

# PREA Facility Audit Report: Final

**Name of Facility:** Southeastern Correctional Complex

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 04/01/2022

**Date Final Report Submitted:** 07/28/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Margaret L. Capel	<b>Date of Signature:</b> 07/28/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	Capel, Margaret
<b>Email:</b>	capelmaggie@gmail.com
<b>Start Date of On-Site Audit:</b>	03/02/2022
<b>End Date of On-Site Audit:</b>	03/04/2022

FACILITY INFORMATION	
<b>Facility name:</b>	Southeastern Correctional Complex
<b>Facility physical address:</b>	5900 B.I.S. Road, Lancaster, Ohio - 43130
<b>Facility mailing address:</b>	

Primary Contact	
<b>Name:</b>	Thomas Hendrix
<b>Email Address:</b>	Hendrix
<b>Telephone Number:</b>	740-653-4324 ext. 44

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Norman
<b>Email Address:</b>	Robinson
<b>Telephone Number:</b>	740-653-4324 ext.

Facility PREA Compliance Manager	
<b>Name:</b>	Tom Hendrix
<b>Email Address:</b>	tom.hendrix@odrc.state.oh.us
<b>Telephone Number:</b>	O: (740) 653-4324

Facility Health Service Administrator On-site	
<b>Name:</b>	Connie
<b>Email Address:</b>	Starner
<b>Telephone Number:</b>	740-653-4324 ext.

Facility Characteristics	
<b>Designed facility capacity:</b>	1595
<b>Current population of facility:</b>	1447
<b>Average daily population for the past 12 months:</b>	1387
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-89
<b>Facility security levels/inmate custody levels:</b>	1 & 2
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	325
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	214
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	321

AGENCY INFORMATION	
<b>Name of agency:</b>	Ohio Department of Rehabilitation and Correction
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	4545 Fisher Road, Suite D, Columbus, Ohio - 43228
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	David Kollar	<b>Email Address:</b>	david.kollar@odrc.state.oh.us

SUMMARY OF AUDIT FINDINGS	
<p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p>	
<b>Number of standards exceeded:</b>	
2	<ul style="list-style-type: none"> <li>• 115.17 - Hiring and promotion decisions</li> <li>• 115.31 - Employee training</li> </ul>
<b>Number of standards met:</b>	
43	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-02
2. End date of the onsite portion of the audit:	2022-03-04

### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	The Auditor spoke with the Director of SARNCO (Ohio Health Sexual Assault Response Network of Central Ohio) and the SANE Coordinator at Fairfield Medical Center in Lancaster, Ohio.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	1595
15. Average daily population for the past 12 months:	1387
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

### Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

#### Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	1441
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	11
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	292
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	5
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	27
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	4
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	57
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	The numbers in these categories are approximate. The number of inmates with a cognitive or functional disability includes all inmates on the mental health caseload. Generally inmates with a physical disability are not housed at this facility.
<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	322
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	320
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	223
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	21
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmates were randomly selected from each housing unit to include segregation.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The facility provided the Auditor with a population roster by housing assignment. From this listing, the Auditor selected inmates for interview from each housing unit. The Auditor also selected alternates from each housing unit, in the event an inmate refused to participate in the interview.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	21
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	0

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Inmates with physical disabilities are generally not housed at this facility.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There were no inmates listed as blind or low vision during the on-site portion of the audit. Specialized programming and accommodations are provided for blind or very poor vision Inmates at the London Correctional Institution, which accounts for the absence of these inmates at the facility.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>7</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>

67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	2
68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	7
69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	Information obtained from the PAQ, a review of sexual abuse investigations, and interviews with the facility administration confirmed inmates are not placed in segregated housing for risk of sexual victimization unless the alleged victim requests to be housed in TPU. The facility utilizes housing in the medical area, housing or unit changes, and assignment of the abuser to segregation as alternatives for separating victims and potential victims from abusers and potential abusers.
70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	There were no youthful inmates or inmates in segregated housing for high risk of sexual victimization. Additional inmates were selected from other targeted categories to ensure the minimum number of targeted interviews were conducted.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:	12
72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	<input type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None

If "Other," describe:	The Auditor selected both male and female correctional officers.
73. Were you able to conduct the minimum number of RANDOM STAFF interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No
74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	The Auditor interviewed a minimum of two officers from each of the four shifts. Additional interviews were conducted with second shift officers due to their availability after regular business hours. The Auditor prioritized completing the facility tour, completing inmate interviews, and interviews of non-uniformed staff working during their normal work schedule.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	
75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	20
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>The Auditor interviewed the PREA Administrator, Deputy Warden of Operations, Chief of Security, Volunteer Supervisor, Union representative, and the Unit Management Chief.</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>3</p>

<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input checked="" type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p><b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>3</p>
<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input checked="" type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>
<p><b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>No text provided.</p>

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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### Was the site review an active, inquiring process that included the following:

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	<p>The Auditor toured the entire facility inside and outside the secure perimeter fencing. The Auditor observed PREA audit notices in all common areas, program areas, and housing units. The Auditor was able to have informal conversations with staff and inmates.</p> <p>The staff accompanying the Auditor on the tour, respectfully, provided the Auditor with appropriate distance to allow for private conversations. The Auditor tested the PREA reporting line and the facility received notification of the call within one hour. The toilet and shower areas provide privacy for inmates while changing clothes, performing bodily functions, and showering. Correctional officers of either gender are able to conduct security checks in the bathroom area while providing privacy to inmates. Opposite gender staff announces their presence before entering the area. The Auditor observed cameras strategically placed throughout the facility. The Auditor viewed the cameras and found the cameras afford inmates privacy in the restroom and shower areas.</p>

## Documentation Sampling

Where there is a collection of records to review—such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files—auditors must self-select for review a representative sample of each type of record.

