

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report:

Auditor Information			
Auditor name: Thomas Eisenschmidt			
Address: 26 Waterford Lane Auburn, NY 13021			
Email: tome8689@me.com			
Telephone number: 315-255-2688			
Date of facility visit: April 6-8, 2016			
Facility Information			
Facility name: Chillicothe Correctional			
Facility physical address: 15802 State Route 104 North Chillicothe Ohio 45601			
Facility mailing address: <i>(if different from above)</i> PO Box 5500 Chillicothe Ohio 45601			
Facility telephone number: 740-774-7080			
The facility is:	<input type="checkbox"/> Federal	<input checked="" type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Charlotte Jenkins			
Number of staff assigned to the facility in the last 12 months: 513			
Designed facility capacity: 1673			
Current population of facility: 2609			
Facility security levels/inmate custody levels: L 1-3			
Age range of the population: 18-65			
Name of PREA Compliance Manager: Tanya Moody		Title: Operational Compliance Manger	
Email address: Tanya.moody@odrc.state.oh.us		Telephone number: 770-744-0201	
Agency Information			
Name of agency: Ohio Department of Rehabilitation and Correction			
Governing authority or parent agency: <i>(if applicable)</i> State of Ohio			
Physical address: 770 West Broad Street, Columbus, Ohio			
Mailing address: <i>(if different from above)</i>			
Telephone number: 614-752-1159			
Agency Chief Executive Officer			
Name: Gary C Mohr		Title: Director	
Email address: Gary.Mohr@odrc.state.oh.us		Telephone number: 614-752-1164	
Agency-Wide PREA Coordinator			
Name: Andrew Albright		Title: Chief, Bureau of 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 Chillicothe Correctional Institution and the Agency (ODRC) approximately 35 days prior to the audit. The auditor had the opportunity to speak with the Sexual Assault Response Network Central Ohio (SARNCO), the advocacy group that provides support services for victims of sexual assault during the site visit. The Director Heather Murphy discussed in detail the services she provides to the facility. She indicated her address and phone number is listed on each poster throughout the facility so inmates may call and write directly to her. She confirmed inmates from the facility have made contact with the agency.

The entrance briefing for the PREA audit was held on April 6, 2016 and once completed the facility tour was started. Due the size of the facility the tour was split between the first and second day. At the conclusion of the first day tour interview portion of the review began. A list of random inmates from each of the housing units, inmates disclosing prior victimization, inmates reporting allegations of sexual assault, a disabled inmate, and inmates identifying LGBTI were interviewed. This number totaled 22 inmates including three (3) from death row.

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

The auditor spent a significant amount of time with the Facility Investigator reviewing investigative files and the handling of each case. He is very thorough, precise and very conscientious. The auditor reviewed all thirty two (32) investigative case files, filed within the last 12 months, with the facility investigator. Of these cases fourteen (14) involved sexual harassment allegations. There were none made against staff, three (3) were substantiated, nine (9) were unsubstantiated and two (2) were unfounded. Chillicothe conducted eighteen (18) sexual abuse investigations. As with the sexual harassment allegations there were no allegations of sexual abuse made against staff. Of these eighteen case (18), thirteen (13) were unsubstantiated, one (1) was substantiated and four (4) were unfounded.

The audit notification and contact information was posted throughout the facility alerting inmates and staff of the audit dates and times. The auditor heard no concerns about any cases from the inmates during the site visit, during his tour of the facility or during random interviews of inmates. The auditor did not receive any letters, confidential or otherwise from any inmate prior to or during the site visit.

