

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Report May 15, 2018

Auditor Information

Name: William E Peck	Email: william199@comcast.net
Mailing Address: PO Box 10449	City, State, Zip: Fairbanks Alaska 99710
Telephone: 901-378-3998	Date of Facility Visit: 18-20 April 2018

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Ohio Dept of Corrections and Rehabilitation		State of Ohio	
Physical Address: 770 West Broad Street		City, State, Zip: Columbus, Ohio	
Telephone: 614-752-1159		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private not for Profit
Agency mission: To reduce recidivism among those we touch			
Agency Website with PREA Information: http://www.drc.ohio.gov/prea			

Agency Chief Executive Officer

Name: Gary C. Mohr	Title: Director
Email: Gary.Mohr@odrc.state.oh.us	Telephone: 614-752-1164

Agency-Wide PREA Coordinator

Name: Amanda Moon	Title: Chief, Bureau of Operational Compliance
Email: Amanda.Moon@odrc.state.oh.us	Telephone: 614-752-1715
PREA Coordinator Reports to: Agency Chief Inspector	Number of Compliance Managers who report to the PREA Coordinator 25

Facility Information			
Name of Facility: Ross Correctional Institution			
Physical Address: 16149 SR 104 Chillicothe, Ohio 45601			
Mailing Address (if different than above): PO Box 7010 Chillicothe, Ohio 45601			
Telephone Number: (740) 774-7050			
The Facility Is:	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Facility Mission: Promote public safety within the facility and surrounding communities while improving the quality of life.			
Facility Website with PREA Information: http://www.drc.ohio.gov/prea			
Warden/Superintendent			
Name: Mark Hooks		Title: Warden	
Email: Mark.Hooks@odrc.state.oh.us		Telephone: (740) 774-7050	
Facility PREA Compliance Manager			
Name: Lorrie Perry		Title: Operational Compliance Manager	
Email: Lorrie.Perry@odrc.state.oh.us		Telephone: (740) 774-7050 ext. 2318	
Facility Health Service Administrator			
Name: Lisa Bethel		Title: Health Care Administrator	
Email: Lisa.Bethel@odrc.state.oh.us		Telephone: (740) 774-7050 ext. 2418	
Facility Characteristics			
Designated Facility Capacity: 1278		Current Population of Facility: 2061	
Number of offenders admitted to facility during the past 12 months			1145
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1145
Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1145
Number of offenders on date of audit who were admitted to facility prior to August 20, 2012:			171
Age Range of Population:	Youthful Inmates Under 18: NA	Adults: 18-80	
Are youthful offenders housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	

Number of youthful offenders housed at this facility during the past 12 months:	NA
Average length of stay or time under supervision:	4.95 YR
Facility security level/inmate custody levels:	2 & 3
Number of staff currently employed by the facility who may have contact with offenders:	488
Number of staff hired by the facility during the past 12 months who may have contact with offenders:	56
Number of contracts in the past 12 months for services with contractors who may have contact with offenders:	21
Physical Plant	
Number of Buildings: 22	Number of Single Cell Housing units: 0
Number of Multiple Occupancy Cell Housing units:	8
Number of Open Bay/Dorm Housing units:	1
Number of Segregation Cells (Administrative and Disciplinary):	170
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
<p>There are 236 digital cameras located at key spots throughout the facility (199 inside, 37 outside) with a retention time of 14 days. These cameras are monitored at Central Control and can also be monitored from several Command Staff offices (Warden, PREA Coordinator, Major, etc.)</p>	
Medical	
Type of Medical Facility:	Outpatient primary care with overnight observation
Forensic sexual assault medical exams are conducted at:	Adena Regional Medical Center
Other	
Number of volunteers and individual contractors, who may have contact with offenders, currently authorized to enter the facility:	313
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	39

Audit Findings

ACRONYMS:

RCI	Ross Correctional Institution
BOC	Bureau of Operational Compliance
OCM	Operational Compliance Manager
ODRC/DRC	Ohio Department of Rehabilitation and Corrections
OSHP/OSP	Ohio State Highway Patrol
OVS	Office Of Victims Services
VSP	Victim Support Person

MISSION

The mission of the Ross Correctional Institution is to promote public safety within the facility and surrounding communities while improving the quality of life for staff and offenders through:

- Excellence in Security by ensuring a safe and humane prison environment through daily Violence reduction efforts;
- Successful offender reentry to the community by providing community service and meaningful inmate jobs, education and programming opportunities;
- Responsible fiscal management;
- Compliance with American Correctional Association standards;
- Opportunities for staff professional growth and development; and
- Healthy and productive relationships with local support agencies.

Audit Narrative

Ross Correctional Institution, Chillicothe Ohio, is compliant with the U.S. Department of Justice PREA standards.

The on-site PREA audit of the Ross Correctional Institution was conducted 18-20 April 2018 by Department of Justice Certified Auditors William Peck and David Peek.

The PREA audit began subsequent to an ACA (American Correctional Association) Audit 16-18 April 2018. PREA tours occurred on both April 16 and April 18.

TOUR:

The tour was led by:
Mark Hooks, Warden
Jeff Howard, Deputy Warden of Operations
Cassie Kinker, Deputy Warden of Special Services

William Peck spoke informally to 27 staff and 13 inmates during the tours.

Departments Visited:

TPU/Restrictive Housing
North Dining Room
North Recreation
Library
Recovery Services
H-1 Housing
H-4-A Housing
Medical
Mental Health
Control Room

Armory
A-Building
Safety Officer
Count Office
Tool Crib
Carpentry School
Chapel

David Peek

Auditor Peek informally spoke with 12 staff members and 5 inmates during his tour of the facility and he was accompanied on this tour by Mark Stegemoller (PREA Compliance Administrator for ODRC South Region) and Jenny Haywood (Warden's Assistant). They visited the following locations:

Departments Visited:

TPU/Restrictive Housing
Barber Shop and Barber Training Class
Outdoor Recreation
Indoor Recreation
LPU (5B) (Limited Privilege Unit)
General Population (Unit 7)
General Population (Unit 8)
Control Center
Inmate Health Service
Mental Health
J-Dorm
Unit 4B

During the tours, camera placement, sight lines, and staff placement were noted to assist in determining standards compliance. Cameras are PTZ and there is retention capability of from 7-14 days to aid in investigations or incident reviews.

The tour provided an opportunity for the Auditor to conduct in-depth observations of the different areas of the facility, observe staff conduct, observe interactions between staff and offenders, and conduct informal interviews with staff and offenders to gain an understanding of facility operations and practice as well as obtain insight into the facility's compliance with the PREA standards. The areas that were observed included: living units, work areas, cells along with toilets and showers, program areas, outdoor recreation areas, administrative areas, kitchen, storage areas, training facility, Control Centers, and the overall facility grounds.

Video monitoring systems were observed and noted; and housing zones, day rooms, offender programs areas, work areas and all other offender accessible areas were toured. While touring, several staff and offenders were informally interviewed and acknowledged receiving training and procedures for reporting sexual abuse and harassment and the right to be free from retaliation. Offenders and staff both knew that they could report sexual safety issues and were

well aware of external addresses and phone numbers of potential sources to report or gain assistance with their issues. Posters' reporting information and data on advocacy organizations was uniformly excellent.

The Auditor verified that higher ranking staff such as the Warden, Assistant Wardens and Captains make unannounced rounds, documented in the logbook by the unit control officer.

Staff were aware of the requirement to announce the presence of the opposite gender and did so in all housing in a timely manner; this is done at RCI by an electronic annunciator associated with the 'man down' device. The annunciator causes an alert noise and causes the unit lights to blink significantly. This notice is not required in units already under the supervision of female officers. Interviews with offenders and staff supported that the facilities ensure these announcements and that this practice is adhered to during daily operation. It was also evident that all staff and offenders receive appropriate training concerning PREA and the zero-tolerance policy during initial training as well as annual and also regular refresher training. All staff were well versed in their responsibilities in reporting sexual abuse, sexual harassment, staff negligence and retaliation for reporting. Staff interviewed were very familiar with the expectations of their duties as well as the procedures for evidence preservation. Training is a strong point in this agency, region and facility.

Staffing appeared adequate and well-positioned, to include supervisory staff making random checks in housing areas. Of note were the use of cameras to ensure blind-spot coverage and clear lines of sight throughout housing areas. There are 4 new installed cameras as a result of the IMA (Internal Management Audit) and they have good clarity and detail. There is a pending upgrade to the Control Center that will significantly enhance the monitor capability and camera visual quality. The Agency and facility have also demonstrated their commitment to compliance to the PREA standards by providing appropriate privacy barriers in the toilet and curtains in the shower areas, while still providing a secure environment for the population.

No concerns related to sexual safety were noted while visiting these areas. Upon entering inmate housing units, inmates were always informed of a new female presence by means of the previously noted audible alarm and flashing light. No dangerous blind spots were identified and PREA compliant curtains were installed in all shower areas. Auditors spent several minutes in the Control Center talking with the post officers and observing CCTV monitors. These monitors may be viewed by male and female officers; however, the cameras are positioned in a way that precludes remote viewing of inmates as they shower and perform bodily functions.

All unoccupied rooms and closets that could provide concealment were locked at the time of the tour. Staff and inmate restrooms in common areas were locked and, according to staff members and inmates, they remain locked when not in use and can only be opened by an employee. Each housing unit includes wall mounted telephones for inmate use, and information about how to call the PREA hotline is posted near the phones. A test call to the hot line was easily completed and did not require a PIN or identifying information. PREA posters were prominently displayed in the inmate housing units.

Training is provided concerning cross-gender pat searches and these searches are presently conducted by female officers on this all-male population, as is allowable in both PREA and

ODRC policies and procedures. Strip searches are conducted by male staff with the normal policy exception for exigent circumstances, which have not occurred thus far. Staff interviewed were all aware of the prohibition of physically examining a transgender or intersex offender to determine genital status.

Staff Training receives significant emphasis and appears more than compliant at all levels. All staff receive initial training at the Academy and complete specialty training in their area (e.g., investigators, mental health, etc.). All staff receive annual Refresher training as well as routine training at shift turnover, providing more than the training requirement of every 2 years.

New custody staff are required to attend a 4-week pre-service Training Academy; and non-custody staff attend it for 3 weeks.

Reviewing documentation is a critical component of the audit process, so throughout the pre-audit review and the on-site audit, the auditor reviewed various documents including personnel records, investigation files, training and education records, assessment and screening tools, policies and procedures, and related materials relating to PREA standards.

In addition to the tour and the extensive interview process, auditors reviewed the PAQ (Pre-Audit Questionnaire) submitted by the facility, ODCR policies related to PREA compliance, and spot-checked training, investigative and human resource files. The post-audit phase consisted of triangulating all data and input received, reviewing interview data in detail, and a final review of the PAQ submission. Questions that arose about procedures or data needed for clarification were referred to the facility and the responses are incorporated in this report.

It became clear during the pre-visit review that policy component sections were uniformly compliant and that ODRC staff has drafted policy with the intent to be PREA-compliant for all ODRC facilities. ODRC policy parallels very closely, often verbatim, the PREA Standards and checklists for policy. The on-site visit, then, focused on actual compliance in operations and whether local training, process and actual procedure mirrored policies.

INTERVIEWS:

A major portion of the site audit consisted of conducting structured interviews with specialized and randomly selected staff and also with random and targeted categories of offenders (LGBTI, reported victims of abuse, reported perpetrators of abuse, etc.).

The Auditors interviewed a wide range of staff that included executive and line staff for the facility. Specialized staff interviews included the Medical and Mental Health Supervisor, Nursing staff, Sergeants and higher-level supervisors, as well as staff from Programs, Human Resources, Training, Classification, Volunteer and Intake Staff. Interview data is summarized at the end of this narrative.

During the visit, in addition to PREA-related discussions with employees selected during the tour, the Auditors conducted 20 random inmate interviews and 19 targeted category offenders as noted

below; and also 12 random staff and 19 specialized staff as outlined below. The prisoners and staff were well aware of PREA and the zero-tolerance policy of the Agency. Prisoners interviewed were knowledgeable about how and where to report sexual abuse and sexual harassment. They all indicated they had received written information either on their arrival or on the housing units for those that have been at the facility for a considerable amount of time. LGBTI offenders interviewed largely reported that they felt safe and older prisoners responded in a similar vein. All staff and offenders interviewed were very cooperative during the interview process.

STAFF INTERVIEWS

- 1 Agency Head Designee (On File)
- 1 Agency PREA Coordinator/Chief, BOC (On File)
- 1 Contracting Officer (On File)
- 2 Agency Human Resources Officer (1 On File)
- 1 Investigator
- 1 Warden
- 1 Assistant Warden
- 1 PREA Compliance Manager/OCM
- 1 Incident Review Auditor member
- 1 Retaliation Monitors
- 1 Volunteers who have contact with offenders
- 1 Medical staff Administrator 1 Mental Health staff
- 1 Intermediate or higher-level supervisor
- 1 Intake Staff who perform screening for risk of victimization and abusiveness
- 1 Intake Supervisor
- 1 Staff Who Supervise Segregated Housing
- 1 Chaplain
- 1 Contractor
- 12 Random Staff

All staff interviewed were well versed in their respective areas of responsibility regarding PREA and affirmed compliance with the applicable PREA standards. All uniformed staff are trained as first responders and are familiar with their duties. There is no SAFE or SANE certified staff at the facility, but they are available through the Adena Regional Medical Center, about 30 minutes away. Staff were familiar with the procedures regarding reporting, responding and evidence preservation.