90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="radio"/> Yes <input type="radio"/> No
91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	<p>The Auditor conducted a document review of 10 employee files, three contractors, three volunteers, seven inmate records, and ten administrative investigations. Risk assessments were reviewed as part of the inmate record review and review of sexual abuse alleged victims and abusers. Medical records were reviewed as part of the review of investigations, and review of inmates who reported prior victimization.</p>

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	9	0	9	0
Staff-on-inmate sexual abuse	1	1	1	1
<b>Total</b>	10	1	10	1

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for "convicted.") Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	1	0	0
<b>Total</b>	0	0	1	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	3	5	1
Staff-on-inmate sexual abuse	0	0	0	1
<b>Total</b>	0	3	5	2

**Sexual Harassment Investigation Outcomes**

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term "inmate" in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	10
99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)

**Inmate-on-inmate sexual abuse investigation files**

100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	9
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There were no reported sexual harassment allegations.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) </p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p> <input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) </p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>The Auditor reviewed all PREA investigations received in the past 12 month period.</p>
<p><b>SUPPORT STAFF INFORMATION</b></p>	
<p><b>DOJ-certified PREA Auditors Support Staff</b></p>	
<p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>
<p><b>Non-certified Support Staff</b></p>	
<p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p>	<p> <input type="radio"/> Yes  <input checked="" type="radio"/> No </p>

# AUDITING ARRANGEMENTS AND COMPENSATION

<b>121. Who paid you to conduct this audit?</b>	<p><input type="radio"/> The audited facility or its parent agency</p> <p><input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input checked="" type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="radio"/> Other</p>
<b>Identify the name of the third-party auditing entity</b>	American Correctional Association

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-01, Prison Rape Elimination states, "It is the policy of the ODRC to provide a safe, humane, appropriately secure environment, free from the threat of sexual misconduct for all incarcerated individuals by maintaining a program of prevention, detection, response, investigation, and tracking. The ODRC shall maintain zero tolerance for sexual misconduct in its institutions and in any facilities with which it contracts for the confinement of incarcerated individuals. Sexual misconduct among incarcerated individuals and by employees, contractors, interns, and volunteers toward incarcerated individuals is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated."</p> <p>The facility's policy that outlines how it will implement the agency PREA plan is SCI Policy 03-E-01, Sexual Misconduct Zero Tolerance Policy. This policy provides definitions of prohibited behaviors regarding sexual misconduct and prevention, detection, and response procedures for reports of sexual misconduct. The agency policy ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, outlines the sanctions for inmates and/or staff who violate sexual misconduct policies.</p> <p>(b) The Auditor reviewed the organizational chart for the Bureau of Operational Compliance which confirms the Agency PREA Coordinator reports directly to the Bureau Chief of Operational Compliance, who reports to the Agency Director. The agency also employs a PREA Administrator, who reports to the PREA Coordinator. The Bureau Chief of Operational Compliance was present during parts of the PREA audit. Through discussions with the Bureau Chief and the agency PREA Coordinator, the Auditor confirmed the agency PREA Coordinator is an upper-level position and has the executive support and authority to develop, implement, and oversee agency efforts to comply with the PREA standards.</p> <p>The PREA Coordinator is responsible for coordinating and overseeing PREA compliance for the ODRC. He divides some of these duties with the PREA Administrator. The PREA Coordinator is responsible for facilities in the northern portion of the state and the PREA Administrator for the southern portion. Ohio has 25 state-operated prisons and 3 private prisons.</p> <p>The PREA Coordinator explained he has sufficient time and authority to accomplish duties. He noted that the American Correctional Association (ACA) accreditation audits and PREA compliance audits are scheduled in the same week, which can be a difficult time. The PREA Coordinator stated he has sufficient time and authority to develop, implement, and oversee the agency PREA program. He explained each facility employs one PREA Manager who has dual reportability to the PREA Coordinator or the PREA Administrator and the facility warden. The designated PREA Coordinator (Administrator) is notified of all PREA incidents. The facility PREA Managers complete weekly checklists and monthly reports that are forwarded to the assigned PREA Coordinator or PREA Administrator. The agency initiated Quarterly PREA Status Briefings, which review the status of PREA investigations over the last quarter. The report is sent to the Agency PREA Coordinator.</p> <p>(c) Tom Hendrix is the facility PREA Manager, and his state title is Operational Compliance Manager (OCM). He reports to the Facility Warden with indirect reportability to the PREA Administrator. Mr. Hendrix stated he has sufficient time and authority to complete his assigned duties.</p> <p>The facility meets the requirements of this standard.</p>

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1477 365">(a) The agency PREA Coordinator provided a memorandum stating the ODRC has contracts with two private companies for the confinement of inmates, in three institutions: Lake Erie Correctional Institution; Northeast Ohio Correctional Center; and North Central Correctional Institution.</p> <p data-bbox="240 398 1485 557">The Auditor reviewed the contract between the private companies and the agency and found the contract included the following amendment: "The Contractor shall adopt and comply with the Prison Rape Elimination Act, National Standards to Prevent, Detect, and Respond to Prison Rape (28 C.F.R. Part 115). The ODRC shall monitor the Contractor to ensure such compliance. The ODRC shall ensure that Contractor has been trained on their responsibilities under ODRC Policy on sexual abuse and sexual harassment prevention, detection, and response."</p> <p data-bbox="240 591 1493 685">The Northeast Ohio Correctional Center (NEOCC) is scheduled for a PREA audit in March 2022. The Lake Erie Correctional Institution and the North Central Correctional Institution completed PREA audits in the Fall of 2021. The Auditor reviewed the agency website and verified the completed PREA audit reports are posted on the agency website for both facilities.</p> <p data-bbox="240 719 1469 909">(b) The Auditor interviewed Ken Kopycinski, Chief of Acquisition and Contract Compliance. Mr. Kopycinski explained the agency employs three contract monitors, one for each contracted facility. The contract monitors are responsible for overseeing the day-to-day operations of the assigned facility, including compliance with the PREA standards and agency policies regarding PREA. The contract monitors report to the Assistant Chief of Acquisition and Contract Compliance. The contract monitors receive agency PREA training annually, and the Bureau of Operational Compliance conducts annual internal management audits (ACA and PREA).</p> <p data-bbox="240 943 772 969">The agency meets the requirements of this standard.</p>