At the conclusion of the site visit at Chillicothe Correctional Institution the auditor met with Warden Jenkins and her 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 ensure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS

Chillicothe Correctional Institution (CCI) was constructed in the 1930's, in the brick architecture and the campus/telephone pole style, and was known as the Chillicothe Federal Reformatory until it was purchased by the State of Ohio in 1966. The adult male inmate facility is located in Chillicothe, Ohio and was built to house 1,673 inmates. Their current population is presently 2,755. Within the 72 acre of the secure perimeter are thirteen (13) level 1&2 general population housing units and three (3) death row housing units. Outside of this perimeter is the farm center that contains 1,472 acres. Each day approximately 80-100 level 1 inmates are transported to there. CCI provides a broad range of rehabilitative programs and activities in a safe and secure environment, and it does so while housing the large institutional population. Violence outcome measures and use of force rates are below prison averages. The facility offers a high rate of academic enrollment, as well as high enrollment in reentry-certified unit programs. Additional activities include inmate-led groups, book clubs, community service activities, among others. CCI was the pilot site for a new sex offender program, which has reportedly performed well. It houses the Horizons Program, which is an inter-faith dorm, and it recently implemented a Therapeutic Community for inmates in recovery, in addition to its other addictions-based services. In addition, CCI operates two OPI shops that employ a total of 203 inmates, providing meaningful work skill development. It also offers broad access to the library and has a strong accountability system in place for reentry preparation.

“The Chillicothe Correctional Institution's (CCI) focus on the Ohio Plan will strive to reduce violence and recidivism by being responsive to the concerns of staff and the needs of offenders. CCI will provide educational opportunities for staff as well as increased responsibility and personal growth for offenders thus leading to successful reintegration back into society and creating better community partnerships. CCI will provide educational opportunities for staff as well as increased responsibility and personal growth for offenders thus leading to successful reintegration back into society and creating better community partnerships”

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 6

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

The Ohio Department of Rehabilitation and Correction (ODRC) has 5 agency policies dealing with zero tolerance of sexual abuse and sexual harassment (79-ISA-01, 79-ISA-02, 79-ISA-03 and 79-ISA-05). These policies outline the approach the Agency takes to implement its' approach to preventing, detecting, and responding to sexual abuse and sexual harassment in each of its' facilities. This policy includes definitions of prohibited acts/behaviors regarding sexual abuse and sexual harassment and penalties for anyone found guilty of violating these policies. Chillicothe Correctional Institution has a local policy for implementation of these agency policies to prevent, detect, and respond to sexual abuse and sexual harassment. The policy further describes the coordinated efforts of the administration, investigators, medical and mental health practitioners and prea compliance manager in responding to allegations of sexual abuse and sexual harassment. The auditor has the opportunity to interview the Agency Director, Gary Mohr, in February 2016. During the interview he reaffirmed his commitment to insure that the facilities within his Agency are compliant with the PREA Standards and safe for inmates and staff. He also indicated that all expansions and major facility modifications take into account PREA and inmate safety with respect to design and installing video enhancements.

Andrew Albright is the PREA Coordinator for the agency. He has direct access to the Director Gary Mohr and meets regularly with him specifically to discuss PREA matters. Andrew has talented individuals working with him in Central Office, Mark Stegemoller, PREA Compliance Administrator, and Charlotte Owens, PREA Compliance Administrator (North Region), Andrew and this staff have a thorough understanding of the standards and the audit process and pass this information to the Wardens and Compliance Managers at each facility. Andrew acknowledged that he has sufficient time to dedicate to his responsibilities ensuring PREA standards are followed and concerns addressed during his interview.

Tanya Moody is the PREA Compliance Manager at Chillicothe Correctional Institution. She indicated during the interview that she has sufficient time to perform her PREA duties and responsibilities. During the on site visit the auditor was impressed with the depth of her PREA Standard knowledge. She has the respect of the staff with direct access to the Warden, to whom she reports directly to.

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)

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In February 2016 the auditor interviewed Leslie Piatt, Senior Financial Administrator as the individual who oversees contracts with the two private prisons within the Ohio Department of Rehabilitation and Corrections. According to him any new contract or contract renewal provides for agency contract monitoring to ensure that the contractor is complying with the PREA standards. There are currently two private prisons within ODRC and each has a full time Contract Monitor to monitor day-to-day operations. Along with each of these individuals Central Office conducts numerous policy compliance site visits, which includes compliance to all PREA policies. Both of these private facilities have recently received successful PREA audit,

Standard 115.13 Supervision and monitoring

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

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Chillicothe Correctional Institution has an institutional staffing plan. This plan takes into account items such as; generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations as well as the placement of video enhancements. During her interview the Warden indicated she receives a daily summary of the facility activities and it includes a report of staffing and any deviation.

