

PREA AUDIT REPORT Interim Final
ADULT PRISONS & JAILS

Date of report: June 9, 2016

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: May11-13, 2016			
Facility Information			
Facility name: Ohio Reformatory for Women			
Facility physical address: 1479 Collins Avenue, Marysville, Ohio 43040			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: 937-642-1065			
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: Ronette Burkes			
Number of staff assigned to the facility in the last 12 months: 466			
Designed facility capacity: 2808			
Current population of facility: 2728			
Facility security levels/inmate custody levels: L 1-2			
Age range of the population: 17-83			
Name of PREA Compliance Manager: Clara Golding-Kent		Title: Operational Compliance Manger	
Email address: Clara.golding-kent@odrc.state.oh.us		Telephone number: 937-642-1065 x2150	
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 related documents from the Ohio Reformatory for Women and the Agency (ODRC) approximately 7 weeks 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 the advocate agency address and phone number is provided on each poster throughout ORW so inmates can contact the Center directly.

The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. As a result the entire facility was toured prior to the actual start of the PREA audit allowing the auditor more time to conduct interviews. The entrance briefing for the PREA audit was held on May 11, 2016 and once completed the facility tour was started. 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 26 inmates including one (1) from death row.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care staff, Human Resources, Mid-Level Supervisors, Intake Staff Orientation staff, Intake Staff (Risk Assessment), Risk of Victimization Assessment (Case Manager, Unit Manager, and Unit Manager Chief), Mental Health Staff, 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 his investigative files. The ORW Administrative Investigator is very conscientious about his duties and responsibilities. The auditor reviewed case files, filed within the last 12 months. In 2015 there were sixteen (16) sexual abuse allegations made and investigated. Nine (9) of these allegations were made against other inmates. Two (2) were unsubstantiated, five (5) were unfounded and two (2) were unsubstantiated. The two (2) substantiated cases did not result in criminal charges. There were seven (7) sexual abuse allegations made against staff. One (1) was unsubstantiated, one (1) unfounded and five (5) were substantiated. Of the five (5) allegations substantiated, one inmate made two separate allegations against one employee. Four (4) individuals were removed or they resigned from their positions as the result of the substantiated findings. In 2016, there were ten (10) allegations of sexual abuse made and investigated. Three (3) were made against other inmates and upon completion of the investigation were designated as unfounded. There were three (3) allegations made against staff. Two (2) were unfounded and one (1) was substantiated. Four (4) allegations of sexual abuse are still under investigation. ORW investigated in 2015 two (2) allegations of sexual harassment both made against other inmates. One of these cases were unfounded and the other was unsubstantiated. In 2016 there has been no cases of sexual harassment allegations made to date.

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 the 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 the Ohio Reformatory for Women the auditor met with Warden Ronette Burkes 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

The Ohio Reformatory for Women is located at 1479 Collins Avenue on the Southwest edge of the city of Marysville, Union County, Ohio. The 30 acre secure compound and two out-buildings are located on 227 acres of level, cleared, state-owned land. The roughly square, enclosed compound is surrounded by two 14 foot fences separated by an approximately 20 foot no man' s land. The outer fence is topped by four courses of razor ribbon with two additional courses at the base. The interior fence is topped by an additional course of razor ribbon. There are two breaches in the facility perimeter: the Entry Building which has two doors and two gates forming pedestrian sally port and the Truck Trap which has two swing and two slider gates for pedestrian and vehicle traffic respectively. At this writing there are no motion detection or additional deterrent devices built into the secure perimeter. All offender housing, programming and most support operations take place inside the compound enclosure. The one active building outside the secure perimeter immediately adjacent to the vehicle gate houses the receiving/distribution warehouse and vehicle maintenance operations.

