serves as disciplinary housing. It consists of 90 segregation cells divided into three ranges.

BeCI also incorporates a Level 1 (minimum) security camp that is called Belmont Correctional Camp (BeCC). Camp housing is also dormitory style, located inside a minimum-security fence with razor wire. Camp offenders are considered for jobs outside the Camp, which include the garage, the warehouse, A-Building and maintenance department. Minimum 1 offender may also work outside the institution on one of the three community service crews. These offenders may also participate in the institution's Speak Out program.

BeCI currently offers educational opportunities in Adult Basic Education, G.E.D., Special Education, Title One Services and Zane State College. They also have vocational programming in Turf Management, Horticulture, Barbering, Plumbing and Administrative Office Technology. Camp offenders have the same educational opportunities and Recovery Services. Many opportunities for self-improvement are offered to the offenders residing at BeCI. These opportunities, both mandatory and non-mandatory, are provided through Mental Health Services, Recovery Services, Recreation, Substance Abuse Programs, Religious Services, Therapeutic Community and Re-Entry Programs.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	6
Number of standards met:	35
Number of standards not met:	0
Non-applicable:	2

§115.11 - Zero tolerance of sexual abuse and coordinator

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The Ohio Department of Rehabilitation and Correction (ODRC) has 4 agency policies dealing with zero tolerance of sexual abuse and sexual harassment (79-ISA-01, 79-ISA-02, 79-ISA-03 and 79-ISA-04). While Belmont Correctional Institution specific policy for implementation of the agency policy to prevent, detect, and respond to sexual abuse and sexual harassment is 79-ISA-01 Supplement.

It was clear from the interview with the Director Gary Mohr that PREA is a top priority for him and his department. In 2014 he set specific goals for his agency regarding PREA. Each of his goals was met including eight of his facilities successfully completing PREA audits.

As previously noted Andrew Albright is the PREA Coordinator for the agency. He has direct access to the agency Director Gary Mohr and meets regularly with him specifically to discuss PREA matters. Andrew has a group of central office staff that work directly on PREA policy, standards adherence and computer streamlining of the audit process and monitoring. Andrew and this staff have a keen understanding of the standards and the audit procedures. He acknowledged that he has sufficient time to dedicate to his responsibilities ensuring PREA standards are followed and concerns addressed.

Dawn Ziants was placed in the position of PREA Manager at Belmont four months prior to the audit. She is very knowledgeable about the PREA standards and the process and made for a smooth site visit for the auditors. She indicated during her interview that she has sufficient time to perform her PREA duties.

§115.12 - Contracting with other entities for the confinement of inmates

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

As previously noted the auditor interviewed Kevin Stockdale, Deputy Director Administration, who oversees contracts with the two private prisons (Lake Erie Correctional Institution and North Central Correctional Complex). During his interview he indicated ODRC has a full time Contract Monitor at each facility to monitor day-to-day operations. These Contract Monitors report directly to the Regional Director. Mr. Stockdale further indicated that these two facilities receive numerous policy compliance site visits. These site visits include the Regional

Medical/Mental/Recovery Services Monitor, and the Regional Director with a Regional Team. The Bureau of Agency Policy and Operational Compliance conducts an annual Internal Management Audit to include a PREA Compliance Review. Contract facilities are required to follow ODRC Policies, which include all Zero Tolerance of Sexual Abuse and Sexual Harassment Policies . A PREA Compliance Review was conducted at both facilities in October 2014 with the next one scheduled to be held in June of 2015.

Lake Erie Correctional Institution and North Central Correctional Complex are both scheduled for their first PREA audit in the Fall of 2015.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC has a policy requiring each of its institutions establish and maintain a staffing plan. Belmont has such a plan that requires taking into account items such as generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations. Andrew Albright, PREA Coordinator and Dawn Ziants, PREA Manager are personally involved with this plan, which they review annually. Warden Michelle Miller indicated in her interview that she is notified each time there is any deviation from the plan. Except on the occasion of an emergency medical trip during the midnight shift the facility has not deviated from their staffing plan. Frequent unannounced rounds are made on all shifts by mid level supervisors. This was observed during the site visit.