There are currently 184 cameras inside Chillicothe and 10 outside. Most of the inside cameras are in general meeting areas such as classrooms, recreations areas and dining rooms. The ones placed in the living areas do not create crossing gender viewing issues for inmates showering, changing clothes or utilizing the toilet.

Interviews with intermediate supervisors demonstrated compliance to Department Policy 310-SEC-31 requiring intermediate-level and higher-level supervisors to conduct and document unannounced rounds on each shift. Agency Policy 50-PAM-02 prohibits staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Intermediate and high level interviews indicated that they make rounds at random times visiting all areas in a random sequence.

During the February 2016 interview with Andrew Albright, PREA Coordinator he indicated he was personally involved with reviewing staffing requirements and appropriate numbers of assigned staff. He indicated he annually reviews the facility staffing taking into accounts recommendations from the Facility.

Standard 115.14 Youthful inmates

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

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There are no youthful inmates at Chillicothe, therefore the standard is not applicable.

Standard 115.15 Limits to cross-gender viewing and searches

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

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ODRC Policy 310-SEC-01 prohibits staff from conducting cross gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The auditor reviewed training records demonstrating all staff has received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner plus the required annual training for 2013, 2014 and 2015. This training lesson plan also reinforces the policy of never frisking transgender and intersex inmates for the purpose of determining genitalia status. The auditor confirmed the staff knowledge of the policy and practice during the interviews of random staff. The auditor observed female staff announcing their presence when entering the male inmate living areas. Interviews with the inmates also confirmed this practice is being done.

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

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

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

On arrival at the Chillicothe each inmate receives a facility handbook with information on the Agency PREA policy. This booklet contains phone numbers and addresses informing inmates how and to whom to report sexual abuse or sexual harassment. Along with this written material inmates must watch the PREA informational video. This video is close captioned and signed. At the conclusion of the video inmates are allowed to ask questions of staff regarding PREA and on information they received. For those inmates that can not speak English or where there are no staff to interpret the facility has a contract with Affordable Language Services which also provides signing for the deaf as well as providing interpretive services for all languages. .

During the site visit the auditor interviewed a mentally challenged inmate. He indicated he received all the agency zero tolerance policy information on sexual abuse and sexual harassment. When questioned by the auditor he indicated he knew how to report sexual abuse if necessary and was aware of third party reporting if needed. In every instance where the auditor questioned staff about the use of interpreters in sexual abuse/harassment cases, the staff indicated they couldn't be used except in limited situations.

Standard 115.17 Hiring and promotion decisions

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

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The auditor interviewed Kim Rowe, Agency Human Resources Administrator in February 2016. Policy 79-ISA-01 requires that criminal background record checks be conducted on anyone (employee, contractor, volunteer) who has contact with any inmate. Employees and contractors are required to have an additional background check done at least every five years. This policy was confirmed by Chillicothe staff as well. This facility is currently up to date with their 5-year recheck of criminal backgrounds. The agency also has a procedure in place by which employees are asked to disclose any sexual misconduct under PREA. It is completed by December 31st of each year by the PREA Compliance Manager. The facility is up to date on this process as well.

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.

Chillicothe Correctional Institution has not made any substantial expansion or modifications to the existing facility since August 20, 2012. There are currently 194 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 the money for the cameras is approved, the Sexual Abuse Review Team (SART), which includes the PREA Compliance Manager, would be involved in the camera placement decisions.

Standard 115.21 Evidence protocol and forensic medical examinations

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

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Sexual Abuse and Sexual Harassment investigations are at the heart of the agency zero tolerance policy after training and screening. This was confirmed during the Agency Director interview and those interviews conducted with the Facility Investigator and the State Police Investigator. Both Investigators attended the same Sexual Abuse training. The training content was reviewed and the protocols were found to be adapted from DOJ's Office Sexual Assault Medical Forensic Examinations publication adopted after 2011. Both State agencies go to great lengths to ensure no case is jeopardized because correct protocols are not followed.