Structures within the fence represent several generations of construction from 1916 through 2008. Two buildings are currently condemned, unoccupied, and slated for demolition. The facility presents an open campus; none of the buildings are connected by corridors or covered walkways. There are two control fences in the compound: one to separate the reception/diagnostic unit from the general population compound and a second following the eastern perimeter fence from the Industries building to the Kennedy housing unit to discourage approach. The organic nature of the facility' s growth has created a confusing array of buildings grouped either east or north of the Harmon building forming one small and one larger open quad. Facility staff has been flexible and creative in re-use of older plant to create appropriate locations for both support functions and program operations.

Most employees and all visitors process into facility through the Entrance Building located on the southwest corner of the institution. The following campus description roughly follows a counter clockwise path around the compound from this point. In addition to entry screening, the Entrance Building houses the institution' s lock shop and armory.

Directly in front of the entry sally port to the east is the low, gracious, stone Harmon Building, built in 1916. The Harmon Building currently houses all the executive and administrative offices, the control center, training classrooms and the mailroom on the first floor. The basement of this building houses most of the maintenance tool and store rooms, the central chemical room, the facility package room and a newly relocated tilapia fish farming operation. The Inmate Visiting Hall is located in the southwest corner of the Harmon Building in a small theater space converted from its 1916 design purpose.

The Powerhouse is located east of the Harmon building has been converted to use natural gas to heat approximately 85% of the buildings and produce domestic hot water for the entire facility. Immediately adjacent to the powerhouse there is an emergency generator capable of powering the entire facility for approximately one week before refueling. There are secondary generators in the following buildings: Arn Complex, Kennedy, Correctional Food Service/Med building, Camp Meridian and Powerhouse which were left in place after installation of the primary emergency generator. All are maintained in operational readiness.

The Garage is attached to the powerhouse and housed vehicle maintenance operations until they were moved outside the fence. This building now houses the Web Design vocational program and, on the second floor of the building, Intensive Prison Program education program. This program allows the inmates to obtain their GED and gain employable skills in the cabling program.

The School Annex building is located next to the Garage. This two story building houses the cosmetology program, Office of Public Defender, Computer Applications for Business (CAB) program, and the Sinclair Community College program. The Cosmetology program has one teacher position and enrollment capacity of twenty (20) students. At the completion of 1500 hours students are eligible for examination to receive their Cosmetology license. CAB is a 600 hour vocational program providing twenty (20) students with the latest office skills featuring: Office 2003 (Word, Excel, Access, PowerPoint and Publisher). The Sinclair Community College offers two one year certificate programs: Introduction to the Workplace and Culinary Technology. Finally, the Ohio Public Defender operates a prison legal service office on the third floor of the School Annex to assist inmates with their criminal cases.

The Institution Laundry, located next to the School Annex, has one 125 pound and two 75 pound capacity industrial washers to launder inmate clothing from close security housing, reception, and the hospital in addition to sheets, blankets, and mop heads from all institution locations.

The old Correctional Food Service building, located next to the Laundry, now houses the Quartermaster (inmate clothing issue) and the Inmate Commissary operations.

Jean Goche cottage, immediately next door, is a reintegration housing unit for level 1 and level 2 status inmates and houses inmates in the basement (27 beds), first floor (46 beds), and second floor (45 beds). Many long-term offenders live in this unit which houses the Circle Tail Dog program to train dogs from the local pound in basic obedience which improves their chances for adoption. Some Circle Tails dogs are also trained to assist for the hearing impaired, the wheelchair bound or for work in nursing care facilities. In addition to the dogs, there are a limited number of cats in residence when found unadoptable by the shelter.

The Ohio Penal Industry (OPI) shop is the last building on the southern perimeter on the southeast corner. OPI includes a soft goods industry which produces American and Ohio flags for all governmental agencies, Ohio State University flags, banners, and a mop production line. A separate OPI operation in the building produces eyewear for 26 Correctional facilities.

As the fence turns north from OPI the next structure is the Arn complex, a large, pod designed brick housing structure with four distinct components.

Arn I houses 116 reintegration inmates in double cell rooms. The Pathways program provides prosocial behaviors, fostering positive traits that are beneficial while incarcerated and help assure success after release. Some inmates in the Pathways program are cleared to work in the community at municipal government and non-profit placements.