INMATE INTERVIEWS

- 5 Cognitive Disability
- 3 Inmates who reported victimization during risk screening
- 2 Inmates who reported abuse
- 6 Inmates who identify as LGB
- 3 Transgender offenders
- 20 Random Offender Interviews

Information provided by the interviewed inmates is summarized as follows:

Cross Gender Viewing

As mentioned previously, the facility uses an audible alarm system and flashing light to inform inmates whenever a female staff member enters an inmate housing area. Five inmates said the system is used occasionally or seldom; the remaining inmates said the notification system is used most of the time or always. It is noted that there is no requirement to utilize the system if the unit is already staffed by a female officer on duty. All of the inmates said they are allowed to shower, dress, and use the toilet without being viewed by a female employee.

PREA Education

During targeted interviews with inmates who have cognitive disabilities, three inmates said they have not received or do not recall having received any PREA education since arriving at Ross CI, however file documentation showed that the three inmates, and other inmates selected at random, received the required training. The requested documentation was provided in a matter of minutes and, in each case, the inmate had signed an acknowledgment that a PREA education video was shown and information received during orientation.

All other interviewed inmates said they have been informed about the facility's zero-tolerance policy regarding sexual abuse and harassment, their right not to be sexually abused or harassed, how to report sexual abuse and harassment, and their right not to be punished for making a report. Most inmates said this information was presented in a video shown at Ross CI during orientation, and a few inmates said they could not recall exactly when or where the training occurred. One said he saw the video at a reception center before being transferred to Ross, which is actually the first time most inmates receive the information. All of the inmates said PREA posters are displayed in their housing units. All of the offenders interviewed acknowledged receiving PREA training and written materials (pamphlets, handbooks) outlining the agency's zero tolerance policies toward sexual abuse, harassment and retaliation.

Risk Screening

Interview responses indicate that all newly arriving inmates at Ross CI are asked screening questions regarding prior incarcerations, abuse history, sexual orientation, and perceived danger of sexual abuse, verifying the same questions asked earlier at an ODRC intake facility.

Incident Reporting

The interviews also indicate that inmates at Ross CI know how to report incidents of sexual abuse or harassment. Every inmate interviewed knew at least one way to make a report, with most being able to describe multiple ways. Most inmates said they could remain anonymous when making a report, however several did not know if they could call the PREA hotline without entering their PIN because they had never needed to use it.

Available Services

Most of the interviewed inmates seemed unaware or uninterested in services available outside of the facility. No inmate was able to name a specific outside organization or service provider but knew the posters existed. Some inmates remembered hearing about outside services and did not recall the details but said they could find out about such services if needed.

Perceived Safety

With one exception (related to a prior abuse), each inmate said he feels safe at Ross CI. Information on that one exception inmate was provided to staff.

During interviews, almost all offenders disclosed that they felt sexual abuse incidents would not often happen at this facility, that it was a safe place to be confined, that staff would take an allegation seriously, and it would be acted on and investigated. They did recognize that total prevention of any incidents was unlikely in a prison with such a large population but felt that it would be a rare exception. Offenders offered several reasons they believed this: the cameras installed throughout the facility; the staff training emphasis; and the executive leadership focus.

Health Care Services at the Ross Correctional Institution are delivered by medical staff employees. The Ross medical facility offers ambulatory medical, dental, and mental health services; and Telemedicine Services are available. When needed, a full range of specialty consultations- including Psychiatric consultation- is available, and if there are services that medical cannot provide at the facility the offender would be transported to an offsite hospital, normally Ohio State University Hospital.

During the review, it was noted that the on-site medical staff/nurse are also involved in Intake screening at intake. Normal medical treatment and sexual assault forensic medical exams are conducted at the Adena Regional Medical Center.

Facility Characteristics

Design Capacity: 1278
Actual Population: 2061
Average Daily Population for the last 12 months:
Average Length of Stay: 4.95 Years
Security/Custody Level: Level 3
Age Range of Offenders: 18-80
Gender: Male
Full-Time Staff: 488

Facility Description

Ross Correctional Institution (RCI) opened in 1987 and is located less than two miles outside Chillicothe, Ohio, in the South-Central portion of the state. RCI has 22 buildings within an 80-acre compound, with nearly 60 acres inside the perimeter.

RCI is a level 3 close security facility (on an ODRC scale of 1-5, with Level 4 being Max and a 5 being Super Max) with a current population of 2061 offenders supervised by 497 staff, of which 339 are Correctional Officer staff. The average daily number of offenders at Ross has been 2084 since the last audit, and the staffing plan is predicated on a 2070 number.

The precast concrete buildings are arranged in a campus design. The institution is split by an interior fence, which separates the north and south sides of the compound.

Security:

It was reported that there were 448 full-time staff, and 60 part-time security staff positions primarily responsible for the Main facility security and services functions. The RCI perimeter is surrounded by a double 12-foot fence enhanced by two rolls of razor ribbon.

Dayrooms are located in each housing area in each unit for recreation purposes and are covered by cameras and are observable 24/7 while the rooms are in use.

Food service is managed by contract with Aramark. All contractors receive PREA training through ODRC before they are permitted to work in the facility. The prevalence of staff and cameras combine to make incidents unlikely in the food service preparation and cleaning areas.

Cameras have been widely spaced throughout the prison and placement is constantly assessed; 4 cameras were recently installed in a woodworking shop after sight line issues were identified.

Medical Care:

Medical Services at Ross Correctional Institution (RCI) are provided by employees of the Ohio Department of Rehabilitation and Corrections. The department area is clean, orderly and appears to have sufficient space for the services provided. The unit provides the following services: Outpatient clinic, Infirmary beds, Podiatry, Optometry, chronic clinic, infectious disease clinic, pharmacy, telemedicine and minor procedures. The unit has an infirmary that includes an 18-bed infirmary unit. General dentistry services are also offered to the inmate population of RCI. The provided medical services are among the most comprehensive seen in the auditors' experiences.

The medical department is staffed 24-hours a day, seven days a week. Services that are beyond the scope of the unit require that the inmate be transferred to a higher level of care. Emergency care and/or transfers are sent to either Adena Regional Medical Center or the Ohio State University Hospital. Adena Regional Medical Center is about ten minutes away from the unit and the OSU medical care is about an hour away. Transfers by ambulance are done by the local fire department. Non-emergency transfers are done by a private ambulance service.

The unit has a co-payment system in place but no inmate is refused health services because they lack funds. Emergency and PREA-related care are exempted from the co-pay system.

RCI is not an ODRC intake unit, so all offenders receive intake screening prior to their arrival at RCI. Upon arrival at RCI all offenders are re-screened for current medical needs, including current medications and medical restrictions.

Mental Health Services:

Ross Correctional Institution mental health services include crisis intervention, direct observation, and individual counseling. Care is provided through a combination of employee, contract and telemedicine psychiatric providers. Suicide prevention training is provided to the staff on an annual basis.

Offenders who need emergency mental health services are placed in a safe cell and evaluated by mental health staff. Offenders in a safe cell are given a security garment and are under continuous observation by correctional staff. If they require a higher level of care than is available at Ross they are sent to an RTU (Residential Treatment facility).

Religious Programming:

The religious needs of offenders at RCI are met by a full-time Chaplain and a large contingent of volunteers. An interfaith chapel is available for services and programs. Services offered include Bible study, religious counseling, and music ministry. The monthly Chapel schedule is posted in the housing units.

Offender Work Programs:

General Population offenders are expected to be involved in full-time work or programming. Work programs available include food service, maintenance, outside grounds, teachers' aides, law library clerks, porters, and a variety of recreational positions.

Academic and Vocational Education:

RCI offers ABE, Pre-GED and GED instruction. The facility holds a recognition ceremony annually for those offenders who obtain the GED and/or complete vocational certifications. The facility also offers Administrative Professional Support, Barbering, and Carpentry. Apprenticeship programs are available under an agreement with the Local Apprenticeship Advisory Committee.

Social Services:

The facility Management staff offer a variety of programs. Recovery Services programs provide individual and group sessions for substance and alcohol abuse and the programs are offered at both a treatment program level and a shorter substance abuse program level for inmates who do not have enough remaining time for the treatment program. Mental health groups include medication education, mental fitness, and Forgiveness and Functional Improvement. Facility unit and staff programs include Victim Awareness, Money Smart, Inside-Out Dad, Cage Your Rage, and the Pre-release program.

Housing facility 8B is Restorative Housing (Going Home for Good). Offenders with less than 18 months to release are placed in this unit and are prepared for reintegration to the community. Included in the programming are Roots of Success, Bridges Self Esteem, Cage Your Rage, and Thinking for a Change.

Library Services:

The general library has approximately 10,000 volumes. The law library has word processors, Lexis-Nexis processors, and typewriters. Trained law library clerks assist in the law library.

Conclusion

The Ross Correctional Institution of ODRC is compliant with PREA Standards.

On April 20, the auditors conducted an out brief to the Warden and his executive staff to give them an overview of the process and thank them for their participation. The timeline and expectations for the remainder of the audit were discussed. The chairperson expressed appreciation for the exceptional hospitality and cooperation of everyone involved.

The audit chairperson explained the procedures that would follow the completion of the audit., i.e. the triangulation of all data from the site visit and tour, the documents submitted and reviewed, and the interviews completed. It was explained that any areas found not to meet standards would need to be corrected and the auditor would work with the leadership and the facility PREA Manager to accomplish compliance.

The willingness of all staff involved to accomplish PREA compliance was acknowledged and their determination to become compliant was evident. The Auditors appreciate the courtesy and support extended during the on-site visit.

Attendees at the out brief included:

Regional PREA Compliance Administrator
Warden
Deputy Warden of Operations
Deputy Warden of Special Services
Major
Facility ACA Coordinator/Operational Compliance Manager

Warden Mark Hooks, his leadership team, and members of the staff are all sensitive to ensure continuing this facility in compliance with PREA standards. The final briefing indicated that this present sensitivity and attention will continue. The auditors were impressed with the strength and quality of the executive leadership team; the excellent coordination among the team and staff throughout the prison; the Regional ODRC PREA Coordinator Mark Stegemoller; and the RCI PREA Compliance Manager Lorrie Perry.

Summary of Audit Findings

Number of Standards Exceeded:	2
Number of Standards Met:	41
Number of Standards Not Met:	0

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

PREA management in ODRC facilities is managed by an Operational Compliance Manager (OCM), a Full-time Position who also manages ACA Accreditation Audits and other internal ODRC audits. Policy 79-ISA-01 provides the primary ODRC PREA Plan guidance.

The Agency OCM interview reflects that adequate time is available to herself, her 2 PREA Regional Compliance Administrators, and the 25 facility OCMs/PREA Compliance Managers.

The PREA Operational Compliance Manager reports to the Warden or Warden's designee. Bureau of Operational Compliance (BOC) has functional supervision and oversees regular meetings and training, as well as conducting site visits and maintaining constant contact.

The ODRC policy mandates zero tolerance of sexual abuse and harassment. The policy outlines the agency's approach to preventing, detecting and responding to such conduct. Prohibited acts are clearly defined. Staff duties are defined within the policy. The ODRC OCM/PREA Coordinator and facility OCM/PREA Managers were familiar with their respective responsibilities to ensure compliance to policies by staff. The ODRC and Facility Coordinators interviewed indicated that they have sufficient time and authority to coordinate efforts to comply with the PREA standards as required. The extensive ODRC PREA compliance oversight and management effort is assigned to the HQ facility and Regional function statewide and is operated from ODRC headquarters. If a local issue, the Compliance Administrators will contact the facility OCM and develop a plan of action to bring them into compliance. If it is an agency issue, the Bureau of Operational Compliance (BOC) adjusts policy or procedure.

Standard 115.12: Contracting with other entities for the confinement of offenders

115.12 (a)

- If this agency is public and it contracts for the confinement of its offenders with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (Requires Corrective Action)

Based on contract documentation provided and interviews with the Agency Contract Administrator and the PREA Coordinator/BOC Chief, it was determined that the ODRC system (not Ross per se) does contract with other facilities to house offenders assigned to their custody and requirements to monitor are being met, as are contractual requirements that the contractor be compliant with PREA Standards. ODRC also has an extensive oversight system for contractual relationships. The Ohio Department of Rehabilitation and Correction contracts with private agencies for offenders housed at only three facilities. No other offenders are housed with a private agency or other entity. Per 79-ISA-01 the Ohio Department of Rehabilitation and Correction conducts an annual PREA Compliance Review at each private facility

The ODRC Contracts policy, 79-ISA-01, requires that the 11 contracted service providers for RCI meet all PREA requirements for training. The 3 agency-contracted facilities for ODRC also are required to be PREA-compliant and these facility operators are audited by ODRC annually.