Chillicothe utilizes the Adena Regional Medical Center is the local hospital that Dayton utilizes for all forensic exams. This examination is typically performed by a Sexual Assault Nurse Examiners (SANEs) and there is no cost to the inmate for any part of this exam or any follow up if necessary. There have been no forensic exams conducted by this hospital in the last 12 months.

The Sexual Assault Response Network Central Ohio (SARNCO) provides advocate support service for inmates housed at Chillicothe. As requested by the victim, the victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals when necessary. This was verified by the auditor during the interview with the Advocate Director. There is currently a three-year MOU to provide these advocate services to victims of sexual assault. There are phone numbers and addresses posted in each of the housing Units including the death row units. The facility also has trained Victim Support Staff members to provide advocate services on all shifts to alleged victims of assault. These

qualified staff have received the additional training to provide this service. The auditor did verify the training that each receives through the training office..

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.

A Criminal Investigations or an Administrative Investigation must be conducted for all allegations of sexual abuse and sexual harassment. This is a mandatory requirement of ODRC policy 79-ISA-01. stipulating that allegations of sexual abuse are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Those not rising to the elements of a crime are handled administratively by the facility investigator. ir ODRC has a written MOU with the Ohio State Highway Patrol outlining their responsibilities in the process of handling sexual abuse investigations. This investigation policy for sexual abuse investigations is published on the ODRC website.

Standard 115.31 Employee training

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

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ODRC puts a strong emphasis on staff training. Each staff member, regardless of title, is trained as a first responder. At the conclusion of the mandatory PREA training each staff member must take and pass a curriculum exam. Should they fail to pass the test the individual must retake the class. The training curriculum follows all criteria outlined in the standard. All staff interviewed were clear on their responsibilities in dealing with sexual abuse and sexual harassment. All staff carry a laminated card which outlines how to respond to any sexual abuse case so that safety of the prisoner is paramount and evidence is preserved to ensure a successful prosecution. ODRC training requirement is that all staff receive PREA training annually instead of every two years as the standard requires. The auditor verified that staff at Chillicothe received the mandatory PREA training for years 2013, 2014, and 2015.

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)

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Contractors and volunteers at the Chillicothe receive the ODRC PREA training prior to assuming their responsibilities. The auditor reviewed training records in which they sign acknowledging understanding and receiving this training. Contractor and Volunteer training documents demonstrate each received this training prior to assuming their duties. An interviews conducted with a contractor confirmed was received before working and included the consequences for any violation to the ODRC policy.

Standard 115.33 Inmate education

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

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Each inmate arriving at Chillicothe receives an orientation booklet upon the day of arrival. This booklet contains information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing. It also contains the contact information for support services from the Sexual Assault Response Network Central Ohio (SARNCO). Within seven days of arrival the inmate receives an in-depth orientation to the acilty and on PREA. This includes a video that is close captioned and signed with a question and answer session with a staff member upon completion of the video. Interviews conducted with the intake staff and interviews conducted with inmates confirmed that information is provided both verbally and in writing. The facility provided documentation those inmates who have been at the institution prior to the implementation of PREA received written materials and viewed the video.

Standard 115.34 Specialized training: Investigations

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

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The Chillicothe Investigator and the Ohio State Highway Patrol Investigator both attended the same PREA Investigators Training through the Moss Group. During each of their interviews they indicated the specialized training each received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnhe Chillicothe Investigator and the Ohio State Highway Patrol Investigator both attended the same PREA Investigators Training through the Moss Group. During each of their interviews they indicated the

specialized training each received included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Among other things, this training ensures proper communication is achieved so that cases are not lost due to poor communications. During the investigative process each keeps the other informed through constant contact via the phone or email.

The facility investigator confirmed he takes into account the mental illnesses, intellectual disabilities, and other issues that evolve when conducting his investigations. The auditor was able to see the excellent working relationship between both agencies.