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1484 432">(a) The ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "In accordance with ODRC Policy, 23-BUD-01, Staffing Requirements, and the PREA Staffing plan (DRC1189) each institution shall develop, document, and make its best efforts to comply with the staffing plan that provides for adequate levels of staff and, where applicable, video monitoring to protect incarcerated individuals against sexual misconduct. In calculating staffing levels and determining the need for video monitoring, the institution shall consider:</p> <ul style="list-style-type: none"> <li data-bbox="240 461 686 488">a. generally accepted correctional practices</li> <li data-bbox="240 517 1217 544">b. any judicial, federal investigative, and internal/external oversight agency findings of inadequacy</li> <li data-bbox="240 573 1378 600">c. the facility's physical [lant including blind spots or areas where staff or incarcerated individuals may be isolated.</li> <li data-bbox="240 629 738 656">d. the composition of the incarcerated population</li> <li data-bbox="240 685 738 712">e. the number and placement of supervisory staff.</li> <li data-bbox="240 741 695 768">f. institution programming on a particular shift</li> <li data-bbox="240 797 1050 824">g. the prevalence of substantiated and unsubstantiated incidents of sexual abuse</li> <li data-bbox="240 853 1070 880">h. applicable state or local laws, regulations, standards, and other relevant factors."</li> </ul> <p data-bbox="240 920 1489 1216">The policy also requires the facility to document and justify any deviations from the staffing plan, conduct an annual review of the staffing plan, and complete an annual staffing plan assessment for each contracted facility. The staffing plan does not include the number of officers assigned to the facility and did not indicate the minimum level of staffing mandated for each shift. The Auditor discussed this at length with the Chief of Security who explained there are a minimum of two supervisors assigned to each shift, typically a captain and lieutenant. Each housing unit has a minimum of one correctional officer assigned at all times, in addition to unit management staff who are present in the housing areas. Other mandatory posts are determined by the shift and the scheduled activities for the particular day. The Auditor verified the facility has several options for covering shifts including overtime, shutting down elective posts, calling in additional officers, and utilizing administrative staff who have maintained their security training to man posts when needed.</p> <p data-bbox="240 1245 1489 1473">During the facility tour, the Auditor noted each office in the behavioral health area had a blind spot in the corner. The Auditor also noted the carpentry shop, vocational welding, and maintenance shop had blind spots. The facility stations an officer at the West Gate to control traffic into this area and to make security checks of the buildings and inmates in this area. The Auditor reviewed the West Gate Logbook where the West Gate Officer documents security rounds of the area. The logbook entries reviewed were for rounds completed in February 2022. The number of rounds completed each day by the West Gate officer is inconsistent with the officer documenting between 3 - 11 rounds per shift. The Auditor noted days in which upper-level management also visited these areas.</p> <p data-bbox="240 1503 1484 1765">The facility had previously identified the above shop areas for camera placement. The Auditor agreed with the camera placement but also required unannounced, consistent but irregular rounds to be made more frequently in each of these areas by correctional officers and security supervisors. The facility developed a plan for increased security checks in this area by the assigned correctional officer and security supervisors. The Auditor reviewed and approved the plan. The facility provided documentation over a two-week period (determined by the Auditor) showing consistent but irregular hourly checks were completed in each of these areas. Security checks are not completed in these areas when the vocational instructor is absent. The Chief of Security provided a memorandum explaining when an instructor is absent the area is secured, and the officer is not required to conduct rounds in the area. Rounds are conducted in these areas on 2nd and 3rd shifts.</p> <p data-bbox="240 1794 1489 1888">The Auditor had originally requested a photograph of the additional camera placement in these areas. The facility requested and received an additional 51 cameras. The facility's network infrastructure will not allow the addition of these cameras at this time. The facility is updating the network infrastructure and expects the cameras to be operational in 8-10 months.</p> <p data-bbox="240 1917 874 1944">(b) There were no instances of deviation from the staffing plan.</p> <p data-bbox="240 1973 1481 2067">(c) The Auditor reviewed the current staffing plan and found the Agency PREA Coordinator approved the plan on November 10, 2021. The PREA Coordinator and PREA Administrator explained the facilities have an annual staffing plan meeting and they attend each of these meetings. These meetings can occur more often if needed.</p> <p data-bbox="240 2096 1489 2161">(d) The ODRC Policy 50-PAM-02, Inmate Communication/Weekly Rounds, states, "The managing officer shall assign department heads, supervisors, and administrative staff to specific living and activity areas ensuring all areas are visited on a</p>

weekly basis. The managing officer shall determine the rotation of areas in writing. Assigned staff shall visit living and activity areas weekly and cannot delegate this duty. The managing officer/designee, deputy wardens, and duty officers shall visit all living and activity areas weekly unless policy dictates more frequent visits."

The policy also specifies that the managing officers and deputy wardens visit each housing unit including TPU, weekly, deputy wardens make monthly rounds to the sallyport control center and perimeter posts and health care services weekly.

The Chief of security and Unit Management chiefs are making weekly rounds to sally port, control center, and perimeter posts. The Chief of Security must visit TPU weekly. The shift supervisor (captain or lieutenant) shall conduct unannounced rounds in each inmate-occupied area at least once per shift. Unoccupied areas shall be visited once per week per shift. A review of logbooks in each area confirmed these visits are being conducted regularly.

The facility meets the requirements of this standard.

<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) (b) (c) ODRC Policy 79-SOC-05, Youthful Inmate Program Management, addresses the management of youthful offenders (under 18 years of age) within the ODRC. The facility PREA Manager provided a memorandum stating the facility does not house youthful offenders. The Auditor requested a listing of inmates under the age of 21 and over the age of 65 which is the age range specified as a risk factor on the PREA Risk Assessment. A review of this listing confirmed there were no inmates at the facility under the age of 18.</p> <p>This standard does not apply to this facility.</p>