The agency has a full time Contract Monitor at each facility to monitor day to day operations and contract facilities are required to follow ODRC Policies. The Contract Monitor reports directly to the Chief of Acquisitions and Contract Compliance. The Regional Medical/Mental/Recovery Services Monitor conducts regular visits and the Regional Director also conducts site visits with a Regional Team. The Bureau of Operational Compliance conducts an annual Internal Management Audit to include a PREA Compliance Review.

Two of the privately contracted facilities were PREA audited in the fall of 2015 and the newest facility was PREA audited in July 2016; and all 3 privately contracted facilities received determinations of PREA Compliance.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any

judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the offender population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) Yes No NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? Yes No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting 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? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

The average daily count has averaged 2084 since the last audit and the staffing plan is predicated on an average of 2070. ODRC's systemic approach meets requirements for the Staffing Plan, although only a portion of the process occurs at the facility level. The Annual Plan is developed by the Ross leadership team, including the OCM/PREA Coordinator in conjunction with the Regional OCM/PREA Coordinator from ODRC. The local plan emphasis, as in most systems, is more geared towards managing allotted resources than a total review of needs to run the facility that addresses all sexual safety needs, but the Ross Warden's annual assessments are thorough and address all required basic areas.

The BOC coordinates the yearly staffing plan meetings with all institutions. And the

Agency BOC Chief participate in all meetings.

The overall process includes the review of manpower and technology, the review of incidents, and the monitoring of deviations. The system is cumulative and addresses more overarching issues as it rises through the Region and other review echelons.

All deviations are required to be logged and explained. The staffing plan receives annual reviews and assessments by the facility, Region and at ODRC levels. There have been no deviations in the past 12 months.

Unannounced supervisory visits are required and routinely accomplished on all shifts and include visits by the Warden, Deputy Warden and Duty Officers.

Standard 115.14: Youthful offenders

115.14 (a)

- Does the facility place all youthful offenders in housing units that separate them from sight, sound, and physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful offenders and adult offenders? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful offenders in isolation to comply with this provision? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful offenders daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

- Do youthful offenders have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful offenders [offenders <18 years old].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Youthful Offenders are not housed at this facility. Not Applicable.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders in non-exigent circumstances? (N/A here for facilities with less than 50 offenders before August 20,2017.) Yes No NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 offenders before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female offenders? Yes No NA

115.15 (d)

- Does the facility implement a policy and practice that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an offender housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status? Yes No
- If an offender's genital status is unknown, does the facility determine genital status during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Ross Correctional Institution has not had any cross-gender strip searches or cross-gender visual body cavity searches in the past 12 months.

Based on policy, tour observations, training curricula, staff and offender interviews, and documentation provided in logs, they do not conduct cross gender strip searches and/or cross-gender body cavity searches, although policy allows for exigent circumstances and

requires extensive log data showing supervisory approval etc. ODRC allows cross-gender pat searches of males but not females; if exigent circumstances require a cross-gender pat down search of a female, these are approved and documented by supervisor; and 100% of staff are trained in correct cross-gender search techniques. There have been no instances to date but, if any occur, staff are aware of the procedures and that policy defines the requirement to document such searches in an Incident Report.

Offenders interviewed all supported that they are allowed to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing these evolutions, especially with the implementation of barriers for the shower areas and privacy barriers in the toilet areas. Cameras are appropriately positioned to ensure basic privacy while maintaining a more secure overall environment.

Cameras can be monitored via the Central Control Center and also can be accessed remotely via computer PC's (restricted to certain staff). Areas subject to possible cross-gender viewing are restricted to Investigators only and/or are blacked out. This really only applies to areas for strip searches in the Segregation area as other areas of routine nudity are not readily observable on cameras.

Opposite gender staff are required to announce their presence prior to entering the housing areas and this was observed throughout the tour. An Annunciator is used by female staff to announce their entry and the system then provides both sound and visual blinking lights to ensure all are aware of the cross-gender entry. Interviews with staff and offenders revealed that opposite gender announcements are common practice.

Staff were aware of the prohibition of searching or examining a transgender or intersex offender for the purpose of determining the offender's genital status. As to transgender offenders, policy, training documentation and staff interviews show that staff are familiar with the search procedures for this population.

No female offenders are confined here, this element of the Standard is Non-Applicable. Female officers pat search males and are trained to do so; all strip searches are conducted by male staff. Search training specific to transgender offenders is provided to all staff but policy is clear that searches to determine genital status are prohibited.

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts

to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are blind or have low vision? Yes No

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have psychiatric disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? Yes No
- Do such steps include, when necessary, ensuring effective communication with offenders who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Are blind or have low vision? Yes No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient? Yes No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- Does the agency always refrain from relying on offender interpreters, offender readers, or other types of offender assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under §115.64, or the investigation of the offender's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Offenders with disabilities are housed here but they are transferred to a more appropriate facility with the required services if the disability is severe. The Facility makes available written information in English and Spanish. Through staff and offender interviews, it is clear that staff are available to ensure effective communication with offenders having difficulty reading or understanding information provided, beginning with the initial arrival process.

ODRC has state-wide contracts for interpretation services, ASL services, and has also provided intake videos with signing included. The Agency Head interview indicates that the Inmate Education Video has sign language and closed captioning and that ODRC has contracts for interpreters and sign language available to all institutions.

Certified American Sign Language Interpreter service is provided for hearing impaired offenders, and access is provided to these certified interpreters, but if someone is profoundly deaf they are normally recommended for transfer to a more appropriate institution where services are more routinely available.

Offenders identified as Spanish speaking only or limited English will be provided orientation in Spanish, and this is noted on the Orientation Sign In sheet.

ODRC has training for all staff on PREA-compliant practices and communicating with offenders with disabilities or who are limited in English proficiency. Certified staff translators are available, as are translation services. Policy prohibits offender interpreters unless a hazardous situation is immediately present. No offender interpreters have been utilized in the past year.

There are contracts for all required translation and signing service etc., but RCI also provided documentation that no interpreters and no 'reasonable accommodation requests were received during this cycle.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?
 Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with offenders, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with offenders, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders? Yes No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees? Yes No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an

institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Criminal background checks are conducted on all employees and contractors in accordance with DRC policy 34-PRO-07, Background Investigations. The agency 'considers any incidents of sexual harassment in determining whether to hire . . . anyone, or to enlist the services of any contractor who may have contact with inmates'. ODRC investigators perform criminal background checks on all new employees, employee promotions and all contractors. Any background check for an unclassified position (higher level) is conducted by the Ohio State Highway Patrol.

ODRC policy is that the agency shall not hire anyone who may have contact with offenders, and shall not enlist the services of any contractor who may have contact with offenders, who:

- (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution;
- (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse;
- (3) Has been civilly or administratively adjudicated to have engaged in the activity described.

By review of policy, an interview with a staff responsible for Human Resources functions, and documentation review, it was determined that the ODRC does not hire or promote staff or enlist the services of any volunteer or contractor who may have contact with offenders, if they have committed or been convicted of any of the prohibited acts as defined in sections 1-3 of standard 115.17(a) or had any incidents of sexual harassment.

All employees who may have contact with offenders complete a PREA Annual Acknowledgement form (DRC1214) by December 31st of each year and forward it to the personnel office. It is the responsibility of the OCM to ensure any positive responses on the PREA Annual Acknowledgement are followed up and also referred to legal counsel.

ODRC HR staff ask all applicants and contractors the series of PREA questions during the job interview process and on the contractor application. Any positive responses are referred to the Human Resources Attorney in the Legal Services division, who evaluates employee law and PREA law before advising the Human Resources division.

Agency policy dictates background checks are conducted at least every five years for current employees, done by Facility Investigators and Regional Human Resources staff conduct criminal background checks. Employee background are conducted every 5 years and contractor backgrounds are actually conducted every 2 years. Per the Employee Standards of Conduct, staff have a duty to report any misconduct.

Agency policy states also that material omissions regarding misconduct or material false information shall be grounds for termination, (Prison Rape Elimination 79-ISA-01, and 31-SEM-02 Standards of Employee Conduct).

Background Investigations for state employment (civil service) are maintained in a confidential file separate from the routine employee file in the personnel office for a period of no less than five (5) years from date of hire.

An applicant being considered for employment must complete Personal History Statement (DRC1683) with required documentation provided and the Authority for Release of Information form (DRC1404) prior to a background investigation being conducted.

The Background Investigation Checklist (DRC1674) includes:

- General Information
- Fingerprints
- LEADS (Local Law Enforcement (Residence only))
- Local Law Enforcement (a minimum of previous five (5) years)
- NCIC Done by Central Office Background Unit or by local investigator
- Education
- Employment: A review of the previous five (5) years is recommended utilizing the Background Investigation Employment Worksheet (DRC1676).
- Personal references section may be completed by the appointing authority/designee utilizing the Background Investigation Personal References Worksheet (DRC1678).

There were 48 staff given background checks in the past 12 months due to their jobs involving contact with offenders and 21 contracts issued that required checks on the contractor staff.

New employees and potential contractors receive criminal background checks and those are renewed every 5 years for employees (2 years for contractors), including checks through the NCIC system. Applicants for hire or promotion are asked directly about misconduct through a separate reporting form during the process and every applicant is reviewed and vetted by the HR Background Investigation facility before a selection is made.

Requests from employers concerning former employees are responded to by the staff responsible for HR functions but policies and interviews made it clear that ODRC ensures any staff member with adverse information on their record has that data provided to the requesting agency considering the former staff member for possible hire. This includes those who resign in

the middle of an investigation. ODRC policy is to meet the standard. Any questions regarding actual substantiated sexual abuse or sexual harassment claims by employees against offenders are referred to and answered by the facility.

Every applicant is fingerprinted with prints entered into the system so that the agency checks their history but also is notified of any subsequent arrests. Any staff not reporting an incident are directly reported to the Facility Head.

During the past year, 48 staff were hired and had criminal background checks completed; 1 service contractor was brought in and had a criminal background check completed. Policies on staff require the background checks and 5-year re-checks in accordance with the Standard. HR staff interviewed all indicated that any negative information regarding sexual abuse would be provided to prospective employers and that they have updated policy to provide this information unless prohibited by Ohio law. Currently, there is no Ohio law that prohibits providing the related information. Required questions about PREA-related actions are included in all interviews and processes, but ODRC did not think it was appropriate to ask staff the related PREA questions during an annual evaluation so they have all staff sign a "PREA Annual Acknowledgement" every Fall.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)

- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

RCI has not had any significant facility renovations or modifications but currently has 236 cameras (199 inside and 37 outside). Cameras are Pan, Tilt & Zoom and retention time for camera footage is 7 -14 days depending on the location and video activity.

Four (4) cameras were added this past year to the carpenter shop. It is noted that cameras significantly enhance security and sexual safety in this population. Most blind spots have been eliminated or greatly reduced; the Warden and executive staff are continuing to address the remaining areas as identified. A consistent trend across both staff and offender interviews is that there are many fewer actual incidents, and also far fewer allegations of incidents, since the population is well aware of the extensive coverage.

The Construction, Activation, Maintenance and Sustainability division is responsible for facility modifications and works directly with the BOC/PREA Coordinator to ensure PREA related issues are considered. These issues are also discussed in the annual Staffing Plan meetings, conducted as part of the staffing plan to ensure camera placement is appropriate and adequate to enhance sexual safety. The video monitoring system installed has high clarity and capability to monitor activities within the general facility zones and other areas; the recording capability is mostly 24 days to allow for use in investigations. Staff and offenders confirmed during interviews that they felt more safe and secure because of the widespread presence of the camera system.

Cameras can be placed, repurposed, and relocated at the discretion of the Warden who is the final authority on how to deploy the surveillance equipment in an effort to enhance the agency's ability to protect offenders from sexual abuse.

The quantity of cameras allocated may be increased or decreased as required by unit mission changes. Policy requires that, at least once a year, the Warden reviews deployment of video monitoring systems to ensure adequate coverage is provided to protect against sexual abuse. The Warden receives relevant data from the facility PREA Compliance Manager containing the prevalence of incidents during this review.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or 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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Victims of sexual assault who require a forensic exam are taken to Adena Regional Medical Center for completion of the exam. Policy states "Healthcare staff shall not be utilized for this process as it is unrelated to healthcare and further prohibited by DRC policy 68-MED-09, Medical Legal Issues, which prohibits the collection of forensic information by healthcare staff."

Consistent with Medical Protocol B-11, "Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse", medical services conduct an examination for the presence or absence of physical trauma and perform follow-up testing for sexually transmitted diseases and pregnancy testing, as appropriate. Medical services also refer the inmate to mental health services for evaluation and counseling and offer the inmate appropriate prophylactic treatment for sexually transmitted diseases.