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The facility investigator confirmed he takes into account the mental illnesses, intellectual disabilities, and other issues that evolve when conducting his investigations. The auditor was able to see the excellent working relationship between both agencies.

Standard 115.35 Specialized training: Medical and mental health care

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

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ODRC policy requires that all full- and part-time medical and mental health care practitioners are trained to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report all allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirmed they had received this training over and above the mandatory PREA training. The auditor also had the opportunity to review a random sampling of medical and mental health staff training records confirming this training was received

Standard 115.41 Screening for risk of victimization and abusiveness

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

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During the week, each inmate at Chillicothe receives a screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates upon his arrival. Inmates wait no longer than 72 hours after arrival. The auditor observed the following intake process while at Chillicothe. Upon admission to the facility, the inmate is 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 is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (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) whether the inmate is perceived to be gender nonconforming. The Nurse also determines if the inmate is perceived to be gender nonconforming.

Any inmate who may be at risk based on this screening is immediately sent to mental health and or medical. Upon completing this part of the assessment it is placed into a queue for the Case Managers part in the process. It is important to note that the entire risk assessment is electronic with notifications popping up to the next staff person in the process so no inmates gets lost in the process. The ODRC PREA Risk Assessment Process was originally implemented using paper forms and scanned into their document imaging system (Onbase). This continued until their automated PREA Assessment Process was put into production on September 8, 2014. This system allows each facility to easily share information throughout the Agency as well.

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. 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.

The policy also requires that the facility reassess each inmate's risk of victimization or abusiveness within 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.

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)

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The intake staff member at Chillicothe went into detail on how the information gleaned from the intake process along with information from the PRE-Sentence Report is used for making housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The placement of transgendered and/or intersex inmates is done only after a careful review of each case by the PAST (PREA Accommodation Strategy Team) committee. Transgender and Intersex inmates receive a face-to-face review at least every six months where their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned.

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.

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 Supervisor. Inmates interviewed, at risk for victimization, indicated they were never placed in segregation.

Standard 115.51 Inmate reporting

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

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

Inmates at Chillicothe have numerous ways to privately report sexual abuse and sexual harassment. Inmates can send sealed mail to the Warden, Central Office staff, they can call numbers provided to Central Office Investigators, they can verbally tell staff or have their family or friends make allegation via the agency web site, calling the institution directly or by calling Central Office. Chillicothe inmates are also provided a phone number and address to contact Franklin County Juvenile Detention Facility should they want to contact an Agency not related to 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 turn immediately notifies the facility Investigator so a PREA case can be initiated. Random inmate interviews confirmed inmates were aware of ways to report sexual abuse should they need to.

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.

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.

Chillicothe does not have administrative procedures through the inmate grievance process regarding sexual abuse complaints. THE

STANDARD IS NOT APPLICABLE

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.

The Sexual Assault Response Network Central Ohio (SARNCO) provides Chillicothe inmate victims of sexual abuse emotional support services. Posters were observed throughout the facility list the mailing address and phone number for this group and letters mailed out to this agency are treated as confidential correspondence meaning the envelope is sealed by the inmate and not opened. The phone number is listed, and can be dialed from the inmate phone without a charge. The auditor spoke with Director Heather Murphy who confirmed an MOU with the facility to provide support services with victims of sexual abuse. She also confirmed some of the inmates at Chillicothe have taken advantage of the services they provide. The three year MOU expires in 2017. The auditor spoke with the Director who confirmed the service that the Center would provide. Random interviews with inmates reflected that they were aware of the posters around the facility but since they had no specific need, were not sure of the services provided.

Standard 115.54 Third-party reporting

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

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

ODRC web page has a direct link for a family member or friend to make a PREA allegation on behalf of any inmate incarcerated at Chillicothe. The Auditor observed 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.

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.

Policy 79-ISA-02 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, as well as retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. This same policy 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 with staff and a review of investigative files indicted compliance to this reporting requirement.