Arn II houses the 110 inmates in the Tapestry Therapeutic Community Program. This 25 year old behavior modification treatment program is a residential unit for those inmates who suffer from substance abuse and dysfunctional behaviors that lead to the destructive lifestyles. There are 60 cells in this unit.

Arn III is the 83 bed Residential Treatment Unit (RTU). Inmates in this housing unit have been designated as having severe mental illness and require in-patient mental health treatment. There is mental health staff consisting of psychiatrist, psychologists, social workers, mental health nurses and activity therapist who are assigned to work with this population. There are 60 cells in this unit and approximately 42 inmates are currently housed in the RTU.

Arn IV contains the 40 bed Restrictive housing and the 76 bed Limited Privilege units. This Transitional Program Unit houses inmates that are under disciplinary sanction or held for investigation. The Rules Infraction Board conducts hearings for Inmates involved in violations of the inmate code of conduct in Arn IV.

The Arn complex sits behind and is shielded from the main compound by a quadrangle of mid-twentieth century buildings and one of three of the newest (early 2000s) housing units. A combination of good lighting and tilt, pan, zoom cameras help insure movement and activities outside the buildings are routinely monitored.

The Marguerite Riley Building, directly in front of Arn, houses the Outpatient Mental Health staff. Approximately 40 mental health staff oversee the outpatient treatment of roughly 900 inmates on the caseload which is an increase of about 20% since the last audit. At the south end of this building is an area called C-Corridor, the last occupied of three former housing units. The first floor of C-Corridor has 20 beds utilized for Residential Treatment Unit step down housing. The second floor accommodates up to 15 level 3 and level 4 inmates unable to reside in general population and one death row inmate.

Lincoln cottage, an aging brick structure just south of the Reilly Building houses 179 inmates on two floors and is slated for decommissioning and replacement. It houses Level 1 and 2 inmates. Its double bunked rooms are very small, but many long term inmates with good institutional records prefer to live in this unit. Lincoln cottage also houses a greyhound rescue, The Art Guild program, and Wildlife Rehabilitation programs. Art Guild is responsible for decorative painting in the institution and community service art projects for schools and churches. The Wildlife program, located in the in the basement area, nurses and rehabilitates small animals under the guidance of the Ohio Wildlife Society.

Behind (south of) the Lincoln Building, across from the School Annex and Laundry is Hale unit. This 250 bed housing unit includes housing and programming for incarcerated veterans whose participants are active in community service projects. The beds not assigned to veterans are assigned to general population housing.

Facing the Lincoln Building across the quad to the north, the Kennedy Unit is a nearly new, two-story dormitory style building housing level 1 and 2 inmates. The first floor, Kennedy I now houses the Treatment Readiness Unit. This is a 6 week program for short term inmate with substance abuse histories. Once completed these inmates are eligible for placement in a half-way house. The second floor, Kennedy II, houses the educational Literacy Program and many of the inmates are involved in community service projects. Each floor houses approximately 246 inmates.

Lincoln, Reilly, and Kennedy form a smaller open quad which is used for passive recreation and walking as weather permits.

Behind Kennedy, across a lawn and interior road, is the newest inmate housing structure, completed in December of 2008, Shirley/Rogers. As the naming implies, this 1048 bed, two story dormitory is actually two discrete copies of the Kennedy Building's design. Like the Kennedy Building, each dorm wing houses up to 262 inmates in open bay dorms. Shirley 1 houses a majority of the Central Food Service workers as an incentive program with Aramark. Shirley 2 houses inmates participating in the Intensive Prison Program (IPP) and level 1 and 2 inmates. Rogers 1 and 2 houses level 1 and 2 general population inmates.