Priority medical/forensic treatment and provision of care to the adult sexual abuse patients is given regardless of when the sexual abuse occurred. If it is within ninety-six (96) hours (four full days) after an attack, evidence is always collected. Research and evidence analysis indicates that some evidence may be available beyond ninety-six (96) hours after the assault.

Decisions about whether to collect evidence should be made on a case-by-case basis, guided by the knowledge that outside time limits vary due to factors such as the location and type of sample collected. Cases in which evidence should be collected beyond ninety-six (96) hours occur where an exam may corroborate chronic injury, excessive force or significant trauma.

ODRC uses staff VSP's (Victim Support Persons) to be immediately available if an offender requests an advocate. VSP's are trained and selected from appropriate volunteer staff. There is no cost to the offender for this process. If outside transport is needed, a community crisis agency member can be made available. Wardens are required to screen VSPs for appropriateness to serve in this role, keeping in mind the emotional stability required when providing emotional support services to sexual assault victims.

Each newly designated VSP completes an ODRC Victim Support Person Training course prior to performing any VSP functions. The ODRC Office of Victim Services coordinates VSP training.

ODRC has an MOU state-wide with the Sexual Assault and Response Network of Central Ohio as well as with the Ohio Sexual Violence Helpline. Additionally, Ross has trained a number of staff "Victim Support Persons" in the event crisis agency staff cannot respond.

In the interview with the Community Advocacy Agency representative, she was very helpful and complimentary of the staff at Ross CI. One area noted by the Advocacy Agency concerns limitations on the inmates' ability to make confidential telephone calls to the helpline, a situation that exists for all state facilities and is not specific to Ross. She said she understands the limitation is due to the inmate telephone system and her comment should not be construed as a complaint. Data on the number of reports received from inmates at Ross is not available since helpline calls are anonymous and data tracked by area hospitals is not facility specific.

The investigator is also the primary oversight of the post-allegation monitoring program.

The highest-ranking security supervisor on duty always notifies the PREA Coordinator on all allegations of sexual abuse and policy states that medical staff determine whether a forensic

medical examination is required, however the guidance is clear that forensic exams would always be pursued if the incident was still in a window where evidence might be obtained.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

There were 18 allegations of sexual abuse and harassment received during the last 12 months and all 18 received administrative investigations; 11 were referred for criminal investigation to OSHP and upon review were not deemed criminal and thus not investigated criminally. The agency has an MOU on investigations with the Ohio State Highway Patrol that mirrors PREA standards for investigation requirements.

Per Policy 79-ISA-02, All allegations of sexual misconduct shall be referred for investigation to the OSHP unless the allegation does not involve potentially criminal behavior. The Agency PREA Coordinator/designee maintains a document that describes the responsibilities of the DRC and the OSHP for criminal investigations

The agency is responsible for conducting all administrative investigations, and the OSHP is responsible for criminal sexual abuse investigations- (including inmate-on-inmate sexual abuse or staff sexual misconduct). Institution Investigators initiate the investigation. If it appears to be criminal, the OSHP is immediately notified and the agency Investigator will then assist the OSHP. If not criminal, Investigator will conduct and complete the investigation.

There is a State Trooper liaison assigned to each facility with an office at their assigned facility and they work closely with our Investigators. Agency Head and other interviews and policy all reflected that the OCM/PREA Coordinator is notified immediately in every allegation. It is noted that the facility investigator indicated in the interview that the OSP investigator at RCI routinely reviews each allegation in concert with the institution investigator at the onset of the review, they approach it as a team.

ODRC follows a uniform evidence collection protocol that maximizes the potential for obtaining usable physical evidence. OSP criminal investigators are commissioned peace officers and have full law enforcement authority and statewide jurisdiction in criminal matters affecting the ODRC.

Employees are required to report occurrences or allegations of administrative violations, criminal offenses, and other incidents required to be reported by this directive immediately upon becoming aware of such conduct or as soon as practical. Reports may be made directly to the PREA or through the employee's supervisor. Supervisory staff ensure that incidents reported to them are also reported to the PREA Coordinator. ODRC specifies also that employees who do not report incidents are subject to discipline and charges themselves. Every employee interviewed was aware of this and could immediately relate consequences of failure to report. All policies regarding reporting are clearly published on the ODRC website.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with offenders on offenders' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with offenders on the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with offenders on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with offenders on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with offenders on how to avoid inappropriate relationships with offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders? Yes No
- Does the agency train all employees who may have contact with offenders on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

- Is such training tailored to the gender of the offenders at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with offenders received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Auditors reviewed Training Guides and curricula and all were of excellent quality. ODRC also has an excellent intranet training and information site, the PREA Information Center, for PREA resource purposes, new data and current update information.

Employees who have contact with offenders receive refresher training at a minimum during Annual Training on PREA requirements, including specialized staff.

In the past 12 months, 385 staff and 360 Volunteer/Contractor personnel were trained in required PREA elements. ODRC has very good volunteer and contractor training lesson guides.

All have signed the acknowledgment: "I understand the training on my responsibilities under the Ohio Department of Rehabilitation and Correction's Prison Rape Elimination Act Policies (79-ISA-01, 02, 03, 04, 05) to include the following:

1. The Department's zero-tolerance for sexual abuse
2. The Department's zero-tolerance for sexual harassment
3. How to report sexual abuse and sexual harassment
4. Sexual abuse and sexual harassment prevention
5. Sexual abuse and sexual harassment detection
6. How to respond to sexual abuse and sexual harassment
7. The legal prohibition on any sexual activity with offenders
8. The identifiers of possible sexual assault victims
9. Sexual assault prevention strategies"

All security and support staff were trained on PREA as required this past year. There are 552 staff currently employed by the facility who may have contact with offenders and there were 179 staff hired by the facility during the past 12 months who have contact with offenders. All new staff received the required training before assuming their posts. Of the 552 staff on board, 535 have received this year's training, the remainder being on some version of family, medical or military leave; those will receive it upon their return to work.

PREA Training:

- Employees: All unit assigned employees receive PREA Training, in accordance with Standard 115.31, through required attendance at the Academy or Correctional Awareness training by viewing the PREA in departmental training videos. They sign a PREA Training Employee Acknowledgment Form.
- Contract Employees and Interns: All contract employees are completing the PREA Training Contract Employee or Intern Acknowledgment Form after viewing the video. All contract employees/interns receive the refresher PREA Training every two years.

Agency policy requires that PREA investigators are trained in conducting sexual abuse investigations in confinement settings. In addition to the Institutional Investigators Specialized PREA training, they are required to take the PREA mandated annual training during staff In-service sessions. Institutional Investigators, Operational Compliance Manager (OCM) and the Ohio State Highway Patrol (OSHP) all have received either the NIC Prison Rape Elimination Act (PREA) Investigating Sexual Abuse in a Confinement Setting Course or the MOSS Group; Investigating Sexual Abuse in Confinement Settings.

The agency maintains documentation showing that investigators have completed the required training. All investigators currently employed have completed the required training. PREA Investigators also complete the NIC training. Investigator training is received through the Agency's Chief Inspector office, who has oversight of the facility Investigators. In addition to the NIC PREA specialized training, the current Investigator has received PREA Specialized Investigator training through the MOSS Group.

Medical and Mental Health receive additional departmental "specialized training" for medical and mental health care in accordance with standard 115.35. The orientation is on similarities and differences between providing health care in the community and the correctional setting. Topics presented include: security, classification and health care needs of the offender population: detection, signs, assessment, and response to offender-victims of sexual abuse and sexual harassment; the preservation of physical evidence: and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

All contractors and volunteers receive training on their responsibilities under the sexual abuse and harassment prevention, detection and response policies and procedures. In the year prior to the visit, 360 contractors and volunteers received this training. Training included potential disciplinary and criminal or administrative procedures for violations. Interviews acknowledged compliance with the training required for the level of contact of the volunteer or contractor.

Both ODRC and the Ross Correctional Institution place great emphasis on staff training. Employee Training at the Academy is 3 weeks for non-security staff, and 4 weeks for custody staff. All ODRC line staff receive Academy preservice training upon hiring, as well as annual refresher training, on the required specific standards outlined in standard 115.31, as well as specific training on being first responders. Training documentation reveals that staff acknowledge their understanding of the training received within the training area files and the individual training files.

1. All new employees receive instruction related to the prevention, detection, response, and investigation of sexual misconduct during New Employee Orientation (NEO) training at the Corrections Training Academy (CTA). This training includes the following:

- a. DRC policies that address the agency's zero-tolerance for sexual misconduct;
- b. The employee's responsibilities regarding sexual misconduct prevention, detection, reporting, and response policies and procedures;
- c. The inmate's right to be free from sexual misconduct;
- d. The inmate's and employee's right to be free from retaliation for reporting sexual misconduct;
- e. The dynamics of sexual misconduct in confinement and the common reactions of sexual misconduct victims;
- f. How to avoid inappropriate relationships with inmates;
- g. Effective and professional communication with inmates including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and
- h. How to comply with relevant laws for mandatory reporting of sexual abuse to outside authorities.
- i. How to detect and respond to signs of threatened and actual sexual abuse.

2. Each institution provides training on sexual misconduct annually during staff in-service:

- a. How to detect and respond to signs of threatened and actual sexual abuse.
- b. All security staff are trained on how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates to ensure professionalism and to utilize the least intrusive manner possible consistent with security needs.
- c. Employees who transfer to an institution that houses inmates of a different gender receive training tailored to that gender of inmates as part of their orientation training as mandated in DRC policy 39-TRN-10, Employee Orientation Training. Training is documented on the Institutional Transfer Orientation Checklist (DRC1312)

Prior to conducting a PREA investigation, all investigators receive specialized training which includes conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training is documented on the PREA Training Session Report (DRC1680). The training may be received through the National Institution of Corrections (NIC).

All routine volunteers, special event volunteers (as defined by DRC policy 71-SOC-01), Long Term Contractors and Non-Escorted Contractors who have contact with inmates are notified of DRC's zero-tolerance regarding sexual misconduct and how to report such incidents. All volunteers and contractors are also trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training are based on the services they provide and the level of contact they have with inmates. All training is documented.

The Bureau of Behavioral Health Services (BOBHS) provides or coordinates training to assure that each institution employs or has access to the services of a mental health professional who has a scope of practice, training and/or experience in trauma counseling.

Specialized training is given to employees designated as victim support persons. Only employees that voluntarily agree to act as a victim support person can be utilized.

It was evident during the random and training staff interviews, as well as upon review of training documentation, that staff received the training and were aware of their offender protection responsibilities concerning sexual abuse and harassment incidents as well as required steps of evidence collection.

Review of curricula showed that PREA training is both generic and also tailored to the gender-specific issues of offenders in each facility. Employees reassigned receive additional training if offender gender changes with the new assignment.

ODRC invests major resources in training and this is further supported by the Region and the Ross leadership; training exceeds the standard's requirements and is a strong pillar of the system and facility.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with offenders been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders)? Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)

- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

All routine volunteers, special event volunteers, and Contractors who have contact with inmates are trained in DRC's zero-tolerance regarding sexual misconduct, how to report incidents, and responsibilities regarding sexual misconduct prevention, detection, and response. All training is documented on the PREA Contractor/Volunteer/Intern Training Acknowledgment Form.

During the interview process, the volunteer confirmed receipt of the training and accurately communicated the requirements of reporting and response. The volunteer agreement utilized here accurately reflects requirements and potential sanctions for violations. Interviews acknowledged compliance with the training required for their level of contact.

Standard 115.33: Offender education

115.33 (a)

- During intake, do offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do offenders receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? Yes No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

- Have all offenders received such education? Yes No

- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the offender's new facility differ from those of the previous facility? Yes No

115.33 (d)

- Does the agency provide offender education in formats accessible to all offenders including those who are limited English proficient? Yes No
- Does the agency provide offender education in formats accessible to all offenders including those who are deaf? Yes No
- Does the agency provide offender education in formats accessible to all offenders including those who are visually impaired? Yes No
- Does the agency provide offender education in formats accessible to all offenders including those who are otherwise disabled? Yes No
- Does the agency provide offender education in formats accessible to all offenders including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of offender participation in these education sessions? Yes No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

The Inmate Handbook has very good, very thorough PREA sections and is also available in Spanish. Intake/orientation is well documented and offenders sign an acknowledgment that they received the required training including the PREA Video.

According to the Ross PAQ, 1071 offenders were admitted during the past 12 months and given

basic information at intake as required. That same number of offenders remained in Ross for more than 30 days and required the more comprehensive training on their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. There were none who did not receive the training within the 30 days allotted.

Intake orientation minimum:

- The Orientation Video (English or Spanish)
- An Orientation Handbook (English or Spanish)

ODRC policies clearly initiate the need to recognize and respond to/assist with disability from the onset of arrival at the Intake Facility.

Equal Access to Programs and Services Policy:

"The Managing Officer at each institution appoint an ADA Coordinator for offenders to assist the institution in assuring compliance with Title II of the ADA and to oversee training on the subject within the institution. The Director shall appoint an Operation Support Center ADA Coordinator who shall: (a) oversee training of the Operation Support Center staff and the institutional coordinators; (b) assist the institutional coordinators; and (c) assure ADA compliance within the Operation Support Center and the institutions."