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) ORDC Policy 310-SEC-01, Incarcerated Individuals and Physical Plant Searches, states, "the institution shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners." Mr. Hendrix provided a memorandum stating there have been no cross-gender strip searches or visual body cavity searches conducted by security, medical, or other staff at SCI for the previous 12 months. Inmate interviews also confirmed inmates are not naked in full view of the female staff.</p> <p>The Auditor reviewed ODRC Policy 10-SAF-22, Body Worn Cameras (BWC), and found the policy complies with the PREA standards.</p> <p>(b) SCI houses only male offenders. This standard provision is not applicable.</p> <p>(c) ODRC Policy 310-SEC-01, Incarcerated Individuals and Physical Plant Searches, states, "The institution shall document all cross-gender strip searches, cross-gender visual body cavity searches, and all cross-gender pat-down searches of female incarcerated individuals on an Incident Report (DRC1000)."</p> <p>The facility does not house female inmates.</p> <p>(d) ODRC Policy 79-ISA-01 states, "All institutions shall ensure incarcerated individuals are able to shower, perform bodily functions and change clothing without a non-medical 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, which includes viewing via video camera."</p> <p>During the facility tour, the Auditor found inmates are afforded privacy in the toilet and shower areas (inmates change clothing in this area). Most of the inmates interviewed (96%) and all staff (100%) reported inmates are never naked in full view of the female staff. The Auditor also viewed the video cameras from the control center. The Auditor found the cameras do not cover the shower or toilet areas and afford inmates the required privacy while dressing, performing bodily functions, and showering.</p> <p>The policy further states, "All employees, contractors, interns, and volunteers, of the opposite gender, whether assigned to the unit or not, shall make the following announcement upon their arrival in a housing unit, "Opposite gender in housing unit." If at any point the employee leaves and returns to the housing unit the preceding announcement shall be repeated. The announcement is only required when an opposite-gender employee, contractor, or volunteer enters a housing unit where there is not already another opposite-gender employee present. The institution shall determine how to make employees aware that an opposite-gender staff is already in the housing unit. If opposite-gender staff remain in the unit during shift change, the announcement shall always be made at the beginning of each shift."</p> <p>The facility also utilizes a buzzer system, that is activated by staff prior to a female entering the housing area. When the buzzer system is activated a unique audible buzzing sound alerts the housing area and flashes a light, signaling that a female is entering the housing area. Of the Individual Inmate Interviews conducted, half of the inmates reported females do not announce their presence when entering the housing area. The Auditor found several inmates were not aware that female staff is only required to announce their presence when there are no females present in the housing area. During the site visit, the Auditor noted gender announcements were made consistently. Of the correctional officers interviewed, all confirmed that females announce their presence before entering the housing areas.</p> <p>Recommendation: The facility should educate the inmates about the agency and facility policy regarding when opposite gender announcements, including the use of the buzzer and flashing light to signal the entrance of a female are required.</p> <p>(e) ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, states, "Staff shall not search or physically examine a Transgender or Intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it may be determined through conversations with the inmate or by reviewing medical records. If staff members are unable to determine the inmate's genital status, the inmate shall be referred to medical for a broader medical examination conducted in private by a medical practitioner."</p> <p>All correctional officers interviewed were aware of the agency policy restricting staff from searching a transgender inmate for the sole purpose of determining the inmate's genital status. The Auditor interviewed three inmates who identified as transgender, and one reported an incident in which the inmate felt the search was conducted to determine the inmate's gender status. The Auditor reviewed the incident with the PREA Manager and Facility Investigator. The inmate had submitted a grievance and the matter was investigated by the referred to the facility investigator, due to the inmate's transgender status. It was determined the matter was not a PREA matter and the search was conducted due to a serious</p>

security concern, not to determine the inmate's genital status.

(f) The Training Supervisor confirmed all new security staff receives search training while attending the academy and annually thereafter. Annual search training is provided online. He added if there are problems or complaints regarding a specific staff member, additional training will be provided to that employee. The Auditor reviewed the video script for the PREA Pat Down search training and found it adequately addressed how to conduct cross-gender pat-down searches and searches of transgender and intersex inmates.

All correctional officers interviewed confirmed they received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates. The Auditor verified the training as well by reviewing a printout of completed search training for FY21, which included each of the correctional officers interviewed.

The facility meets the requirements of this standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 398">(a) ODRC Policy 64-DCM-02 titled Inmates with Disabilities, states, "It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) not to discriminate against individuals on the basis of disabilities in the provision of services program assignment, and other activities, as well as making administrative decisions, and to provide reasonable accommodation to inmates when a demonstrated need exists."</p> <p data-bbox="240 432 1485 555">The Agency Director confirmed the agency has procedures to address the needs of inmates with disabilities or who are limited English proficiency. She explained the agency Incarcerated Adult Education Video has sign language and closed captioning. She also confirmed the agency has contracts for foreign language and sign language interpreters available to all institutions.</p> <p data-bbox="240 589 1461 680">The Auditor reviewed the current contract with Propio LS LLC. The contract includes foreign language interpretation for telephonic interpretation, on-site interpretation, video conferencing interpretation, document translation services, American Sign Language (ASL) interpretation services available state-wide to agency facilities.</p> <p data-bbox="240 714 1445 806">The Auditor interviewed four inmates with a disability and one non-English speaking inmate. The Auditor interviewed the LEP inmate utilizing the agency's interpretation service. The inmate reported he was provided information about sexual abuse and sexual harassment that he was able to understand but he was not provided a Spanish inmate handbook.</p> <p data-bbox="240 840 1469 931">Of the remaining four inmates, two inmates reported they were provided information about sexual abuse and sexual harassment that they were able to understand. Two reported they were not provided PREA information that they were able to understand.</p> <p data-bbox="240 965 1453 1122">During the facility tour, the Auditor observed the intake area while incoming inmates were participating in orientation. The Auditor watched the PREA video and found the video provides closed captioning and sign language interpretation, and a Spanish outline of the video is available. The Auditor was unable to read the closed captioning or the sign language interpreter because the video monitor was too small. The PREA Manager stated he would ensure a larger video screen is installed in the intake area.</p> <p data-bbox="240 1155 1477 1312">The facility must provide PREA education to disabled inmates in a format they can understand. The Auditor determined the video monitor utilized for PREA education was too small to allow deaf or hearing-impaired inmates to read the closed captioning or the sign language interpreter. The Auditor required the facility to provide a larger video screen for the PREA education video which would allow hearing impaired inmates to read the closed captioning and see the sign language interpreter clearly.</p> <p data-bbox="240 1346 1445 1406">The facility installed a larger screen for PREA education. The facility provided photographs of the mounted, larger video monitor and the Auditor determined this met the requirements of this standard provision.</p> <p data-bbox="240 1440 1437 1462">(b) ODRC Policy 64-DCM-02, Inmates with Disabilities, lists the circumstances in which an interpreter should be utilized.</p> <p data-bbox="240 1473 1485 1597">This includes but is not limited to: medical and mental health contacts, parole board hearings, disciplinary hearings, classification reviews, education and treatment classes and activities, grievance interviews, religious services, and criminal and administrative investigations. The policy states, "Interpreting services for these programs may be provided only by non-correctional staff members or contract interpreters."</p> <p data-bbox="240 1630 1430 1722">The Auditor interviewed an LEP inmate using the agency's interpretation service. The inmate reported he was given information about sexual abuse and sexual harassment that he was able to understand but he was not given a Spanish inmate handbook.</p> <p data-bbox="240 1756 1485 1848">(c) ODRC Policy 79-ISA-01 titled, Prison Rape Elimination states, "Staff shall make appropriate provisions for incarcerated individuals not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided under section VI.D.1-3 of this policy."</p> <p data-bbox="240 1881 1485 2139">ODRC Policy 64-DMC-02, Incarcerated Individuals with Disabilities, states, "Interpreting services for these programs, may be provided only by qualified, non-correctional staff members or contract interpreters. If the deaf or hard of hearing inmates approves, a qualified correctional staff member or inmate may otherwise assist in the case of an emergency, when another interpreter is unavailable, if confidentiality will not be violated by the use of a qualified correctional staff member or inmate. If the deaf or hard of hearing inmate approves the use of another inmate to interpret, the deaf or hard of hearing inmate must sign a statement waiving the right to an interpreter who is not an inmate. See Appendix A. Interpreters may be provided in person or through teleconferencing." The Auditor reviewed Appendix A which is a waiver form titled, Interpreter/Transliterator Waiver Form.</p>