Following to the north along the fence line, The Meridian Building, the reception/diagnostic center for female inmates in Ohio. The front section of this building includes the Reception/Intake services, Institutional Transportation and the Institutional Dental Department,

providing dental service to all inmates. The balance of the building includes housing up to 373 for newly received inmates undergoing screening and initial classification and a small nursery unit which allows inmate mothers, who meet specific criteria, live with and bond with their children.

Beyond the Meridian Building the perimeter turns west and roughly half way to the next corner is the Truck Trap sally port. A newer brick structure is used to screen inmates on outside pass, process sheriff's vehicles bringing in new commitments, and inspect all vehicles entering and exiting the compound. Gate operation is not controlled from this building. All gate operation is effected by Central Control through radio communication with sally port staff and camera-observed verification. A separate, secure room in this structure contains weapons lockers for short-term deposit of deputy's weapons prior to entering the facility.

To the southwest of the truck trap is a complex constructed in 2004 to house health care and food service operations. All sick call, medication, diagnostic, and infirmary services general population inmates is conducted in about one quarter of the complex building. The medical area includes digital x-ray, mammography and telemedicine equipment. The design includes two negative pressure cells for respiratory illness and a dispensary. Pharmacy services are now centralized throughout Ohio Corrections with each facility contracting with a local vendor back up to fill emergency and off formulary needs.

The bulk of the building is dedicated to food service operations including: a spacious kitchen, two inmate dining areas with two full serving lines each and seating for 244 inmates, a Culinary Arts training program, and a new vocational program, Coffee Crafters, which trains inmates to create sophisticated coffee drinks commonly served in the community. Food preparation and service is provided by contract with Aramark using facility inmate labor and security supervision.

South of the Correctional Food Service operations is the Recovery and Religious Services complex consisting of one brick building and two modular units. The complex includes space for chaplain's activities in large and small group rooms and the recreation and law libraries. Intensive recovery service programs are conducted in the two modular buildings.

Clearview School and Recreational department share the same building. There are classrooms, offices and a gym inside. The education department offers all academic level and career technical classes. All incoming inmates are tested in reception and placed on a waiting list for the appropriate level. Two Career Tech programs housed in Clearview are Building Maintenance and Horticulture. The Recreation department offers diversified and comprehensive programs for the physical health of the inmates.

The Transcending Center is a newer building located across this quad and was built as a resource programming purposes. The One Stop, designated for offenders re-entry needs is located here. This included signing up for Medicaid, Job and Family Services, housing resources, resume writing, job interview techniques. The balance of the rooms are used as needed for counselling and instructional activities.

These buildings form a larger quadrangle used for outdoor recreation including a ball field and walking track.

SUMMARY OF AUDIT FINDINGS

Number of standards exceeded: 8

Number of standards met: 34

Number of standards not met: 0

Number of standards not applicable: 1

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

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

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

The Ohio Reformatory for Women (ORW) has seven (7) primary policies for mandating zero tolerance toward all forms of sexual abuse and sexual harassment. These are comprised of the five agency policies 79-ISA-01, 79-ISA-02, 79-ISA-03, 79-ISA-04 and 79-ISA-05) and the facility specific policies (79-ISA-01 ORW Appendix A and 79-ISA-02 ORW Appendix B). These policies outline the agency and facility approach to preventing, detecting, and responding to such conduct. The facility specific policy describes the coordinated efforts of the facility 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.

Clara Golding-Kent, Operational Compliance Manager, is the PREA compliance manager at ORW. She is extremely knowledgeable about the PREA standards and the PREA process. It was apparent during the site visit that she has the respect of both the staff and inmates. She indicated during her interview that she had enough time during her work day to perform her responsibilities as the compliance manager. During the time the auditor was there, she was also assisted by Katie Nixon, one of the Facility Investigators, who was extremely helpful and knowledgeable as well.

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

In February 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 her 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 audits.

Standard 115.13 Supervision and monitoring

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

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The auditor discussed at length, with the Warden, the staffing plan for ORW. The 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. Warden Burkesis notified whenever there is any deviation from this plan she is personally notified.