The inmate orientation package and inmate handbook include an explanation of services available to offenders with disabilities, including the procedures necessary to receive an accommodation in a form understandable to the inmate, regardless of any disability. Inmate orientation also identifies the staff member who serves as the institution's ADA Coordinator for offenders. Signs explaining ADA are posted in commonly accessed areas.

While in the ODRC reception process, all offenders receive the PREA-required information concerning sexual safety, to include response and retaliation issues, by video and in person. Training/education is documented in the ODRC electronic offender file.

Offenders receive additional information explaining the zero-tolerance policy regarding sexual abuse and harassment and the importance of reporting incidents or suspicions of sexual abuse or harassment. The zero-tolerance information is also disseminated in all staff training as well as in the offender handbook. All basic sexual safety postings were throughout the unit as required- including the Zero Tolerance posters that inform the offender to report to staff immediately. All were in both English and Spanish.

ODRC does receive some few offenders who have limited English proficiency, or who are deaf/hard- of-hearing or visually impaired. Offenders identified as Spanish speaking only or limited English are to be provided orientation in Spanish, and this is required to be noted on the Orientation sheet. In the event such an offender is received, staff are available to personally assist the offender with accessing services available through the ODRC for translation services.

Certified American Sign Language Interpreter services are provided in accordance with ODRC policy for hearing impaired offenders. Profoundly deaf offenders would receive initial support but also generally be referred for transfer to a more appropriate facility with better services for confinement and care.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)

- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Prior to conducting a PREA investigation, all investigators receive specialized training which includes conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. This training is documented on the PREA Training Session Report (DRC1680). Training may also be received through the National Institution of Corrections (NIC).

Ohio identifies the OSHP as the primary criminal investigative and law enforcement entity for ODRC and this is cemented by an MOU between the agencies employed by the PREA are required to be certified peace officers. There are 138 PREA Investigators Statewide, and 19 are assigned to the area serving the Ross Correctional Institution and other nearby facilities.

Agency policy requires that both OSHP and institutional PREA investigators are trained in conducting sexual abuse investigations in confinement settings. The Certificates presented in the PAQ indicated that all investigators of both agencies attended the SAME training and this was verified in interviews. In addition to the Institutional Investigators Specialized PREA training, they are required to take the PREA mandated annual training during staff In-service.

Interviews reflected the use of the required preponderance of evidence standard in PREA cases.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom

to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

All contractors receive PREA training through ODRC before allowed to work in a facility

The Bureau of Behavioral Health Services (BOBHS) provides or coordinates training to assure that each institution employs or has access to the services of a mental health professional who has a scope of practice, training and/or experience in trauma counseling.

Medical and Mental Health staff (or temporary contractors) receive additional "specialized training" for medical and mental health care in accordance with standard 115.35. A written test is given at the conclusion of the specialized training and requires a score of 80% or higher.

Specialized training includes:

- a. How to detect and assess signs of sexual misconduct;

- b. How to preserve physical evidence of sexual abuse;
- c. How to respond effectively and professionally to victims of sexual misconduct; and
- d. How and to whom to report allegations or suspicions of sexual misconduct

All Health Services staff also complete an ODRC formal orientation program. Completion of the orientation is documented and kept in the employee's personnel file. Contract and subcontract personnel are also required to complete an orientation program and have all training documented, logged and signed.

The orientation is on similarities and differences between providing health care in the community and the correctional setting. Topics presented in orientation include: security, classification, health care needs of the offender population, offender social system; organization of Health Services and the Department of Criminal Justice, infection control, the Patient Liaison Program, the detection, signs, assessment, and response to offender-victims of sexual abuse and sexual harassment; the preservation of physical evidence, and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all offenders assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No
- Are all offenders assessed upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the offender? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the offender? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the offender has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the offender's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the offender has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the offender about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the offender is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the offender has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The offender's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the offender is detained solely for civil immigration purposes? Yes No

115.41 (e)

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? Yes No

115.41 (f)

- Within a set time period not more than 30 days from the offender's arrival at the facility, does the facility reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an offender's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an offender's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an offender's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an offender's risk level when warranted due to a: Receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that offenders are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the offender's detriment by staff or other offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)

- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

ODRC's PREA Risk Assessment system is an electronic automated system and is really an excellent program that expedites required steps, alerts staff of any missed actions, as well as providing critical data in manageable format and quickly. The system provides information access protection safeguards and ensures the proper sequence of assessment and data usage is followed. The tool is further enhanced by the cross-departmental approach to risk assessment that is in evidence throughout the process.

Policy in ODRC is that all inmates be assessed for risk of sexual victimization or abusiveness upon arrival at intake and upon transfer to another institution. These screenings are initiated in the PREA risk assessment system by medical personnel during intake medical screenings and during routine health screenings pursuant to Medical Services policy. The facility is required to complete screening within seventy-two (72) hours of the inmate's arrival.

Facility staff /Case Mangers conduct the 30-day follow-up assessment review no sooner than fifteen (15) days, but no longer than thirty (30) days from the inmate's arrival at the institution. Case Managers are precluded from completing the assessment in less than 15 days. The inmate is also reassessed regarding their risk of victimization or abusiveness based upon any additional, relevant information received since that last institution's intake screening of the inmate.

Offenders are assigned a PREA Classification as a result of these screenings, and facility management makes appropriate housing assignments based upon the PREA Classification. The information is used to assist in housing, bed, work, education and programming assignments. If it is learned an inmate is subject to substantial risk of imminent sexual abuse, staff are required to take immediate action to protect the inmate at risk of victimization. If it is determined that an inmate is in substantial risk of imminent abuse, a special screening must be completed within seventy-two (72) hours of the final decision

Mental Health Services attempt to conduct an evaluation on all known inmate-on- inmate abusers within sixty (60) calendar days of learning of such history and offer treatment when deemed appropriate.

Medical and mental health practitioners are required to report sexual abuse and to inform offenders of the practitioner's duty to report and the limitations of confidentiality at the initiation of services.

Pursuant to DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification, any employee may make a mental health referral based on an observation of the inmate's behavior or at the inmate's request, which include referrals based on concerns that the inmate has been or is at high risk of being subject to sexual misconduct.

PREA Assessment Process Tool

The ODRC PREA Risk Assessment Process was automated in September 2014. This system allows them to easily share information throughout facilities. Following is a summary of the process and system:

Upon admission to any facility, all offenders are immediately assessed by our Medical Department. The assigned nurse initiates the assessment and completes the first screen. The assessment is then put into a queue for the Case Managers.

The Case Managers check their "In-Progress" assessments and complete the second screen. The assessment then goes into the facility Manager queue.

The facility Managers check their "Pending UM" cases and determines if the inmate does not need a PREA Classification or they recommend a classification listed below to the facility Unit Management Chief:

- Victim (High Risk): Previous victim of sexual abuse in an institution setting – *automatic classification*
- Abuser (High Risk): Previously sexually abused another in an institution setting – *automatic classification*
- Potential Victim: At risk of victimization
- Potential Abuser: At risk of abusing

If a PREA Classification is recommended, the UMC determines the final classification and develops the PREA Accommodation Strategy with the facility Management Team. This strategy addresses housing, programs, work and education with the goal of keeping the offenders safe.

All transgender and intersex offenders are referred to the PREA Accommodation Strategy Team. This team is chaired by the PREA Compliance Manager and includes the facility Team, Medical and Mental Health. This team will meet with the inmate to discuss his/her views and develop a PREA Accommodation Strategy.

All intake assessments are reviewed between 15 – 30 days to determine if any additional information has been received by the facility or if the inmate has any additional concerns.

Special assessments are also completed upon allegations of sexual abuse or at any time additional information/concerns are received.

The system captures all information and provides tools to monitor and share information. Only the classifications are shared with all staff, the assessments themselves are kept confidential.

ODRC policy and procedure requires an assessment of all offenders during intake screening and upon transfer from another unit for risk of being sexually abused by other offenders or sexually abusive toward other offenders. The Classification Counselor or designated alternate conducts the offender PREA assessment-screening interview and completes assessment forms for all newly assigned offenders upon transfer to this unit for permanent assignment.

The Classification Committee (UCC) shortly thereafter reviews information available in order to decide initial offender housing, job placement, education, and program assignments with the goal of keeping offenders with a high risk of sexual victimization separated from those at high risk of

being sexually abusive. Evaluation includes: health screening, assessment for disabilities, drug and alcohol assessment, custody classification, sex offender assessment, educational, and mental health/psychological evaluation. This identification is enhanced by the participation of the classification and medical staff in the Intake screening process since they ask questions as well about victimization history.

The intake process consists of an orientation and screening process; a battery of assessments including mental health, Drug and Alcohol assessments, education testing and security classification for appropriate prison placement and treatment eligibility; a physical exam by a midlevel practitioner and an initial dental exam. The period immediately following arrival, about a week, is spent gathering information to verify histories and information prior to the offender's permanent housing assignment and/or transfer.

The ODRC risk assessment tool and program is well superior to programs viewed in other audits.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each offender? Yes No

115.42 (c)

- When deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems? Yes No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex offender reassessed at least twice each year to review any threats to safety experienced by the offender? Yes No

115.42 (e)

- Are each transgender or intersex offender's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.42 (f)

- Are transgender and intersex offenders given the opportunity to shower separately from other offenders? Yes No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

As noted earlier, ODRC has an excellent risk assessment tool and program and it provides both guidance and check steps to ensure adherence to strategies developed to protect individual offenders. ODRC tracks LGBTI offenders in this Risk Assessment System. The facility OCMs as well as the Bureau of Operational Compliance periodically check the list of offenders to ensure compliance.

ACCOMMODATION STRATEGY EXAMPLE: PRINTED DATE: 01/17 /2018

*House inmate H**** within view of the officer's desk, do not house in the same unit with an inmate who is PREA Classified as a victim. The PREA Classification listing is distributed on a weekly basis to staff in the housing, work, education and programming areas or as changes are made. facility staff will monitor his housing placement relative to offenders with PREA Classification of victim or potential victim.*

Inmate is classed to a Porter in the unit. Do not place in a job with an inmate who is PREA Classified as a victim. The PREA Classification listing is distributed on a weekly basis to staff in the housing, work, education and programming areas or as changes are made. Work areas will monitor his placement relative to offenders with PREA Classification of victim or potential victim.

Inmate is PREA classified as an abuser and is classed as a porter in the unit. Do not place in any education program with an inmate who is PREA Classified as a victim. The PREA Classification listing is distributed on a weekly basis to staff in the housing, work, education and programming areas or as changes are made. Staff will monitor his education placement relative to offenders with PREA Classification of victim or potential victim.

*H**** will be recommended for programming by his unit staff and should not be involved in any programming where a victim is a participant of. The PREA Classification listing is distributed on a weekly basis to staff in the housing, work, education and programming areas or as changes are made. Staff will monitor his program placement*

*relative to offenders with PREA Classification of victim or potential victim. Inmate H**** has a RIB conviction 12d and is PREA Classified as an abuser. He should be housed in the unit in view of the officer's desk and should not be classed to a job, program or education area with any victim.*

*The PREA Classification listing is distributed on a weekly basis to staff in the housing, work, education and programming areas or as changes are made. All staff will monitor his housing placement relative to offenders with PREA Classification of victim or potential victim. Mental Health referral has been completed and H**** has been seen by Mental Health.*

Based on the information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgment, the UMC, or acting UMC, completes a PREA accommodation strategy with individualized determinations about how to ensure the safety of each inmate. Inmates assigned no classification in the PREA risk assessment system do not require a PREA accommodation strategy.

As required by ODRC policy and as indicated through staff interviews, the Facility staff uses information from the risk screening to determine institutional location, housing, bed, work, and programs assignments with the goal of separating offenders determined at high risk of being sexually victimized from those at risk of being sexually abusive. Additionally, identification of potential predators or victims results in expedited notification to senior staff for individualized determinations of how to ensure the safety of each offender. This identification is enhanced by the participation of the classification and medical staff in the Intake screening process.

Generally, although there was only one in the population at the time of the audit, transgender offenders would be assigned to a larger institution with a wider range of services and resources for routine housing and programming assignments, ensuring the offender's health and safety as well as greater access to programming. Any transgender offender sent to this institution is sent there for specific security and risk issues and will be assigned single cell/single shower housing until transferred onward to another facility. In the event of a permanent assignment to this facility, policy provides that placement and programming assignments would be reassessed at least twice per year to review any threats to safety, with the offender's own views of safety given serious consideration.

Policy provides the opportunity to shower separately from other offenders. Offenders are not placed in dedicated facilities, units or wings solely on the basis of the LGBTI identification or status but they are separated on the basis of identification as either a potential predator or potential victim. Entries into the inmate information system and files are specifically marked for victim/aggressor status as well as required separation orders regarding other offenders.