The facility PREA Manager provided a memorandum stating the facility had not utilized inmate interpreters to assist inmates wanting to report sexual misconduct. Of the random security staff interviewed, 75% of the correctional officers reported inmate interpreters are not used or are used only in exigent circumstances.

The facility provided copies of the slide presentation utilized for annual PREA training for employees. The training includes information concerning the PREA standards related to offenders with disabilities or who are LEP. Mr. Hendrix also provided a memorandum stating the facility has not denied any reasonable accommodation request submitted in the past 12 months.

The facility meets the requirements of this standard.

115.17	<b>Hiring and promotion decisions</b>
	<p data-bbox="240 147 766 174"><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1461 434">(a) ODRC Policy 34-PRO-07, Background Investigations states, "An applicant being considered for employment must complete a Personal History Statement (DRC1683) with required documentation provided and the Authority for Release of Information (DRC 1404) prior to a background investigation being conducted." The policy details the procedures to be followed when conducting the background investigation. This includes obtaining authorization to conduct a criminal and personal background check and education and employment checks.</p> <p data-bbox="240 465 1436 524">The Auditor reviewed the employment application which asks the applicant if they have any current or pending felony or misdemeanor charges, including expunged or sealed records. The applicant is also asked if they have ever been:</p> <ol data-bbox="240 555 1477 851" style="list-style-type: none"> <li>1. accused of an inappropriate relationship in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution,</li> <li>2. accused of sexual abuse or resigned from employment during a pending investigation into an allegation of sexual abuse,</li> <li>3. accused of sexual harassment,</li> <li>4. civilly or administratively adjudicated or 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.</li> </ol> <p data-bbox="240 882 1474 976">The Auditor reviewed 10 employee records, which included two new hires, three promotions, and five randomly selected employee records. The records included criminal and personal background checks. Each employee was asked about past sexual misconduct and criminal background checks were completed.</p> <p data-bbox="240 1008 1489 1236">The Auditor found the ODRC also checks the Abuser Registry maintained by the Ohio Department of Developmental Disabilities (DD) for all new applicants, contractors, and volunteers. This registry lists Ohio Department of DD employees who the Department of DD determined to have committed a registry offense. Registry offenses include physical abuse, sexual abuse, verbal abuse, prohibited sexual relations, neglect, misappropriation (theft), and failure to report abuse, neglect, or misappropriation. The Auditor was able to verify the abuser registry was checked for the newly hired employees and one of the three promoted employees. The ODRC practice of checking the Abuser Registry is not a requirement of this standard but is an excellent practice.</p> <p data-bbox="240 1267 1481 1393">(b) The Auditor interviewed Roberta Banks, Human Resource Director for the ODRC. She explained that criminal history background checks are completed for all new employees, contractors, and applicants for promotion. Background checks for unclassified positions are completed by the Ohio State Highway Police every five years. Background checks for new classified employees, contractors, and applicants for promotion are completed internally by the facility investigator.</p> <p data-bbox="240 1424 1481 1550">The Auditor reviewed the agency employment and promotion application and found the application asks the applicant if they have ever been accused of sexual harassment, dates, employer, and outcome. The agency checks the Ohio DD Abuser Registry and reviews an employee's discipline history, including sexual harassment, as part of the hiring and promotion consideration process.</p> <p data-bbox="240 1581 1489 1706">While reviewing agency policies, the Auditor noted a limitation to the effect disciplinary sanctions can have on the employee. The Auditor questioned whether incidents of sexual harassment beyond the "force and effect" period could be considered for unionized employees. The PREA Administrator was able to confirm that applicants and employees are asked about past sexual misconduct, and the agency is also permitted to review any sexual harassment infractions from the personnel file.</p> <p data-bbox="240 1738 1489 1863">(c) The facility showed 46 persons were hired who may have contact with inmates. The facility completed a criminal background check, including an MRDD check, for each applicant. The Auditor reviewed employee records for two employees hired in the last 12 months. Both employees had criminal background checks and MRDD checks completed prior to employment.</p> <p data-bbox="240 1895 1489 1998">HR Director Banks confirmed the agency performs criminal background checks on all new employees, employee promotions, and all contractors. ODRC Investigators conduct background checks. The Ohio State Highway Patrol conducts background checks for any unclassified (higher level) position.</p> <p data-bbox="240 2029 1436 2087">(d) ODRC Policy 34-PRO-07, Background Investigations, outlines the procedures for completing background checks for contractors, which includes obtaining a signed authorization to complete a criminal background check.</p> <p data-bbox="240 2119 1468 2145">The facility reported having six active contracts for services and reported that 100% of newly hired contractors had criminal</p>

background checks completed. The Auditor reviewed three contractor files, one of which was hired in 2021. The Auditor confirmed criminal background checks were completed, required questions about past sexual misconduct were asked, and the abuser registry was checked for all three contractors.