Standard 115.62 Agency protection duties

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

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

79-ISA-02 policy requires that anytime the agency or facility learns 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 should they learn an inmate is in imminent danger of being sexually abused. The inmate would be 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.

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.

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. The auditor reviewed two cases during the site visit. The first involved an allegation made on the day of arrival at Chillicothe of sexual abuse at the sending facility. The facility Warden where the allegation of sexual abuse took place was notified on the next day via FAX to initiate an investigation. The second case involved the Chillicothe Warden receiving a notification from a facility where a Chillicothe inmate was just transferred alleging sexual abuse while an inmate at Chillicothe. The Chillicothe Warden received the notice the same day the allegation was made at the receiving facility.

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.

The Agency Policy (79-ISA-02) clearly specifies procedures for all staff to respond to an allegation of sexual abuse, Regardless of rank or title each staff member at Chillicothe is trained as first responders to allegations of sexual abuse. The random staff interviewed displayed a genuine commitment to ensure the safety and the well-being of the alleged victim while ensuring that physical evidence is not destroyed or contaminated. The staff that the auditor interviewed were well versed from memory on what and what not to do.

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.

Chillicothe Correctional Institution Zero Tolerance Policy CCI-26 is the written institutional plan coordinating all actions to be taken in response to a sexual abuse incident among staff first responders, medical and mental health practitioners, investigators, and facility leadership. During the specialized staff interviews and the interview with the Warden and PREA Compliance Manager each elaborated on the content of this policy and discussed their roles in the coordinated response.

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

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

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

The Ohio Department of Rehabilitation and Correction has 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.

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.

79-ISA-02 protects all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The Facility Investigator is charged with monitoring staff and inmate retaliation. For at least 90 days following a report of sexual abuse, the Investigator is required to monitor inmates and/or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation.

During the Investigator interview he stated he monitored inmate disciplinary reports, housing assignments, program/work assignment changes, and performance reviews. He also indicated that such monitoring could extend beyond 90 if warranted. A review of the case files, during the site visit, indicated compliance to this policy.

Standard 115.68 Post-allegation protective custody

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

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

ODRC 79 ISA-04 prohibits the facility from placing inmates in segregation for protection that alleged to have suffered sexual abuse unless no alternative is available. During the course of interviews conducted with the Warden, the Special Housing Unit Supervisor and a segregation line staff member each confirmed that segregation has never been used to house inmates for protection after an alleged sexual assault. The interview conducted on an inmate that alleged sexual abuse indicated he was never placed in segregation at any point in the investigative process.

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.

ODRC policy 79-ISA-01 stipulates that all allegations of sexual abuse and sexual harassment, be done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. All allegations of sexual abuse are immediately turned over to the Ohio State Highway Patrol Investigator for investigation as a crime. If she determines no crime has been committed the allegation is turned over to the Chillicothe Investigator to conduct an administrative investigation. There is a three you MOU with the Ohio Department of Safety and the Ohio Department of Rehabilitation and Correction outlining both agencies responsibilities. As previously noted both the Facility Investigator and the Ohio State trooper received the same training. The auditor verified their attendence.

Both Investigators stated that the investigative process involves gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviewing alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The investigators indicated that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff. All eighteen alleged sexual abuse investigative files were reviewed. One (1) case was substantiated thirteen (13) were unsubstantiated and four (4) were unfounded. All of these cases involved inmates. There were no sexual abuse investigation alleged against staff. 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.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. Both the Warden and the Investigator indicated adherence to this threshold during their interviews.

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.

ODRC policy 79-ISA-02 requires that any inmate who makes an allegation that he suffered sexual abuse in an agency facility is informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The policy further requires that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged. The inmate notification is 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. As noted earlier there have been no sexual abuse allegation made against any staff member at Chillicothe.

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.

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. Staff at Chillicothe that were interviewed were well aware of the consequences of violating the agency policy

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.

As previously noted in the training of contractors and volunteers, the auditor interviewed a contractor who indicated during the interview interviewed they were informed of the consequences of violation of ODRC policies 79-ISA-01, and 71-SOC-01 and Standards of Conduct. These policies require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. There have been no allegations of sexual abuse or sexual harassment made against any contractor or volunteer at Chillicothe.