Policy and procedure requires an assessment of all offenders during an intake screening, and upon transfer from another unit, of his risk of being sexually abused by other offenders or sexually abusive toward other offenders. The Classification Committee (UCC) reviews intake data and risk assessment to facilitate offender housing, job placement, education, and program assignments.

In making housing assignments, consideration is given to characteristics such as age, height and weight, violent or passive tendencies, criminal sophistication, homosexual (active and passive) tendencies, offender enemies, separation requirements from specific offenders,

Security Threat Group (STG) status and current institutional adjustment.

PREA Accommodation Strategies for Transgender and Intersex Inmates: In addition to the directives in DRC policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, and section VI.H of this policy, any accommodation other than showering alone is forwarded to the OCM/PREA coordinator by e-mail for approval.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing offenders 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? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign offenders at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the offender's safety? Yes No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? Yes No

115.43 (e)

- In the case of each offender who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Ross reports no use of Involuntary Segregation in the past 12 months audit year.

Ross CI uses its risk assessment materials and with North and South compounds and nine housing units, it is able to separate and establish safety for its offenders. There have been zero (0) offenders in the last 12 months, held in involuntary segregated housing. Documentation has been reviewed. Interviews with the Warden, specialized staff, and the Institutional Investigator indicate that involuntary segregation has been unnecessary and that alternative means have been effective. The agency has a policy prohibiting the placing of offenders 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. Staff and offender interviews, and files documentation, report that no offenders at risk of sexual victimization were held in involuntary segregated housing in the past 12 months.

A Ross offender undergoing an Investigation or already identified as the aggressor, during an

allegation of sexual abuse, is immediately separated from the alleged victim and normally placed in segregation pending investigation.

ODRC policy does require that, if separation is used for this purpose, both a statement of the basis for facility's concern for the inmate's safety, and the reason or reasons why alternative means of separation could not be arranged are required. If an involuntary segregated housing assignment is made, efforts are made to review and move the offender within 12-72 hours. If required for a longer period, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

The Unit Management Team, consisting of the Case Manager, Unit Manger and the Unit Manager Chief (UMC) will make individualized determinations on how to ensure safety of each inmate. If an assessment cannot be completed immediately, they document the safety reason why no alternative means of separation can be arranged.

Policy provides that these offenders are to have to have access to programs, privileges, education, and work opportunities to the extent possible. This does not occur, of course, in very short time periods but there is access to some activities and programs and visits if the period extends past a few days.

REPORTING

Standard 115.51: Offender reporting

115.51 (a)

- Does the agency provide multiple internal ways for offenders to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for offenders to privately report: Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for offenders to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials? Yes No

- Does that private entity or office allow the offender to remain anonymous upon request?
 Yes No

- Are offenders detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)

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

- Does Not Meet Standard (Requires Corrective Action)

Inmates can call (*89) and do not have to enter their PIN number, allowing for complete anonymity upon request. Inmates can also send letters.

The below data is on posters in all areas and mirrors information in the Handbook; the same data is on posters in the Visiting area, at all entrance buildings and on the website.

Incidents or suspicions of sexual abuse, sexual harassment and retaliation may be reported to ANY STAFF Member:

- ***Verbally to ANY STAFF MEMBER***
- ***In writing to ANY STAFF MEMBER***
- ***Operation Support Center (614) 995-3584 (No cost to call from inmate phone)***
- ***Outside Agency Hot Line *89 (No cost to call from inmate phone)***
- ***Inmates in Restrictive Housing may also anonymously report sexual misconduct or retaliation by writing to:***

***Bureau Chief of the Office of Quality Assurance and Improvement Ohio
 Department of Youth Services
 30 West Spring Street, 5th Floor Columbus, Ohio 43215***

Inmates have the opportunity to remain anonymous upon request to the outside agency. A pin number is not required to make the call and was tested in the audit. If an inmate dials *89, the call goes to the Chief Inspector's office at ODRC; confidential letters and written material go to the Franklin County Youth detention facility as an external ODRC conduit for allegations.

The Inmate Grievance procedure is not the administrative process to report allegations of Sexual Abuse or Sexual Harassment. However, any Inmate Grievance filed regarding a complaint of Sexual Abuse or Sexual Harassment shall immediately be reported to the Institution Investigator for proper handling in accordance with ODRC Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation). There will be NO retaliation for reporting incidents of sexual abuse or harassment. Inmates are told at intake that "family and friends may report allegations of sexual abuse, sexual harassment and retaliation on your behalf."

The agency provides ways for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency, primarily mail to internal or external organizations.

- There is a policy requiring information for offenders detained solely for civil immigration purposes, however, ODRC does not house offenders solely for immigration purposes.
- The agency has a policy mandating that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. There have been a few 3rd party reports received from some offenders and they were acted upon.
- Staff are required to immediately document verbal reports.
- Staff are informed of these procedures in Staff handbooks and in required training and are subject to stringent potential penalties for failure to act or report.

The phone system reportedly does not have a totally confidential capability, although it worked well for auditors during the on-site visit, so outside confidential reporting is restricted generally to mail. Inmates are informed of this and the addresses for confidential reporting for the system are posted in every housing unit.

It was reported by two staff that offenders could submit a request card or letter to the PREA in the offender's own housing mailbox and it would be sent to local PREA staff in the same category as legal mail. Interviews and materials review failed to find this guidance or any offenders aware of it.

The repeated emphasis provided to offenders in reporting information is to report to staff and, while that may be the staff's preference, that may not be the offender's preference or the offender may not feel safe in doing so.

The agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment and publicly distributes this information to families and other, such as legislators, information on how to report inmate sexual abuse or sexual harassment on behalf of offenders. The posters and website information for families of offenders has all necessary contact information.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address offender grievances regarding sexual abuse. This does not mean the agency is exempt simply because an offender does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit offenders to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the offender in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed

extension, may an offender consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of offenders? (If third-party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the offender declines to have the request processed on his or her behalf, does the agency document the offender's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the offender is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an offender for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the offender filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

ODRC considers that the Standard is Applicable but that they are Exempt.

ODRC takes this position because of the PREA guidance that "An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse."

The Ohio Department of Rehabilitation and Correction has a grievance process for other operational areas, but it does not utilize the Inmate Grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment.

All cases of sexual abuse or sexual harassment are referred to the Institution Investigator. An investigation into a sexual abuse or sexual harassment allegation follows Department Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation. This policy does also adhere to the time constraints referenced in this standard.

ODRC offenders are not absolutely prohibited from utilizing grievance forms to communicate PREA allegations in writing. However, ODRC does educate offenders (inmate handbooks and DRC Policy 79-ISA-02) that they are advised NOT to use the Grievance Process for any sexual assault allegation. Inmates are further advised that any PREA allegations received on grievance forms will be immediately channeled to the Institutional Investigator for proper handling.

The auditors concur that ODRC is exempt from this Standard.

Standard 115.53: Offender access to outside confidential support services

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Inmates can call (*89) and do not have to enter their PIN number, allowing for some anonymity upon request. This call goes to the Office of the Chief Inspector at ODRC. Inmates can also send letters to the Chief Inspector office or to available advocacy groups. Groups part of the Victim Advocacy MOU are: Sexual Assault Response Network of Central Ohio (SARNCO) and the Ohio Sexual Violence Helpline.

The institution OCM and victim support person compile mailing addresses and telephone numbers including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organizations. This information is to be provided to the unit staff for communication to the inmates. Inmates must be notified that telephone calls are not confidential.

The agency BOC/PREA coordinator, with assistance of staff from the Office of Victim Services (OVS), identifies rape crisis centers that can provide victim advocate services. All efforts to secure services from rape crisis centers are documented. In addition, the agency BOC/PREA coordinator, with assistance from OVS, shall maintain or attempt to enter into memoranda of understandings or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Calls made by the inmates to community service providers may be subject to monitoring and inmates are informed of this.

A VSP is always required in any allegation, even if an advocate will be there to provide these services. The victim support person services may include: (1) accompanying the victim to the hospital; (2) supporting the victim through the forensic medical examination and investigatory interview; and/or (3) providing emotional support, crisis intervention, information and referrals. If the alleged abuse requires an outside trip to a hospital for a forensic medical exam, the victim is offered outside victim advocacy services (MOU).

ODRC does not detain persons solely for civil immigration purposes so that element of the Standard is NA for this facility.

The Ross Correctional Institution reports that they provide offenders with access to outside victim advocates for emotional support services related to sexual abuse through either designated and trained ODRC staff or through local agency agreements. Ross has an MOU state-wide with the Sexual Assault and Response Network of Central Ohio (SARNCO) as well as with the Ohio Sexual Violence Helpline.

ODRC uses staff VSP's (Victim Support Persons) in order to be immediately available if an offender requests an advocate. VSP's are trained and selected from appropriate volunteers from all staff areas, including correctional line officers. There is no cost to the offender for this process.

Informational postings were available or placed throughout the facility informing offenders how and to whom they could report issues. Phone numbers and addresses for inmates to contact reporting services and victim advocacy organizations are posted on the PREA informational posters in all inmate Housing Units, Medical, Mental Health, Education/Library. There is a directive from the Warden posted in all living areas advising inmates on how to contact local and state rape crisis organizations by contacting their Unit Staff. The information is also posted in all inmate Handbooks (appendix A) and is also available electronically on the Kiosk/J-Pay.

Wardens screen VSPs for appropriateness to serve in this role, keeping in mind the emotional stability required when providing emotional support services to sexual assault victims.

Each newly designated VSP completes an ODRC Victim Support Person Training course prior to performing any VSP functions. The Office of Victim Services coordinates VSP training with the

appropriate Health Services Division Sexual Assault Nurse Examiner and inform agency leadership of any scheduled training.

The VSP may only provide the offender victim of sexual assault with counseling and other emotional support services but cannot delay or impede the screening or stabilization of an emergency medical condition.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an offender? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

The facility provides information concerning third party reporting directly to the inmate or writing to the ODRC PREA staff as well as poster information in all visiting areas. The pamphlet available to families reports this same information and third parties can either write or call these organizations. The facility takes all reports seriously no matter the method of reporting and each reported incident is investigated. Written reports and allegations can go privately to the Franklin County Juvenile Detention Facility by MOU and they will notify the ODRC Chief Inspectors Office. Similar information is located on the ODRC website and easily located there.

OFFICIAL RESPONSE FOLLOWING AN OFFENDER REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy 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? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against offenders or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (Requires Corrective Action)

ODRC requires all staff (to include medical and mental health practitioners) to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment or retaliation; and for staff not to reveal any information related to a sexual abuse report to anyone other than those necessary. All incidents are reported to the PREA since they have criminal investigation responsibility. Random staff interviews confirmed staff awareness of their responsibility for the immediate reporting requirement and not disclosing information of allegations except in the investigation process, treatment or management process. This same policy also includes mandatory reporting of any activities related to retaliation.

Any allegations from juveniles or intellectually or Developmentally Disabled Adults are immediately reported to the Ohio State Highway Patrol.

Staff interviewed indicated they believed that both they and their fellow staff would adhere to these rules. It is noted that the policy is quite strong and staff can be disciplined or potentially criminally charged for not reporting.

Staff may privately report sexual misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the Institution OCM or Agency PREA Coordinator.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the offender? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

All reports of substantial risk of imminent sexual abuse are immediately be forwarded to the institutional investigator, Institution OCM, UMC, and shift supervisor. Upon receipt of a report, security staff take immediate action to employ protection measures to ensure the inmate's safety.

When considering the protection of staff or inmates, staff consider:

- a. Housing changes;
- b. Transfers of inmate victims or abusers;
- c. Removal of alleged staff or inmate abusers from contact with victims.

Reports of substantial risk of imminent sexual abuse are investigated by the institutional investigator and documented within the electronic PREA Incident Reporting system.

Inmates at high risk for victimization shall not be placed in involuntary RH or LPH 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. If an Imminent Risk of Sexual Abuse (DRC1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment.

The PREA Involuntary Placement in RH/LPH (DRC1184) shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff shall clearly document the basis for the concern for the inmate's safety and the reason why no alternative means could be arranged.

- a. Inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, staff shall document:
 - i. Opportunities that have been limited;
 - ii. Duration of limitations;
 - iii. Reasons for such limitations.
- b. Involuntary TPU assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days.
- c. Every thirty (30) calendar days, unit management shall afford each inmate a review to determine whether there is a continuing need for separation from general population.

ODRC policy requires that all reports of substantial risk of imminent sexual abuse immediately be forwarded to the institutional investigator, Institution OCM, UMC (Unit Management Chief) and shift supervisor. Upon receipt of a report, security staff shall take immediate action to employ protection measures to ensure the inmate's safety. The Agency Head interview indicates that they immediately separate the alleged victim from the abuser(s). Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting system. An initial investigation is completed within 48 hours and a final outcome is determined within 5 days.

When considering the protection of staff or offenders, staff shall consider:

- a. Housing changes;
- b. Transfers of inmate victims or abusers;
- c. Removal of alleged staff or inmate abusers from contact with victims.