§115.14 – Youthful Inmates

Belmont Correctional Institution has no youthful offenders. It is an adult facility. Standard does not apply.

§115.15 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Policy and practice at Belmont allow all inmates the opportunity to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their buttocks or genitalia. Female staff announces their presence by setting off an alarm each time they enter the inmate living area. The alarm is both a buzzer and blinking light. Interviews with inmates confirmed their knowledge of the meaning of this sight and sound alarm. The auditor observed female staff utilizing the system during the site visit.

Cross gender strip searches are not allowed per policy. If a body cavity search must be done it has to be conducted by medically trained staff. Policy also prohibits staff from frisking transgender and intersex inmates for the purpose of determining genitalia status. Interviews with staff confirmed these practices, as well as the review of the training lesson plans reinforcing these specific policies in the annual training. All staff has received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner.

§115.16 – Inmates with Disabilities and Inmates English Proficient

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Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC has established procedures in policy 79-ISA-01, to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility has a contract providing signing for the deaf as well as securing a contract with a service providing for all languages. The facility also provides handbooks on PREA policy and reporting in both English and Spanish to inmates. While on the reception unit, typically occurring on the second day after arrival, each inmate views a video on the agency zero tolerance on how to report and to whom. This video is close captioned and signed. During the site visit the auditor interviewed a blind inmate. He indicated he received all the zero tolerance information on sexual abuse and sexual harassment information in audio form. He indicated he knew how to report sexual abuse if necessary and was aware of third party reporting if needed.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The auditor spent a considerable amount of time reviewing personnel files and interviewing the Human Resource staff person. ODRC policy 34-PRO-07 prohibits hiring or promoting anyone who may have contact with inmates. It also prohibits enlisting the services of any contractor who may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. They are not allowed in any ODRC facility if they been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse been civilly or administratively adjudicated to have engaged in the activity. Background checks are done on all employees, contractors and volunteers prior to entering Belmont.

Policy 79-ISA-01 requires that criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates. Belmont is currently up to date with their 5-year recheck. The agency has a procedure in

place by which employees are asked to disclose any sexual misconduct under PREA. This will take place during the annual TB test done on all employees.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Belmont has not made any substantial expansions or modifications of the existing facility since August 20, 2012. There are currently 103 cameras throughout the complex none of which create privacy concerns. The Warden indicated that she submitted a request for camera upgrades in this budget year. She also indicated that if she secured money for the cameras the Sexual Abuse Review Team (SART), which includes the PREA Manager, would be involved in the camera placement decisions.

§115.21 – Evidence Protocol and Forensic Medical Examinations

XX Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The Belmont Correctional Institution Investigator is responsible for conducting all administrative investigations and the Ohio State Highway Patrol Investigator is responsible for conducting all criminal investigations. Each sexual abuse allegation is immediately referred to the Ohio State Patrol Investigator as a crime. It is handled as a criminal case until this investigator determines a crime was not committed at which time it is turned over to the facility Investigator as an administrative case. Both the facility investigator and the Ohio State Patrol attended the same Sexual Abuse training. The training content was reviewed and protocols were found to be adapted from DOJ's Office Sexual Assault Medical Forensic Examinations publication.

Belmont utilizes East Ohio Regional Hospital for forensic exams at no cost to the inmate. There have been four forensic exams conducted in the last 12 months, one conducted by a SANE Nurse and three conducted by qualified medical practitioners. The facility makes available a victim advocate from TRI County Help Center. There is currently a three-year MOU to provide advocate services to victims of assault. The auditor interview with the supervisor at this Center verified the service they offer and provide and she indicated that there have been no requests to date. Posters from this Center are placed throughout the facility providing contact information. There are no phone numbers posted, however Belmont staff offers to call this Center if the inmate wants. This offering is documented in the ODRC PREA paperwork. The facility also has a Victim Support Staff member on all shifts to provide advocate services to victims of assault. These qualified staff has received the additional training to provide this service.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Agency policy 79-ISA-01 requires that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. This policy and the MOU with the Ohio State Highway Patrol describe the responsibilities and process for the referral of allegations of sexual abuse or sexual harassment for a criminal investigation and is published on the ODRC website. The interviews with the ODRC Investigator and the Ohio State Highway Patrol Investigator demonstrated the process they follow and responsibilities.