(e) ODRC Policy 79-ISA-01, Prison Rape Elimination states, "Criminal background checks shall be conducted on all employees and contractors every five years, or a system shall be in place for otherwise capturing such information, when available. All employees and contractors shall have a completed Authority for Release of Information (DRC 1404) or a PREA Background Check Authorization (DRC1422) on file prior to the five-year background check."

The facility supplied an example of a completed five-year background checklist for a current correction officer. The checklist verified the facility investigator completed a criminal background check. The Facility PREA Compliance Manager provided a memorandum stating there have been no contractors who have required a five-year background check.

The Auditor reviewed seven employee records of employees who were employed for five years and found a criminal background check was completed for all these employees.

(f) ODRC Policy 79-ISA-01 states, "All employees who have contact with incarcerated individuals shall complete a Prison Rape Elimination Act Annual Acknowledgement (DRC1214). The OCM shall ensure the PREA Annual Acknowledgement (DRC1214) is completed by all employees by December 31st of each year and forwarded to the Personnel Office. It is the responsibility of the OCM to ensure any positive responses on the PREA Annual Acknowledgement (DRC1214) are forwarded to Legal Services for review. The Personnel Office shall maintain the documents in the employee's personnel file."

The Auditor reviewed the PREA Annual Acknowledgement form and found each of the required PREA questions is included on the form.

The Bureau Chief of Personnel explained the agency did not think it was appropriate to ask staff the related PREA questions during an annual evaluation. Instead, the agency requires all staff to sign a PREA Annual Acknowledgement form each Fall. She also explained the employees have a continuing affirmative duty to disclose any such previous misconduct and this is required by the Employee Conduct Standards. The PREA Coordinator explained the agency does not conduct interviews or written self-evaluations as part of the review of current employees.

(g) The agency's continuing affirmative duty to report is addressed in ODRC Policy 31-SEM-02, Standards of Employee Conduct, which states, "Illegal activity on the part of any employee whether on or off duty in addition to being unlawful reflects upon the integrity of the Department and betrays the trust and confidence placed in it by the public. It is a reasonable expectation that employees will not only obey the letter of the law but the spirit of the law, whether engaged in personal or official activities. In the event, any employee is arrested for, charged with (including receiving a summons to appear in court), or convicted of any felony or misdemeanor, is required to be a defendant in any court action, or is incarcerated that employee shall immediately notify his/her Appointing Authority. In the event the Employer pursues disciplinary action, a reasonable nexus (tie) to job performance must be established."

The policy includes a series of offenses and a range of disciplinary measures for each offense. Offense #9 states, "Felony convictions with or without a nexus to the workplace or a conviction of a misdemeanor committed while at work or with a nexus to the workplace." This infraction is grounds for removal from employment for the first offense.

The facility exceeds the requirements of this standard.