There is a project to be completed at ORW involving a new camera system. ORW currently employs analog and digital systems and they will be replaced with new technology. Currently there are 170 cameras inside the institution and 16 outside. The majority of the interior cameras are located in the common areas of the housing units, general meeting areas such as classrooms, recreation areas and dining rooms. ORW has cameras situated in the housing units containing dormitories. The facility policy requires inmates to change their clothes in the unit bathrooms. The policy was confirmed to the auditor during the inmate interviews and none voiced concerns that the policy or camera placement were ever a privacy concern.

Intermediate and Upper Level Supervisors unannounced round requirements are outlined in Department Policy 310-SEC-31. The policy also requires that these rounds be documented, 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 Upper level Supervisor interviews indicated that they make rounds at random times visiting all areas in a random sequence.

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 were no youthful inmates present at ORW at the time of the site visit. However ORW is designated to receive youthful inmates. Policy 71-SOC-05 (Youthful Offender Program Management) requires that youthful inmates not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The policy goes on to say that they shall make every effort to avoid placing youthful inmates in isolation to comply with this provision. The auditor toured the living area set up for these youthful inmates and it meets the sight and sound requirements of the standard. Staff working in the area indicated that all movement is controlled and under escort.

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. Male staff is further restricted from performing pat searches on any of the female inmates except in exigent circumstances. Staff at ORW receives training on these prohibitions.

The policy also requires, that should a cross gender strip search or cross gender pat search be conducted that it be documented on form DRC-1000 indicating the exigent circumstance. There were no cross gender strip searches conducted within the last 12 months.

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 interviews conducted with facility staff confirmed their knowledge of the agency policy.

The auditor observed male staff announcing their presence when entering the female inmate living areas. Interviews with the inmates and staff 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.

ORW takes appropriate steps to ensure that inmates with disabilities including, for example, those who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities have an equal opportunity to participate and benefit from all efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

On the day of arrival at ORW 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.

The auditor also conducted an interview on a general population inmate who has impaired mental capacity. She indicated she was informed of the agency zero tolerance policy and how to report and whom to report sexual abuse if necessary.

The random staff interviews indicated staff awareness not to rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate’s safety.

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. ODRC 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. The interview with the ORW HR staff person confirmed That background investigation were current and up to date. ODRC also has a procedure in place where employees are asked to disclose any sexual misconduct under PREA. It is completed each year by December 31st by the PREA Compliance Manager. ORW 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)

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The interview conducted with the Agency Director indicated that when ORDC designs or acquires any new facility and when planning any substantial expansion or modification to any of the agency existing facilities, he would consider the effect of the design, acquisition, expansion, or modification upon ODRCs' ability to protect inmates from sexual abuse.

The Ohio Reformatory for Women has not made any substantial expansion or modifications to the existing facility since August 20, 2012. As previously noted in the report, there are 170 cameras throughout the interior complex, none of which create privacy concerns. The Warden indicated that the camera system was up for upgrading. She indicated that if the money for the cameras is approved and the project proceeds, 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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ODRC commitment to PREA is evident by policy, practice and determination of the Agency Director. A very strong emphasis is placed on Training, Intake and Investigations. The Agency has an MOU, dated 2014, with the Ohio State Patrol (OSP) to conduct criminal investigations on allegations of sexual assault within any of its' institutions. This MOU further states that the OSP shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or PREA Audit Report

otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

The Sexual Assault Response Network Central Ohio (SARNCO) and trained Victim Support Person (ORW-Staff) provides advocate support service for inmates at ORW. 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 (SARNCO) Advocate Director and the interview with a facility Victim Support Staff member. 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 unit. The auditor did verify the training that each receives through the training office

Ohio State Medical Center is the local hospital used by ORW 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.

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.