§115.31 – Employee Training

XX 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)

Belmont Correctional Institution takes training of its' staff about the agency zero tolerance policy very serious. The Director made this very clear during his interview. The training curriculum follows all criteria outlined in the standard. All staff interviewed was clear on their responsibilities in dealing with sexual abuse and sexual harassment. Each staff member acknowledges by signature that they understand the training as well as each must take a PREA subject matter test until they pass it. Interviews of the random staff and general questions asked during the tour clearly indicated each staff member understands all policy aspects of responding to allegations of sexual abuse and sexual harassment. The training record indicated all staff at the Belmont has received the mandatory PREA training. The facility requires all staff receive annual refresher training instead of every two years as required by the standard.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All contractors and volunteers at the Belmont receive PREA training prior to assuming their responsibilities. The auditor reviewed training records in which they signed acknowledging understanding the training. Training files reviewed of contractors and volunteers demonstrated each received this training prior to assuming their duties. Interviews

conducted with a contractor and a volunteer detailed the training they received including the consequences for any violation to the ODRC policy.

§115.33 – Inmate Education

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Every inmate arriving at Belmont receives written materials on the agency zero tolerance to sexual abuse and sexual harassment describing how and to whom to report any incident. They are placed on the reception unit, and excluding Saturday and Sunday, each receives an in-depth orientation the next day after arrival on PREA. This includes a video that is close captioned and signed with a question and answer session with a staff member. Interviews with the intake staff and interviews with inmates confirmed that information is provided both verbally and in writing. The facility provided documentation those inmates, who arrived at the facility prior to the institution implementing PREA, signed that they received the PREA training.

§115.34 – Specialized Training: Investigations

XX Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The facility Investigator and the Ohio State Highway Patrol Investigator receive the same PREA investigation training and in most cases attend this training together. This additional training is provided through the PREA resource Center and the Moss Group. This training insures that administrative and criminal investigations are properly done to insure that confirmed allegations are not lost due to poor communication between Investigators. The auditor verified training records and certificates documenting these investigators received this additional training. The training included techniques for interviewing sexual abuse victims in confine settings, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The communication excellent working relationship between both agencies is impressive. Each Investigator keeps the other informed of every facet of the case.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

All the Medical and Mental Health staff assigned to Belmont has taken specialized training over and above the required staff PREA training. This specialized training lesson plan covered topics: how to detect and access signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond to victims and how and to whom to report incidents. Interviews with medical and mental health staff confirmed this specialized training was received. Training records also reflect all medical and mental health staff have received this specialized training.

§115.41 – Screening for Risk of Victimization and Abusiveness

XX 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)

ODRC policy 79-ISA-04 requires screening upon admission to each facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. This must be accomplished within 72 hours of arrival and normally completed in the day of arrival. The policy also requires that the facility reassess each inmate's risk of victimization or abusiveness not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Typically this reassessment is done within 14 days after arrival. The ODRC PREA Risk Assessment Process was originally implemented using paper forms and scanned into their document imaging system (Onbase). This continued until their automated PREA Assessment Process was put into production on September 8, 2014. This system allows each facility to easily share information throughout the Agency.

Upon admission to the facility, all inmates are immediately assessed by the Medical Department. The assigned nurse initiates the assessment and completes the first screen. The Nurse asks: 1) if the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) the physical build of the inmate; (4) Whether the inmate has previously been incarcerated. (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) the inmate's own perception of vulnerability; and (10) whether the inmate is detained solely for civil immigration purposes. The Nurse also determines if the inmate is perceived to be gender nonconforming. The assessment is then put into a queue for the Case Managers.