115.18	<p><b>Upgrades to facilities and technologies</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) The Agency Director explained the Construction, Activation, Maintenance, and Sustainability division is responsible for facility modifications and works directly with the PREA Coordinator to ensure PREA-related issues are considered. These issues as well as the need for monitoring technology are also discussed in the annual Staffing Plan meetings. The facility PREA Manager and the Deputy Warden of Operations confirmed there has been no renovation, modification, or expansion of the facility but said the addition of cameras is an ongoing process. A review of the current staffing plan confirmed the facility requested and was approved for additional cameras for the facility.</p> <p>The Agency Director added the agency is purchasing body cameras to be worn by security staff with offender contact. Security Supervisors are currently issued body cameras. The Auditor reviewed ODRC Policy 10-SAF-22, Body Worn Cameras (BWC) which outlines the purpose of the policy and proper and improper use of the equipment, and determined the policy did not raise any PREA-related concerns.</p> <p>(b) The Agency Director explained the annual staffing plan process prioritizes facility projects. She said the agency has invested a great deal of money in camera installation which has enabled the agency to investigate PREA incidents and conduct After-Incident Reviews more effectively. In 2021, ODRC focused on upgrading camera servers and allocated a great deal of money to the replacement of all Milestone surveillance servers. Twenty (Milestone surveillance servers) have been replaced to date. The replacements will also increase the agency's retention time of recorded footage to a minimum of 45 days. ODRC added approximately 75 new cameras statewide in 2021 for a total of 7098 cameras. An additional 1,000 cameras will be added in 2022 to cover institutional blind spots. In 2021, the agency provided all Custody Supervisors with body-worn cameras. By June of 2022, all corrections officers and unit sergeants will be provided body-worn cameras. The body-worn cameras can download and save video recordings of incidents and events.</p> <p>The Deputy Warden of Operations explained camera placement and replacement is an ongoing process. He said the camera system aids the facility in conducting investigations and deters sexual abuse incidents. He explained the Central Control Officer monitoring camera operations can only live monitor. The facility's executive team can review video recordings. The executive team includes the Warden, Deputy Wardens, Chief of Security, Unit Management Chief, Medical Administrator, Mental Health Supervisor, Institutional Inspector, and the Labor Relations Officer.</p> <p>The facility meets the requirements of this standard.</p>
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115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1484 533">Medical Services responsibilities are specified in OCHC Protocol B-11, Medical Care Guidelines for Sexual Conduct and Recent Sexual Abuse. The policy includes Appendix A Investigator Protocol which provides specific instructions to the employee receiving the report and the shift supervisor to advise the victim not to take actions such as not showering, brushing teeth, smoking, eating, drinking, changing clothing, urinating, or defecating to preserve any forensic evidence. The facility is responsible for collecting the victim's clothing prior to transport to the emergency room and the Appendix provides specific instructions to staff on how to collect and store each article properly, with the appropriate chain of evidence form attached. Specific instructions are also provided for collecting the abuser's clothing and, when appropriate, placement in a dry cell (as defined by ODRC Policy 310-SEC-06 Dry Cell Separation).</p> <p data-bbox="240 562 1484 689">The Auditor interviewed 12 random correctional officers, and all were able to describe how to instruct the victim as to what actions not to take to preserve any forensic evidence and the importance of securing the crime scene. Correction officer responses regarding who is responsible for conducting PREA investigations ranged from the Facility PREA Manager (who is a trained investigator), the Facility Investigator, and the OSHP.</p> <p data-bbox="240 719 1484 882">(b) The facility does not house youthful inmates. ODRC Policy 79-ISA-02, also states, "If the OSHP is responsible for investigating allegations of sexual abuse, the ODRC shall request that they follow the investigator protocols as listed in Appendix A." Appendix A requires the evidence to be collected by Ohio Highway State Patrol Sexual Evidence and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection Kit Protocol (revised February 2011) and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition - April 2013).</p> <p data-bbox="240 911 651 938">This standard provision is not applicable.</p> <p data-bbox="240 967 1484 1131">(c) ODRC Policy 79-ISA-02 further states, "All victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial costs where evidentiary or medically appropriate." The Agency PREA Coordinator supplied a memorandum that states, "after the law changed many years ago to guarantee us Medicaid rates at local ERs, we no longer needed contracts. So we hold no local contracts with hospitals. The only hospital contract we have that applies to PREA is with Ohio State University Medical Center. We have a grid that shows which local ERs have SAFE/SANE.</p> <p data-bbox="240 1137 1484 1301">However, that changes. Typically they never drop SAFE/SANE, They just add SAFE/SANE. ER ALP's would meet the criteria of a QUALIFIED medical provider and it would be outliers that we don't have SAFE/SANE. The ones that typically don't have SAFE/SANE locally are those places that are geographically remote for the most part. The institutions utilize local facilities and can use the Ohio State University (OSU) contract as backup, as all would have the ability to divert to OSU if they wanted."</p> <p data-bbox="240 1330 1484 1592">The facility supplied a copy of Fairfield Medical Center Policy No. POC-04-004, Sexual Assault. This policy outlines the procedures for treating a sexual assault victim. These procedures include providing a SAFE/SANE certified examiner to conduct the examination when available, otherwise, the examination is conducted by the Emergency Department (ED) physician and ED Registered Nurse (RN); instructions to the patient to preserve evidence; the patient must provide consent for the examination and must be informed that by law the hospital has to make a report to law enforcement and the patient signs allowing forensic evidence to be collected and released to law enforcement; specific instructions for conducting the examination and collecting the evidence; and medication (when applicable) for venereal disease and emergency contraception.</p> <p data-bbox="240 1621 1484 1715">The Auditor contacted the SANE Coordinator at Fairfield Medical Center, who confirmed SANE examinations are provided through the emergency department. She explained they have eight SANE staff. All SANE staff has completed the SANE course work but not all have completed the examination but are allowed to conduct forensic examinations.</p> <p data-bbox="240 1744 1484 1839">The facility is reminded that the standard uses the language "evidentiarily or medically appropriate" to signal that agencies should offer a forensic medical exam in all cases of sexual abuse, and not just ones involving completed penetration. For example, a case where an inmate is digitally penetrated may still require a forensic examination.</p> <p data-bbox="240 1868 1484 2130">(d) The PREA Compliance Manager explained there is an MOU between SCI and Ohio Health Sexual Assault Response Network of Central Ohio to provide confidential emotional support services for inmate sexual abuse victims. The services include accompanying and supporting the victim through the forensic examination process and investigatory interviews at the hospital; providing emotional support and crisis intervention services through phone calls and written correspondence and providing referrals for resources. The MOU defined the limits to confidentiality (intent to harm self or others or suspected child abuse or neglect). A phone number and address are provided also for the victim to contact the rape crisis center. The MOU specifies that the facility security staff will remain in the room through the forensic examination and throughout the time the advocate is present.</p>

The Auditor conducted a phone interview with Meg Dennis, the contact person for the Ohio Health Sexual Assault Response Network of Central Ohio. Ms. Dennis confirmed the MOU between the agencies. She explained an advocate will be provided at the hospital to provide emotional support during the forensic exam and any law enforcement interviews conducted at the hospital. She also explained victims may call or write advocates for emotional support, but no support services are provided at the facility.

The agency offers a training course for PREA Victim Support Persons (VSP). The Auditor reviewed the PREA Victim Support Person Lesson Plan, the listing of 11 trained facility VSP staff, and corresponding VSP training certificates. The victim is given the option of utilizing an advocate from the rape crisis center or a facility support person. The PREA Compliance Manager explained if the offender would like an advocate, he is given the choice to use an advocate from the rape crisis center or the facility PREA VSP. Typically, he said, the victim will choose the facility PREA VSP. In reviewing the sexual abuse investigations in the past 12 months, the Auditor noted that a VSP was made available to most alleged victims very soon after the facility received the allegation. The services provided by the VSP are noted in the PREA electronic record.

The Auditor interviewed two inmates who reported sexual abuse. A facility VSP was provided on one occasion and VSP services were declined for the remaining incident.

(e) ODRC Policy 79-ISA-02, Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, states, "Upon notification of an allegation of abuse the institution support person, shall meet with the victim. At the request of the victim:

(1) The victim support person shall sit in on administrative interviews of the incarcerated individual but may not obstruct or interfere during the investigation;

(2) The victim support person shall accompany the victim to the hospital accompany and support the victim through the forensic medical examination process;

(3) The victim support person shall provide emotional support, crisis intervention, information, and referrals. The Victim Support Person Activity Report (DRC1178) shall be used to document the activities of the victim support person. After the form has been completed by the victim support person, the original shall be forwarded to the institution investigator. A copy shall be forwarded to the OCM."