The MOU with the Ohio State Patrol and ODRC policy 79-ISA-02 mandate that a Criminal Investigations or an Administrative Investigation be conducted for all allegations of sexual abuse and sexual harassment. Those allegations not rising to the elements of a crime are handled administratively by the facility investigators. ODRC publishes the policies outlining the conduct of these investigation on the Agency 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)

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 a previously noted training is a key element for ODRC in its zero tolerance of sexual abuse in any of its' facilities. Every staff member, regardless of title, is trained as a first responder. The training each staff member receives require a written exam upon completing the classroom segment. Should any staff member fail to pass this test the individual must retake the class and the exam. The training curriculum follows all criteria outlined in standard 115.31 (a) and confirmed during the interview phase with the staff. Those 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 ORW 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)

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 PREA training is presented to every contractor and volunteer prior to working with any inmates at ORW. The auditor reviewed the training curriculum and training records for these individuals. The training records show signed documents indicating they have received and understand the zero tolerance policy, prohibited behaviors, how and whom to report and consequences of policy violations. Interviews conducted with a contractor and a volunteer confirmed this training.

Standard 115.33 Inmate education

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

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

ORW provides an orientation booklet on the day of arrival to every inmate. This booklet, which they sign for, contains information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. It detail to the inmate how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing. The document also contains contact information for support services from the Sexual Assault Response Network Central Ohio (SARNCO). Inmates arriving at the Reformatory are placed on a Reception Unit for approximately 30 days and during this period receive an in-depth orientation to the facility and on the PREA Law. This indepth orientation on PREA is presented to them by the Unit Management staff, Case Managers, PREA Compliance Manager and the Warden. The Warden personally meets with every new arrival at ORW and discusses what PREA is and how to safeguard themselves from abuse and the ways to report it.. The overall orientation includes a video that is close captioned and signed with a question and answer session by a staff member upon completion of the video. Interviews conducted with the intake staff and interviews conducted with inmates confirmed that information is provided both verbally and in writing. The facility provided training to all inmates who arrived at ORW prior to 2013, when the PREA information began being presented to arriving inmates. This was accomplished via town Hall Meetings and one on one security interviews. The security interviews were performed by case managers and included risk of victimization assessments.

Information about PREA, hotline numbers to make a report and support services options with contact information are posted everywhere in the facility that inmates have access to. The iformation is stenciled in each housing unit.

Standard 115.34 Specialized training: Investigations

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

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

The Auditor was able to spend a considerable amount of time with the Facility Investigators, who handle Administrative Investigation and Sexual Harassment cases and the Criminal Investigator with the Ohio State Highway Patrol. All three of these individuals received the same PREA Investigators Training (PREA: Investigating Sexual Abuse in a Confinement Setting) through the Moss Group. During each of their interviews they indicated the training included techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Among other things, having all the investigators attending the same training, it 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. It was very evident to the auditor that an excellent working relationship between both these individuals exists.

Standard 115.35 Specialized training: Medical and mental health care

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

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

All full time and part time medical and mental health care practitioners are required by policy 79-ISA-01 to receive additional training in order to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and whom to report all allegations or suspicions of sexual abuse and sexual harassment. Interviews with medical and mental health staff confirmed they had received this training via E-learning. The auditor also had the opportunity to review a random medical and mental health staff E-learning training records confirming this training was received. Interviews with medical and mental health staff also confirmed they had received it as well.

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

The Ohio Reformatory for Women is the reception facility for all women being incarcerated in ODRC. Upon their arrival at ORW each inmate at receives a screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Although done typically upon arrival policy states the wait is no longer than 72 hours. The auditor observed the following intake process during the site visit. The inmate is brought to a private screening area and immediately assessed by the Medical Department. The nurse begins the assessment by asking the inmate: 1) if the she has a mental, physical, or developmental disability; (2) The age of the inmate; (3) the p 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 been victimized; (9) the perception of vulnerability; and (10) whether the inmate has purposes. The Nurse also determines if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening is immediately sent to mental health practitioner and or medical staff person. 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 Unit Mangement Chief 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 facility and agency 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.