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

If a PREA Classification is recommended, the UMC in conjunction with the Unit Team determines the final classification and develops the PREA Accommodation Strategy. This strategy addresses housing, programs, work and education with the goal of keeping the inmates safe. All transgender and intersex inmates are automatically referred to the PREA

Accommodation Strategy Team. This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health staff. The teams meet with the inmate to discuss his views and develop a PREA Accommodation Strategy.

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

As noted in standard 115.41 Belmont uses information from the risk screening required to inform housing, bed, work, education, and program assignments with the goal of keeping separate and closely monitoring those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. If an inmate is designated as a victim, potential victim, abuser or potential abuser the Accommodation Strategy Team addresses housing, work, and program assignments. Supervisors in each these areas have limited access to the risk assessment information only allowing them to know the PREA classification not the reasons for it. Assignments for transgender and intersex inmates are done individually after discussion with the inmate.

§115.43 – Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-04 prohibits the placing of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. There has been no case where segregation was used to place inmates at high risk of victimization in the last 12 months. This was confirmed with both the Warden and Segregation Supervisors. Inmates interviewed, at risk for victimization, indicated they were never placed in segregation.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC has established procedures allowing for multiple internal ways for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Belmont utilizes Franklin County Juvenile Detention Facility as the way for their inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. There is an MOU with this agency that requires immediately notifying the

facility that a report of sexual abuse had been made. The inmate may make the alleged abuse report confidentially to the number indicated on the posters throughout the facility. This number is monitored 24 hours a day. Franklin County Detention Facility notifies the Chief Inspector for ODRC who in turns immediately notifies the facility Investigator so a PREA case can be initiated.

ODRC policy 79-ISA-01 mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. This mandate was confirmed to the auditor during random staff interviews and with the interview with the investigator.

§115.52 – Exhaustion of Administrative Remedies

Belmont does not have administrative procedures through the inmate grievance process regarding sexual abuse. THE STANDARD IS NOT APPLICABLE

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Belmont provides inmates with access to Tri County Help Center, a victim's advocate, for emotional support services related to sexual abuse. Posters through out the facility list the mailing address for this group and letter go out to this agency are treated as confidential correspondence meaning the envelope is sealed by the inmate and not opened. The phone number is not listed, however inmates can request their unit team reach out to the Center for any support services. If needed as a result of an alleged sexual assault the inmate is asked as part of the PREA process if he would like the facility to contact Tri County Help Center for advocacy services with the request and response being documented. Belmont has an MOU for three year until 2-19-2017 to provide support and advocate services. The auditor spoke with the Director who confirmed the service that the Center would provide and she also indicated they have never received a phone call or mail from an inmate to date. Random interviews with inmates reflected that they were aware of the posters around the facility but since they had no specific need, were not sure of the services provided.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Belmont has third party reporting of sexual abuse or sexual harassment through the Agency web site. There is a PREA section on the page allowing anyone to make a sexual abuse allegation on behalf of any inmate. There are posters at the entrance to the facility and in the visiting room alerting visitors how to make a report on behalf of an inmate. Interviews with inmates indicated they were generally aware of third party reporting and how to

accomplish it. Some of the inmates indicated during the random interviews that since the issue did not really affect them they did not pay much attention to the phone numbers on facility posters and the information available on the web page.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires all staff to report immediately any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. This policy also prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. Interviews of staff and a review of investigative files indicted compliance to this reporting requirement.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy requires that anytime the agency or facility learn that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Staff interviewed indicated that they would follow the same protocols as if an inmate actually reported he was sexually assaulted. The inmate is immediately secured, supervisor notified, Investigator and PREA Manager notified. The process was also reaffirmed during the Warden interview. She indicated that there were no reported inmates at substantial risk during the last 12 months.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility must notify the head of the facility or appropriate office of the agency/facility within 72 hours where sexual abuse is alleged to have occurred. There was one allegation, occurring at another facility, made at Belmont during the previous 12 months. The investigation file noted the date and time the allegation was made and the date and time the sending facility Warden was notified. The notification was made on the same day accomplished the same day. Belmont