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.

Policies 56-DSC-01 and 79-ISA-02 deal with the inmate disciplinary process and prohibitions against all sexual relations between inmates. All inmates at Chillicothe found to have engaged in a sexual relationship with another inmate receive a rules infraction. Anyone found guilty of this behavior at a disciplinary hearing receives an appropriate 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 Jenkins during her interview.

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

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

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

ODRC policy 79-ISA-04 requires that during the intake assessment, done on arrival at Chillicothe, the inmate is at risk or has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, the staff shall offer a follow-up meeting with a mental health practitioner within 14 calendar days of the intake screening. All inmates shall be screened by Mental Health in accordance with Department Policy 67-MNH-02, Mental Health Screening and Mental Health Classification. This practice was confirmed during the Medical and Mental Health interviews as well as an interview of an inmate disclosing prior victimization.

Policy 79-ISA-02 require that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. This practice was also confirmed during the same interviews.

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.

In all cases of alleged sexual abuse, medical services staff are required to follow Medical Protocol B-11, Medical Care Guidelines for

Sexual Conduct or Recent Sexual Abuse. This includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow up and referral for mental health evaluation. Specific responsibilities of the institutions medical services provided by the the local emergency department are also detailed in the protocol._

The interviews conducted with the medical and mental health practitioners at Chillicothe confirmed that both of their staffs are 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. The medical staff interview also confirmed forensic examinations are performed at Adena Regional Medical Center. Timely information and services concerning sexually transmitted infection prophylaxis are provided by the hospital or immediately on return according to policy.

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.

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. This practice was confirmed during the interview with medical staff and an inmate who alleged sexual abuse. The policy also requires the facility to conduct a mental health evaluation of all known inmate-on-inmate abusers. The Mental Health Practitioner confirmed that the mental health department attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and they offer treatment when deemed appropriate.

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.

79-ISA-03 requires that the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, except where the case finding was unfounded. This review is supposed to take place within 30 days of the conclusion of the investigation. This is accomplished at Chillicothe through the Sexual Abuse Review Team (SART).

The Committee is comprised of the Deputy Warden for Operations, Deputy Warden for Special Services, Investigator, PREA Compliance Manager, and a representative from Medical and Mental Health. When the auditor questioned a member of this team he indicted the team looks to determine: if there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification,

status, or perceived status; or gang affiliation; or if motivated or caused by other group dynamics at the facility; look at the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; review the adequacy of staffing levels in that area: assess whether monitoring technology should be deployed or augmented to supplement supervision. At the completion of the review a report of findings is prepared based on the criteria mentioned above. This report is forwarded, along with any recommendations to the Warden and PREA Compliance Manager. This entire process was verified in interviews conducted with the Warden, a member of the SART team and the PREA Compliance Manager. The auditor also reviewed a completed sexual abuse review that was conducted.

Standard 115.87 Data collection

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

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

ODRC collects accurate and uniform data on every facility in the Agency including the two private facilities. Chillicothe provides information to the Agency about sexual abuse to aid the Agency in understanding trends etc. within the aggregate total. The data collected from the two private 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 Report System. This set of forms documents the PREA process from the allegation through the review on every case even unfounded.

Standard 115.88 Data review for corrective action

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

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

ODRC collects data for every allegation of sexual abuse in each of its facilities and completes the Survey of Sexual Violence (SSV) report annually and is posted on the ODRC web site. ODRC also completes an annual internal report that tracks confirmed inmate on inmate and staff on inmate sexual abuse incidents. This report compares incidents from previous years (2012 and 2013) and is utilized by the PREA Coordinator to identify problem areas and formulate corrective measures in efforts of reducing future incidents of sexual abuse. ODRC 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.

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.

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. ODRC retains allegation (case) records for 10 years after the inmate has reached his final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Thomas Eisenschmidt
Auditor Signature

May13, 2016
Date