As previously noted the auditor viewed the entire process and cofirmed with the intake staff , case manager staff interviews, random inmate interviews and file reviews that the 30 day reviews are being completed. In most cases they are done while the inmates are in the facility reception unit.

Standard 115.42 Use of screening information

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

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

The Unit Manager Chief detailed, during his interview, went into detail on how information obtained during the intake process along with information from the PRE-Sentence Report is used for makinng housing, bed, work, education, and program assignments. He indicated staffs goal was to keep separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. He also described the PAST (PREA Accommodation Strategy Team) committe of which he was a member. Their responsibility is to carefully review the placement of each transgendered and/or intersex at ORW . This is accomplished by a face-to-face interview initially and then at least every six months another face to face review where their program assignment, work assignment, discipline record as well as their views with respect to their safety is again checked and 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. The interviews conducted by this auditor of the Segregation Supervisor, a Segregation Staff Member the Warden and two inmates that alleged sexual abuse confirmed that Segregation is not ever used for the purpose of housing Inmates at high risk for sexual victimization. There has been no case where segregation was used to place inmates at high risk of victimization in the last 12 months. This was also confirmed during the interviews with both the Warden and Segregation Supervisor.

Standard 115.51 Inmate reporting

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

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

The inmates at ORW have numerous ways to privately report sexual abuse and sexual harrassment and they were well awareof them. Information on how to do it and to whom to make a complaint to is highlighted in the PREA information they receive upon arrival. There are posters everywhere in the facility directing them whom to write or call and the information is painted on the walls in the living areas as well. These women 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 familiy or friends make allegation via the agency web site link, calling the institution directly or by calling Central Office. ORW 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 turns 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 indicated during the random interviews that all verbal reports to them are put into writing and submitted immediately to their supervisor.

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.

ORW 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 the female inmate victims of sexual abuse, emotional support services. As previously noted posters were observed throughout the facility list the mailing address and phone number for this group and letters mailed out to them are treated as confidential correspondence meaning the envelope is sealed by the inmate and not opened and checked by facility staff. The phone number listed on the posters, can be dialed from the inmate phones 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. This MOU with SARNCO expires in 2017. The majority of random inmates interviewed indicated 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 the Reformatory. 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. The random interviews conducted with the 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.

It was clear from the random staff interviews that each is required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Any retaliation against inmates or staff who reported sexual abuse or sexual harassment and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. These staff responsibilities are clearly outlined in ODRC policy 79-ISA-02.

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.

The staff interviews and the interview with the indicated the actions they would take once they became aware that an inmate was subject to a substantial risk of imminent sexual abuse. Each indicated the primary responsibility is to safeguard the inmate and takes whatever immediate action they need to protect the inmate. The inmate would be immediately secured, supervisor notified, Investigator and PREA Manager notified. The Warden indicated there had been no cases reported 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.

The Warden detailed, during her interview, policy 79-ISA-02. This policy 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 one cases during the site visit originating at another facility and was disclosed during intake upon arrival at ORW. The Head of the Jail where the allegation of sexual abuse took place was notified on same day to initiate an investigation.

ORW has not received any notifications from other facilities at which inmates alleged sexual abuse/ harassment while at the Reformatory during the last 12 months.

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.

Every staff member at the Ohio Reformatory for Women is trained as a first responder for sexual abuse/ harassment allegations. During the interview segment of the audit it was apparent how serious each takes this responsibility and without looking at the credit card sized card each carries outlining what to do in such a situation, they informed that the auditor that upon a situation they would: separate the alleged victim and abuser, preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and if the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. it was apparent how serious each takes this responsibility and without looking at the credit card sized card each carries

Standard 115.65 Coordinated response

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

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

79-ISA-02 (ORW Appendix B) 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. Five employees were terminated as a result of a sexual abuse investigations 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.