has received no complaints from other facilities.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 outlines the specific duties of security and non-security personnel responding to allegations of sexual abuse. Staff interviews demonstrated that all knew the policy and practice to follow. Staff was very cognizant about ensuring safety and the well being of the alleged victim while ensuring that physical evidence is not destroyed or contaminated.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Belmont 79-ISA-02 Supplement is the written institutional plan coordinating actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Executive staff elaborated each of their responsibilities in their coordinated efforts, during their interviews.

§115.66 – Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

The Ohio Department of Rehabilitation and Correction has not entered into a new or renewed any Collective Bargaining Agreement since August 20, 2012. The current agreement allows the Agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation. One contractor was terminated as a result of a sexual abuse investigation during the last 12 months.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 states that any inmates or staff member who reports sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation will be free from retaliation by other inmates or staff. Investigator Paul Bumgardner is the staff person charged with monitoring retaliation. The interview with the Investigator and his investigative files support inmate periodic monitoring for at least 90 days and longer if needed. The monitoring requires looking at the inmate work assignments, disciplinary reports and evaluations and talking with the inmate. He indicated he would monitor staff retaliation much in the same way (job assignments and evaluations). There have been no retaliation complaints made during the last 12 months.

§115.68 – Post-Allegation Protective Custody

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC 79 ISA-04 prohibits the facility from placing inmates in segregation for protection who allege to have suffered sexual abuse unless no alternative is available. If placed there prisoners must be provided programs, privileges, education and work or document why they didn't receive them. Interviews with the Warden, Special Housing Unit Supervisor and segregation line staff confirmed that segregation has not been used to house inmates for protection after an alleged sexual assault.

§115.71 – Criminal and Administrative Agency Investigations

XX Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

As previously mentioned all allegations of sexual abuse are immediately turned over to the Ohio State Highway Patrol Investigator for investigation as a crime. If he determines no crime was committed the Belmont Investigator conducts an administrative investigation. The auditor reviewed the training records of the facility investigator. He has received special training in this area as previously noted. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as prisoner or staff. All twenty-one alleged sexual abuse investigative files were reviewed. Two cases were substantiated. One resulted in termination of a contract staff member. It was turned over for prosecution but the DA refused to prosecute. The second case is still pending resolution. Random interviews conducted with inmates (alleging sexual abuse) indicated that the

response to each of their allegations was immediate and complete. Each stated that there was no retaliation as a result of their complaint.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. This threshold was reflected during the interviews with the Investigator and the Warden.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires that any inmate who makes an allegation that he suffered sexual abuse in an agency facility is informed verbally as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The inmate notification is maintained in the investigative file.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policies 79-ISA-01 and 31-SEM-02 mandate that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policies also provide disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. There have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment within the last 12 months.

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policies 79-ISA-01, 71-SOC-01 and Standards of Conduct requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. During the last 12 months a contractor was observed kissing an inmate. An investigation was initiated, it was determined the employee violated the ODRC zero tolerance policy and she was removed from the facility and terminated by the company that employed her. Her name was added to a no hire list maintained by the Agency. The case was referred to the DA and was not prosecuted.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC prohibits all sexual relations between inmates. Anyone found guilty of this behavior at a disciplinary hearing receives a sanction. Sanctions are commensurate with the nature and circumstances of the abuse committed taking into account whether mental disabilities contributed. The policy was confirmed with the Warden during her interview.

§115.81 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-04 requires all inmates at the facility who have disclosed any prior sexual victimization during a risk assessment screening be offered a follow-up meeting with a medical or mental health practitioner within 14 days. The interview with the Mental Health Supervisor substantiated this practice. He also provided the auditor with documentation showing an inmates disclosure during the intake process and the follow-up meeting with the practitioner occurring within the 14 days. An interview with an inmate indicating prior sexual victimization also confirmed his receiving a follow up meeting and stated it occurred within 7 days of the disclosure.