The ODRC policy requires all staff, volunteers and contractors to take immediate action to protect any offender subject to risk of imminent sexual abuse. During interviews, staff and volunteers were aware of the steps to take to protect an offender as well as most normal first responder procedures. Extensive training concerning this topic was evident throughout all positions interviewed and all lesson guides reviewed. Random questions to staff during the tour gave the same results, that staff were aware of the steps and processes required.

There were no cases this past year where the agency determined an offender was at risk of imminent sexual abuse and action was taken to protect them immediately in both cases.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an offender was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

ODRC policy requires that documented notification occur within 72 hours to the appropriate agency or facility, upon receiving an allegation that an offender was sexually abused while confined at that facility, in order to ensure it is investigated. There has been one instance of notification to another facility in the past year, and during interviews with the Warden and OCM/PREA Coordinator, familiarity with the required procedure was evident.

In the previous 12 months, there have been 6 notifications regarding allegations of abuse at Ross that were received from other facilities and 1 outgoing notification to another facility based on information from an arriving inmate All were processed within required time limits.

Upon receiving an allegation that an offender was sexually abused while confined at an outside agency facility, the Warden is required to notify the head of the facility or appropriate office of the agency where the alleged incident occurred as soon as possible, but no later than 72 hours after receiving the allegation at the ODRC. Notification is made from Warden to Warden via email correspondence and or DRC 1000 Incident Report.

Following receipt from an outside agency that an offender in their custody alleged sexual abuse while assigned in the ODRC, the individual receiving such notification provides notification to the Warden. Upon receipt, the notification is required to be investigated just as if it were a current local incident.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? Yes No
- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: 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, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)

- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

The policy on first responders mirrors national PREA standards and governs both security and non-security staff who respond to crises in the facility. They have all been trained on responding specifically to cases of PREA allegations.

ODRC training includes specific guidance for first responders and they are also provided with a checklist that is signed and includes comments on each incident. A First Responder card with all steps listed is provided all staff since any member may be the first responder.

The first line security responder shall, when applicable:

- a. Separate the alleged victim and abuser.
- b. Preserve and protect the crime scene until appropriate steps can be taken to collect any evidence pursuant to Department Policy 310-SEC-13, Protection of a Crime Scene.
- c. Advise the alleged victim not take any actions that could destroy physical evidence.
- d. Advise the alleged abuser does not take any actions that could destroy physical evidence.
- e. Notify Shift Supervisor.
- f. Complete an Incident Report DRC 1000.

The shift supervisor or on-site supervisor shall, when applicable:

- a. Ensure that the alleged victim and abuser are physically separated.
- b. Ensure the crime scene is preserved and protected until appropriate steps can be taken to collect evidence pursuant to Department Policy 31 O-SEC-13, Protection of a Crime Scene.
- c. If abuse occurred within the time period that still allows for the collection of physical evidence (oral sex within 24 hours; vaginal or anal abuse within 96 hours), request that the victim not take any actions that could destroy physical evidence.
- d. If the abuse occurred within the time period that still allows for the collection of physical evidence (oral sex within 24 hours; vaginal or anal abuse within 96 hours), ensure that the abuser does not take any actions that could destroy physical evidence.

Non-security staff are trained to separate and secure the participants and immediately notify the security supervisor.

In the past 12 months, there were 16 allegations that an inmate was sexually abused, sometimes quite some time after the incident and only 1 was of within a time period to allow forensic evidence collection. Only 8 cases required separation of an aggressor and a victim and all first responder required actions were taken in all of those cases. Of allegations that an inmate was sexually abused made in the past 12 months, only 3 times was a non-security staff member the first person to become aware and act as first responder.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

The Facility has a well-written and well-developed institutional policy and plan to coordinate actions of staff in response to an incident of sexual abuse. Interviews with Specialized Staff and intermediate level managers confirmed that all were knowledgeable concerning the response plan and the specific duties of each. The response checklist is very clear and specific as to which staff are responsible at each step and also includes the various requirements and restrictions involved.

Responding to an allegation of sexual abuse requires a coordinated effort between unit security staff, the OCM (PREA), OHSP, medical and mental health services, and victim advocates (where available) or a Victim Support Person (VSP). They follow detailed procedures that provide a systematic notification and response process following a reported sexual abuse incident. The checklist and matrix for investigation, and other security and management decisions is well-done and mirrors the needs of the standard.

Staff members are trained, and provided a responder checklist, to respond in accordance with the following ODRC/facility training:

- Preserve and protect any crime scene until appropriate steps can be taken to collect any 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.
- 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.

These procedures are trained but, in these cases, all interviews, records, and information from the outside agency, reported that the common offenses were touching someone, fondling, grabbing buttocks or breasts over clothing etc. and therefore were not cases that allowed for the collection of forensic evidence.

ODRC specifically outlines the above detailed procedures for all staff to respond to allegations of

sexual abuse in accordance with the standard. All line staff are trained as first responders, and all volunteers and contractors also receive instruction on appropriate initial responses if they are first on scene, and all are provided pocket-sized cards with the required steps as a memory tool in any crisis. All staff interviewed were aware of their expected duties to include protection and separation, evidence preservation and collection, medical assessment and treatment if needed. The checklist utilized by staff mirrors the PREA standard and staff have received required training specific to these duties as confirmed through interviews and training records provided.

The overall coordinated response plan includes:

The first line security responder shall, when applicable:

- a. Separate the alleged victim and abuser.
- b. Preserve and protect the crime scene until appropriate steps can be taken to collect any evidence pursuant to Department Policy 310-SEC-13, Protection of a Crime Scene.
- c. Advise the alleged victim not take any actions that could destroy physical evidence.
- d. Advise the alleged abuser does not take any actions that could destroy physical evidence.
- e. Notify Shift Supervisor.
- f. Complete an Incident Report DRC 1000.

The shift supervisor or on-site supervisor shall, when applicable:

- a. Ensure that the alleged victim and abuser are physically separated.
- b. Ensure the crime scene is preserved and protected until appropriate steps can be taken to collect evidence pursuant to Department Policy 31 O-SEC-13, Protection of a Crime Scene.
- c. If abuse occurred within the time period that still allows for the collection of physical evidence (oral sex within 24 hours; vaginal or anal abuse within 96 hours), request that the victim not take any actions that could destroy physical evidence.
- d. If the abuse occurred within the time period that still allows for the collection of physical evidence (oral sex within 24 hours; vaginal or anal abuse within 96 hours), ensure that the abuser does not take any actions that could destroy physical evidence.
- e. Contact Medical Services
- f. Make required notifications as referenced in First Responder Checklist, DRC Policy 79-ISA-02.
- g. Complete an Incident Report DRC 1000.

Medical Responsibilities

- In cases of alleged sexual abuse, medical staff assures appropriate examination, documentation, transport to the local emergency department, and other requirements of Medical Protocol.
- Medical services shall ensure testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up and referral for mental health evaluation.
- Inmate Health Services shall conduct an examination of the alleged abuser for the presence or absence of physical trauma and perform follow-up testing for sexually transmitted diseases and pregnancy testing, as appropriate.
- Inmate Health Services refer alleged abusers to Mental Health Services.

Mental Health

- When alleged victims and abusers are referred to mental health services, mental health staff complete further screenings and/or assessments consistent with Department Policy.

Investigators

- All reports of sexual abuse shall be investigated and referred to the Ohio State Highway Patrol unless the allegation does not involve potentially criminal behavior.
- The timeframes and requirements outlined in Department Policy 79-ISA-02, Investigation and Prevention of Retaliation, shall be followed.
- All allegations of sexual abuse shall be documented using the PREA Incident Reporting packet or the automated system when available.

Leadership

- All cases of sexual abuse, unless determined to be unfounded, shall be reviewed by the Sexual Abuse Review Team (SART) within 30 calendar days of the conclusion of an investigation. The institutional investigator shall monitor retaliation resulting from cases of sexual abuse. The institution OCM shall monitor retaliation resulting from cases of sexual harassment. The Managing Officer shall implement the recommendations from the SART or shall document his/her reason for not doing so.

Standard 115.66: Preservation of ability to protect offenders from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

ODRC does engage in collective bargaining and the State retains the rights to: hire and transfer employees, suspend, discharge and discipline employees; make any and all rules and regulations; and determine the basis for selection, retention and promotion of employees.

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any offender disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor offender housing changes? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor offender program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of offenders, does such monitoring also include periodic status checks? Yes No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

ODRC policy is that the institution shall protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff.

The institutional investigator monitors retaliation resulting from cases of sexual abuse. The Institution OCM/PREA Coordinator monitors retaliation resulting from cases of sexual harassment.

For at least ninety (90) calendar days following the report of sexual misconduct, there is monitoring of the conduct and treatment of inmates or staff who reported the sexual misconduct and of inmates who were reported to have suffered sexual misconduct to see if there are changes that may suggest possible retaliation by inmates or staff and acts promptly to remedy any such retaliation.

Periodic Status checks occur at least every thirty (30) calendar days during the monitoring period and include:

- a. Reviewing inmate discipline (RIB1 in DOTS/facility Staff);
- b. Housing changes (DOTS/Count Office);
- c. Program changes (DOTS/facility Staff);
- d. Job changes (DOTS/facility Staff);
- e. Negative performance reviews (DOTS/facility Staff/Work Supervisor);
- f. Reassignment of staff (Supervisor/Shift Roster/Personnel Office).

The monitoring continues beyond 90 days if circumstances dictate the need. If any other individual who cooperates with an investigation expresses a fear of retaliation, the ODRC also will take appropriate measures to protect that individual against retaliation.

All monitoring of retaliation is documented in the electronic PREA incident reporting system. The inmate and/or employee being monitored is interviewed during the periodic status check. The inmate and institutional investigator sign and date the monitoring of retaliation document in the electronic PREA Incident Reporting System.

The institution employs multiple protection measures and emotional support services for inmates or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations, such as housing changes, rare transfers of either victim or aggressor to a larger or different ODRC facility, emotional support services and removal of perpetrators.

An institution's obligation to monitor retaliation terminates if the institutional investigator or Institution OCM determines one (1) of the following:

- a. The allegation is unfounded;
- b. The inmate victim or witness is transferred to another institution; or
- c. The inmate victim or witness is released from custody.

All cases of sexual abuse, unless determined to be unfounded, are reviewed by the Sexual Abuse Review Team (SART) within 30 calendar days of the conclusion of an investigation, and this normally occurs within a week or so.

Interviews with the OCM, a review of the ODRC and the Ross Correctional Institution policies, and a review of the position descriptions provide good support for this standard being compliant.

The facility is divided between North and south sides and has 4 general units on each side, (9 units total, so separation can normally be accomplished relatively easily. That provides a move to enable the victim being safer and where retaliation or action is less likely.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an offender who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

The agency does have a policy that offenders at high risk for sexual victimization will not be placed in 'protective custody' (PC) unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be immediate, the unit may hold the offender in involuntary segregated housing while completing the assessment, for no longer than 24 hours.

The number of offenders who alleged sexual abuse and who were held in involuntary segregated housing in the past 12 months awaiting completion of assessment is 0. ODRC policy is as follows:

- "Involuntary TPU (Transitional Program Unit) assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days.
- Every thirty (30) calendar days, unit management shall afford each inmate a review to determine whether there is a continuing need for separation from general population."
- Inmates at high risk for victimization shall not be placed in involuntary Transitional Program facility (TPU) under Restrictive Housing (RH) or Limited Privilege Housing (LPH) conditions 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 PREA involuntary TPU screen shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff shall clearly document the basis for the concern for the inmate's safety and the reason why no alternative means could be arranged.
- Inmates placed in TPU for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, staff shall document:
- Opportunities that have been limited;

- Duration of limitations;
- Reasons for such limitations.

Policy provides that these offenders are to have to have access to programs, privileges, education, and work opportunities to the extent possible.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether

compelled interviews may be an obstacle for subsequent criminal prosecution? Yes
 No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as offender or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes
 No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Institutional investigators conduct administrative sexual abuse investigations; the Operational Compliance Manager (OCM/PREA) conducts sexual harassment investigations; and the Ohio State Highway Patrol (OSHP) conducts all investigations of criminal incidents on state property, to include sexual misconduct activity.

Currently all criminal investigation records are held indefinitely by OSP. Cases that are open or considered an "active investigation" are maintained at each post/facility or component as long as the case is pending. Files are secure and protected from public access. Completed cases that are solved or cleared are forwarded to the OSP Central Records facility at General headquarters. At that point the reports and any supporting documents are scanned into the records system. Currently case files are pretty much held forever and are not subject to a retention schedule. Any allegation of sexual abuse, no matter the method used to report, is immediately referred to PREA investigators for criminal or administrative investigation. In the event the incident is not, or cannot be proven to be, criminal, it may still be pursued for Administrative Investigation. All ODRC PREA investigators have received appropriate and documented training oriented towards investigating either staff or offenders. Interview and documentation review indicates that the OHSP Investigators take the lead in a criminal investigation.