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

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

Standard 115.68 Post-allegation protective custody

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

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

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 at ORW, their 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 inmates that alleged sexual abuse indicated they 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 mandates each reported allegation of sexual abuse and sexual harassment, be done promptly, thoroughly, and objectively including third-party and anonymous reports. When an allegation of sexual abuse is made it is immediately turned over to the Ohio State Highway Patrol Investigator for investigation to determine if a crime was committed. If he determines there was no evidence of a crime the allegation is turned over to the ORW 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 outling both agencies responsibilities in the handling of sexual abuse allegations. As previously noted both the Facility Investigator and the Ohio State trooper received the same sexual abuse investigative training. The auditor verified their attendence and successful completion.

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. The departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating any investigation according to the State Police and the Facility Investigator.

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.

The Facility Investigaot stated during his interview that 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 and that is the threshold he uses.

Standard 115.73 Reporting to inmates

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Every inmate, at ORW, who makes an allegation that she 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 including the State Police. ODRC policy 79-ISA-02 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.

As noted earlier there were seven (7) sexual abuse allegation made against staff members in 2015 and three (3) in 2016. Nine (9) sexual abuse allegations made against other inmates in 2015 and three (3) in 2016. The auditor found inmate notifications of investigative outcomes in the files where the investigation was completed.

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.

The staff interviews were clear about the sanction they would receive should they violate the agency zero tolerance policies. 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.

Standard 115.77 Corrective action for contractors and volunteers

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

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

The auditor interviewed a contractor and volunteer at ORW. Both indicated they were informed during their training on the agency zero tolerance policy of the consequences any violation. ODRC policies 79-ISA-01, and 71-SOC-01 and Standards of Conduct require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Standard 115.78 Disciplinary sanctions for inmates

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

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

Policies 56-DSC-01 and 79-ISA-02 deal with the inmate disciplinary process and prohibitions against all sexual relations between inmates. Any inmate at ORW 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. These sanctions are commensurate with the nature and circumstances of the abuse committed taking into account whether mental disabilities contributed. The policy was confirmed with the Warden during 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.

The nurse interviewed during the site visit, who performs the risk assessment, indicated that once an inmate indicates or it is noted in her file that she has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, she is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the assessment. She also indicated that if the assessment indicates she has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff offers a follow-up meeting with a mental health practitioner within 14 days of the intake screening. All inmates must 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 interviews of inmates 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 with these practitioners.

Standard 115.82 Access to emergency medical and mental health services

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

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

The auditor conducted indepth interviews with medical and mental health staff while at ORW. These staff discussed policies including Medical Protocol B-11 requiring unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners at the facility. Inmate victim of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, with no cost incurred by the inmate whether the victim names the abuser or cooperates with any investigation arising out of the incident.

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.

Medical and mental health evaluations and treatment are provided 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 interviews with medical staff and inmates who alleged sexual abuse.

The same policy requiring the evaluations and treatment, ODRC policy 79-ISA-02, 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 ORW conducts a sexual abuse incident review at the conclusion of every sexual abuse investigation, except where the case finding was unfounded. The review is supposed to take place within 30 days of the conclusion of the investigation and is handled by the facility Sexual Abuse Review Team (SART).

According to policy 79-ISA-03 this Committee is comprised of the Deputy Warden for Operations, Deputy Warden for Special Services, Facility Investigator, PREA Compliance Manager, and a representative from the Medical and Mental Health Departments. The interview with a team member of SART about what the team looks at in each investigation he informed me they try 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 written report of their 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 recently 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. ORW provides information to the Agency about sexual abuse to assist the Agency in understanding trends etc. within the aggregate total. The data collected from the two private facilities is not included in this aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2015 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. The Agency completes an annual internal report that tracks confirmed inmate and staff on inmate sexual abuse incidents. This report compares incidents from previous years (2012-2014) and is utilized by the PREA Coordinator to identify problem areas and formulate corrective measures with the intent of reducing future incidents of sexual abuse. ODRC has compiled its third internal report since ODRC's full implementation of the PREA standards and can be found on the Agency web site..

Standard 115.89 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

Does Not Meet Standard (requires corrective action)

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

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

June 9, 2016

Date