This same policy requires that all inmates who perpetrated sexual abuse be offered a follow up meeting with a mental health practitioner. The Mental Health Supervisor brought files for

the auditor showing the services were offered.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

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

All medical and mental health staff is required to document the timeliness of emergency medical treatment and crisis intervention services that are provided. Treatment services provided to every victim is performed without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As previously indicated forensic examinations are performed at East Ohio Regional Hospital. Timely information and services concerning contraception and sexually transmitted infection prophylaxis are provided by the hospital or immediately on return according to policy and interview with the Health Administrator.

§115.83 – Ongoing medical and mental victims and abusers

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Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility with no cost to the inmate. The interviews with the Health Services Director and inmates reporting prior victimization verified practice to this policy. The policy further requires facility to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. This practice was confirmed in the interview with the Mental Health Director and review of a record of a know inmate abuser.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-03 requires each facility, within the Agency, conduct a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation had been determined to be unfounded. This is accomplished at Belmont through the Sexual Abuse Review Team (SART). The Committee is comprised of the Deputy Warden for Operations, Deputy Warden for Support Services, Investigator, PREA Compliance Manager, and a representative from medical and mental health. Interviews with members of this team went into detail of what is reviewed. The auditor reviewed two examples of completed reviews. These reviews are forwarded to the Warden and if the team makes a recommendation then it must be implemented or documented why it was not.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC and Belmont collect accurate and uniform data on every facility in the Agency including the two private facilities. The data collected from these two facilities is not included in the aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2014 deadline. The information supplied in this report to DOJ is accumulated from each facility utilizing the PREA Incident Packet System. This set of forms documents the PREA process from the allegation through the review on every case even unfounded. The Agency is currently in the process of automating this system so data can be retrieved and shared by those staff that has a need to access.

§115.88 – Data Review for Corrective Action

XX 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)

Each year, ODRC collects accurate, uniform data for every allegation of sexual abuse and completes the Survey of Sexual Violence (SSV) report. The SSV report provides information on every allegation of inmate on inmate and staff on inmate sexual abuse and is posted on the ODRC web site that is available to the public. ODRC completes an annual internal report that targets confirmed inmate on inmate and staff on inmate sexual abuse incidents. This report provides a comparison of incidents from 2012 and 2013 and is utilized by the ODRC PREA Coordinator to identify problem areas and formulate corrective measures in efforts of reducing future incidents of sexual abuse. ODRC has compiled its second internal report since ODRC's full implementation of the PREA standards. Noted in the latest report, the number of staff on inmate contact sexual assaults drastically decreased from 39 incidents in 2012 to 3 incidents in 2013. The PREA Coordinator determined that the reason for such a dramatic decrease is the fact that there was a reporting error within last year's internal PREA report. The actual number of confirmed staff on inmate sexual assaults for 2012 was

12. The reason it was erroneously reported as 39 instead of the correct number of 12 was due to "allegations" being reported rather than solely "confirmed" cases. Therefore, the actual decrease in confirmed staff on inmate sexual assaults was from 12 in 2012 to 3 in 2013. It should be noted that this error was properly reported within the ODRC Institutional Climate Reporting System. Further investigation confirmed that the 3 cases involved contractors (Aramark) in the last quarter of 2013 and not DRC staff. There were still inappropriate relation cases involving DRC staff and inmate (letters, phone conversations, etc.); however, no cases involved confirmed sexual abuse acts. ODRC takes seriously its reporting responsibility and corrects data to insure focus is dedicated to the correct areas as necessary.

§§115.89 – Data Storage, Publication, and

Destruction

Exceeds Standard (substantially exceeds requirement of standard)

XX Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-01 requires that aggregated sexual abuse data from facilities under its direct control including the two private facilities is made readily available to the public at annually on its website. The document was verified on the web site. ODRC Retain 10 years after inmate has reached final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Thomas Eisenschmidt

April 2, 2015

Auditor Signature

Date