Substantial training has been received concerning sexual abuse investigations, evidence collection and preservation. Both OSP and institution investigators attend the same ODRC training and interviews indicated they work closely together, even to conducting shared initial interviews to determine if the presented data is indicative of criminal issues or administrative ones. All investigators and senior staff interviewed stated that any allegations substantiated would be referred for prosecution and any departure of the alleged abuser or victims would not terminate the investigation. Policy requires that the credibility of an alleged victims, suspect or witness be assessed on an individual basis and not be determined by any offender status.

Investigations involving allegations of sexual abuse are conducted by investigators who have received special training in sexual abuse investigations pursuant to this plan, both by ODRC, by contractors brought in several years ago, and by the NIC investigatory training module.

There were no substantiated allegations of potentially criminal conduct referred for prosecution since the last PREA audit.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

As defined in the policy Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation 79-ISA-02, the ODRC “imposes a standard no higher than a preponderance of the evidence for administrative investigations”. This was supported by interviews of the OCM and the institution investigator. RCI has not had any PREA incidents that were substantiated during the audit year.

Standard 115.73: Reporting to offenders

115.73 (a)

- Following an investigation into an offender’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an offender’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the offender? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No
 NA

115.73 (c)

- Following an offender's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the offender's unit? Yes No
- Following an offender's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following an offender's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an offender's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an offender's allegation that he or she has been sexually abused by another offender, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following an offender's allegation that he or she has been sexually abused by another offender, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)

- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

There were 16 criminal or administrative investigations completed in the last 12 months and all 16 offenders were notified of the outcome. There was 1 outside agency investigation in the past 12 months and that inmate was notified of the outcome.

The agency has a policy requiring that any inmate who makes an allegation that he or 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.

Per Policy 79-ISA-02: All such inmate notifications or attempted notifications shall be issued in writing and documented. The inmate shall sign the form, verifying that such notification has been received.

The interviews conducted, ODRC policy reviewed and records reviewed all indicate that offenders are notified of investigation outcomes and that this notification occurs from the investigating agency through the Institutional Investigator, including complaints against staff.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) 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? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

In the past 12 months, there have been no staff from the facility who have violated agency sexual abuse or sexual harassment policies or who have been terminated or resigned prior to termination. No staff have been disciplined short of termination and none reported to law enforcement or licensing boards

31-SEM-02 Policy states Sexual conduct with an inmate or anyone under the supervision of the Department is a criminal act pursuant to the Ohio Revised Code. The Department will refer and pursue disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies and the policy states that criminal charges will also be pursued.

Per policy 31-SEM-07: All terminations for violations of agency sexual misconduct policies are reported to DRC legal services by the managing officer for notification to any licensing bodies.

In accordance with DRC policy 31-SEM-02, Employee Standards of Conduct, all employees shall be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies. Terminations for violations of DRC sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies

All terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant

licensing bodies. There were no reports this past 12 months.

ODRC policy clearly specifies that staff are subject to disciplinary sanctions, to include termination, for violating sexual abuse or harassment policies and that policy is reaffirmed in staff training and on acknowledgement documents with staff signatures throughout the hiring and promotion processes. Departure of the staff does not halt the investigative process.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with offenders? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with offenders? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

In the past 12 months, no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of offenders.

ODRC policy clearly designates that sexual abuse of an offender by contract, volunteer or staff member is reported to law enforcement agencies and relevant licensing bodies and such persons will be prohibited from further contact with offenders. There have been no incidents involving volunteer or contractor sexual abuse of an offender, but interviews with a contractor reinforced that they are trained in the agency's policy, the stated consequences, as well as related training information on preventing, recognizing, and reporting signs of abuse by others. All contractors and volunteers receive training on

dangers and avoidance of personal relationships with offenders and sign acknowledgements of these policies, actions and consequences.

Standard 115.78: Disciplinary sanctions for offenders

115.78 (a)

- Following an administrative finding that an offender engaged in offender-on-offender sexual abuse, or following a criminal finding of guilt for offender-on-offender sexual abuse, are offenders subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending offender to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

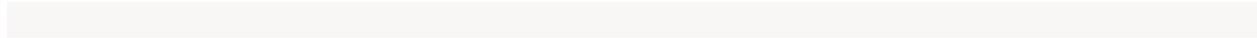
In accordance with the Standard, and as reported during random and supervisory staff interviews, offenders are subject to discipline pursuant to a formal process if an offender engages in sexual misconduct. The disciplinary process does consider whether an offender's mental disability or illness contributed to his behavior when determining sanctions, and all sanctions are commensurate with the nature of the abuse, offender history and comparable offenses of other offenders. The policy clearly defines the ability to hold an offender accountable for sexual contact with staff only upon concluding that staff did not consent to such contact. The Offender handbook clearly states that all sexual contact with an employee is a crime and is subject to internal administrative charges as well and criminal charges.

Senior staff interviews supported that good faith reports of sexual abuse would not constitute false reporting. Additionally, there is a recognition of difference between coercive and non-coercive offender sexual activity.

Staff interviewed, including Mental Health staff, all supported that in PREA-related cases where sanctions would be imposed, offender mental health is taken into consideration.

A report of sexual abuse made in good faith, based on a reasonable belief that the alleged conduct occurred, does not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

In the past 12 months RCI has not had any criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility. RCI has not had any PREA allegations during the past 12 months where an inmate was written a conduct report or given disciplinary sanctions for inmate-on-inmate sexual abuse.



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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Access to medical/mental health information related to sexual victimization or abusiveness is strictly limited. PREA SVR/SAB reports are strictly controlled and have limited distribution only to those with a specific need to know that information in making management and security decisions.

Medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting; and confidentiality rules and related mandatory reporting laws are clearly explained to offenders and acknowledged by them in writing. Following policy 79-ISA-02, no Medical/Mental Health information is available to Custody Staff or Non-Health Personnel.

If the assessment indicates the inmate is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff offer a follow-up meeting with a medical or mental health practitioner within fourteen (14) calendar days of the intake screening. All inmates are screened by mental health in accordance with DRC policy on Mental Health Screening and Classification.

In the past year, per interviews of mental health staff, PREA and management-level staff, every inmate who disclosed prior victimization during screening was offered a follow-up meeting with a medical or mental health practitioner. The checklist for risk assessment includes this requirement. Any offender disclosing prior sexual abuse while incarcerated or at any other time, whether victim or perpetrator, will be seen by a medical or mental health provider very quickly after disclosure.

No offenders disclosed at intake that they had previously perpetrated sexual abuse, during the screening, and so none were offered a follow up meeting with a mental health practitioner, but this referral would have been made if the report occurred.

Staff in Classification reported, and offenders interviewed, and pre-audit records reviewed supported that any offender reporting prior victimization is referred to medical or mental health for further evaluation. The OCM/PREA Coordinator indicated that 100% of these offenders had been referred.

If a known or potential victim or perpetrator, whether they report or not, they are also referred to mental health. Information is offered to both victims and perpetrators and they are automatically classified as requiring enhanced supervision and sent to separate housing areas.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are

determined by medical and mental health practitioners according to their professional judgment? Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are offender victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

RCI does not have a Residential Treatment facility (RTU) for severe mentally ill inmates and they are transferred to appropriate facilities designed for treating the mentally ill.

The policy on first responders mirrors national PREA standards and governs both security and non-security staff who respond to crises in the facility. They have all been trained on responding specifically to PREA allegations and referral to medical services is automatic.

Offender victims of sexual abuse are offered timely information about and access to sexually transmitted infections prophylaxis, following professionally accepted standards of care and when medically appropriate. Services, including forensic medical examinations and mental health counseling, are provided to every victim without financial cost and this process was verified through policy review and interviews of senior and medical staff members.

The highest-ranking security supervisor on duty always notifies the OCM/PREA coordinator and Investigators on all allegations of sexual abuse. Policy states and interviews support that the medical staff determines whether a forensic medical examination is required, however all staff interviewed indicated that forensic exams would always be pursued if the incident was still in a timeliness window where evidence might be obtained.

The facility offers medical and mental health evaluation and, as appropriate, subsequent treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or youth facility. The evaluation and treatment of such victims includes follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other facilities or release from custody. Medical/mental health staff interviews reported that emergency services, follow-up treatment, counseling, and whatever the offender needs are provided.

The prison does conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health providers.

The ODRC medical, dental and mental health care is primarily provided to the offenders via State employees operating the health care system at RCI. When needed, a full range of specialty consultations is available, and specialty hospital services are provided by either the Adena Regional Medical Center or the medical center at the Ohio State University.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are offender victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are offender victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Policy mandates mental health evaluation and appropriate treatment as required by the Standard. Elements of the standard related to female offenders are non-applicable at this male facility. Mental Health staff consistently supported that these standards are met. Testing is done as required and all costs associated with this are at no charge.

A Detailed Mental Health Screening is completed on all inmates within seven (7) calendar days of their arrival at any institution by a mental health professional (MHP).

The facility offers medical and mental health evaluation and, as appropriate, subsequent treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or youth facility.

The evaluation and treatment of such victims includes follow-up services, individual treatment plans, and, when necessary, referrals for continued care following their transfer to or placement in other facilities or release from custody. Medical/mental health staff interviews reported that emergency services, follow-up treatment, counseling, and whatever the offender needs are provided.

Some predators, after assessment, are recommended for transfer to the Sex Offender Risk Reduction Center (SORRC) at the Correctional Reception Center, for assessment and Basic Education provided at SORRC.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

ODRC policy requires a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including those where the allegation has not been substantiated, and no review if the allegation has been determined to be unfounded. RCI interviewed staff indicate it normally occurs within a week or so of the investigation completion.

The ODRC/RCI has a policy (Sexual Abuse Review Team 79-ISA-03) that specifically addresses procedures at the conclusions of sexual abuse investigations. The SART team, by policy, is designated by the managing officer and includes, at a minimum, the Deputy Warden of Operations, the Institutional Investigator, designated victim support person (VSP), Deputy Warden of Special Services, and the Institutional OCM/PREA Manager. Other staff, such as unit staff, line supervisors, medical and mental health professionals are also included when appropriate.

Senior leaders interviewed all knew the policy requirements and considerations that must be reviewed in compliance with the standard; and that those do include:

- Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse

- Whether the incident was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility
- Examining the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse
- Assessing the adequacy of staffing levels in that area during different shifts
- Assessing whether monitoring technology should be deployed/augmented to supplement staff supervision
- Preparing a report of its findings and recommendations for the facility Warden and OCM/PREA Coordinator

In the past 12 months, there were 15 administrative investigations for alleged sexual abuse completed and all were followed by a SART review within 30 days.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?
 Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders? (N/A if agency does not contract for the confinement of its offenders.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

Senior staff and OCM/PREA Coordinator interviews, and PREA policy state the annual report is generated as required and has the essential elements of the standard. The report is generated by ODRC after data and input is submitted via the PREA and management chains. ODRC policy requires the review of aggregated data to assess and improve its abuse prevention, detection and response policies and training. A report is prepared annually and compares the current and prior year data. Aggregate information is submitted to the ODRC for inclusion in their annual reporting and publishing for the State. The OCM/PREA Coordinator indicated having prepared the data to report to ODRC HQ and that they report the published data. Redacted data areas are identified but are essentially limited to Personally Identifiable Information. The website is: <http://www.drc.ohio.gov/prea>

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

The ODRC HQ staff and the RCI leadership both use the collected data to determine where additional cameras or staff should be placed and also review data collected and aggregated pursuant to 115.87 to assess and improve the effectiveness of its overall sexual abuse prevention, detection, and response policies, and training, and this is done in the Annual Report as well.

A corrective action plan for each facility is developed for anything identified in the review; and the annual PREA Compliance Review documents the facility's efforts to take corrective measures. The HQ BOC staff takes corrective measures for items identified for the agency as a whole. The HQ BOC staff don't use specific or confidential information in the report.

ODRC policy requires that all case records concerning claims of sexual abuse, to include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for treatment and/or counseling are securely retained for a minimum of 10 years after the date of the initial collection and criminal-related data permanently. The provided documentation shows that all aggregated sexual abuse data under the ODRC is made readily available to the public at least annually through the agency website, following the removal of all personal identifiers.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

ODRC policy requires that all case records concerning claims of sexual abuse, to include incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings and recommendations for treatment and/or counseling are securely retained for a minimum of 10 years after the date of the initial collection and criminal-related data permanently. The provided documentation shows that all aggregated sexual abuse data under the ODRC is made readily available to the public at least annually through the agency website, following the removal of all personal identifiers. Systems are password protected and incident data is kept confidential.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.) Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with offenders, residents, and detainees? Yes No

115.401 (n)

- Were offenders permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (Requires Corrective Action)

All standards are closely observed by ODRC and by all echelons involved in audit management.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No
 NA

Auditor Overall Compliance Determination

- Exceeds Standard (Substantially exceeds requirement of standards)
- 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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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 offender or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

William E. Peck -

Auditor Signature

May 15, 2018

Date