"If the designated Local Rape Crisis Center was contacted, the next available institution victim support person shall contact the Local Rape Crisis Center to determine what services were provided to the victim. The institution support person shall follow up with the victim to determine if any additional services are requested. The institution support person shall document the activities of the Rape Crisis Center and the institution Victim Support Person on the Victim Support Person Activity Report (DRC1178). After the form is completed, the original shall be forwarded to the institution investigator. A copy shall be forwarded to the OCM."

(f) The Auditor reviewed the MOU between ODRC and OSHP which includes all of the PREA requirements (115.21 a-e) for investigations. The effective date of the MOU is September 29, 2021, and it is in effect for three years.

(g) The Auditor is not required to audit this provision.

(h) The agency was not able to obtain victim advocacy services for inmates who were not transported to the emergency room, so the agency developed an internal victim advocacy program. The facility's trained VSP staff include security and non-security staff and include a teacher, case manager, chaplain, and the PREA Manager. The Auditor reviewed the VSP lesson plan and VSP training certificates. The VSP at the facility were selected from both security and non-security staff who have completed VSP training. The trained VSP is provided very soon after an allegation, providing crisis intervention, emotional support, referrals, and information and documenting the services provided in the electronic PREA incident record.

The facility meets the requirements of this standard.

115.22	<p><b>Policies to ensure referrals of allegations for investigations</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) The Agency Director confirmed agency policy requires all facilities to refer all sexual abuse and sexual harassment allegations to the facility investigator. She explained the facility investigators complete the administrative investigations and the OSHP complete the criminal investigations. She added the agency is fortunate to have a state trooper assigned to each facility. The facility provides each trooper with an office and the facility investigators work closely with the assigned OSHP trooper.</p> <p>ODRC Policy 79-ISA-02 requires that all allegations of sexual misconduct and/or retaliation be administratively and/or criminally investigated. The facility reported ten allegations of sexual harassment or sexual abuse, in the past 12 months. Each allegation was investigated by the Facility Investigator and the OSHP Trooper.</p> <p>(b) The Auditor reviewed the agency website and found the following PREA related policies available to the public: Prison Rape Elimination (79-ISA-01); Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (79-ISA-02); Sexual Abuse Response Team (79-ISA-03); PREA Risk Assessment and Accommodation Strategies (79-ISA-04); Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) policy (79-ISA-05).</p> <p>The Facility Investigator confirmed every allegation of sexual harassment or sexual abuse is referred to his office and an investigation is completed. He also notifies the OSHP Trooper of all sexual misconduct allegations. The investigator briefs the investigator about the allegations, timeframes, evidence, and other relevant information. The OSHP Trooper discusses each case with the prosecutor to decide if criminal charges will be filed. The contact with the OSHP Trooper is documented in the electronic PREA record.</p> <p>(c) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation describes the responsibilities of the facility investigator and the OSHP trooper assigned to the facility. This policy is published on the ORDC website.</p> <p>(d) The Auditor is not required to audit this provision.</p> <p>(e) The Auditor is not required to audit this provision.</p> <p>The facility meets the requirements of this standard.</p>
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115.31	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-01 states, "All new employees shall receive instruction related to the prevention, detection, response and investigation of sexual misconduct during New Employee Orientation (NEO) training with the Corrections Training Academy (CTA), This training shall be documented on the Ohio Corrections Training Academy NEO (New Employee Orientation) topic sheet (DRC 1329). This training shall include but is not limited to, a. ORDC policies that address the agency's zero-tolerance for sexual misconduct,</p> <p>b. The employee's responsibilities regarding sexual misconduct prevention, detection, reporting and response policies, and procedures,</p> <p>c. The incarcerated person's right to be free from sexual misconduct,</p> <p>d. The incarcerated individual's and the employee's right to be free from retaliation for reporting sexual misconduct,</p> <p>e. Dynamics of sexual misconduct in confinement and the common reactions of sexual misconduct victims</p> <p>f. How to avoid inappropriate relationships with incarcerated individuals,</p> <p>g. Effective and professional communication with incarcerated individuals including lesbian, gay, bisexual, transgender, intersex, and gender-nonconforming incarcerated individuals,</p> <p>h. How to comply with laws for mandatory reporting of sexual abuse to outside authorities,</p> <p>i. How to detect and respond to signs of threatened and actual sexual abuse."</p> <p>The Auditor reviewed ODRC Policy 39-TRN-10, Employee Orientation Training, which requires all new full-time employees, at a minimum, to complete the NEO training program before undertaking their assignment. This training program includes PREA training.</p> <p>The Auditor reviewed training slides for ODRC PREA training. The training includes the agency's zero-tolerance policy for sexual abuse; how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, reporting, and response policy; inmate's rights to be free from sexual misconduct and retaliation, and staff's right to be free from retaliation for reporting sexual misconduct; dynamics of sexual abuse and sexual harassment in confinement to include common reactions of sexual abuse or sexual harassment victims, detection and response to signs of threatened or actual sexual abuse; how to avoid inappropriate relationships with offenders; how to communicate effectively with LGBTI and gender non-conforming offenders; and mandatory reporters of sexual abuse.</p> <p>The Auditor interviewed 12 randomly selected officers from each of the four shifts. All confirmed they received initial and annual PREA training. The Auditor reviewed 10 training records for employees with inmate contact and found 90% had received the required PREA training within the past year.</p> <p>(b) ODRC policy 79-ISA-01 also states, "Each institution shall provide training on sexual misconduct annually during staff in-service. Such training shall be tailored to the gender of the incarcerated individuals at that facility. This training shall be completed and documented in the Ohio Learn System. " The policy further states, "Employees who transfer to an institution that houses incarcerated individuals of a gender shall receive training to that gender of the incarcerated individual as part of their orientation training as mandated in ODRC Policy 30-TRN-10, Employee Orientation Training."</p> <p>The Facility PREA Manager provided a memorandum stating the facility had not had anyone transfer from any opposite-gender institution during this audit cycle.</p> <p>(c) The Auditor reviewed an ELM printout of employees and the date the employee completed the last PREA refresher class. The printout confirmed employees have received PREA training as required by ODRC policies. This exceeds the requirements of this standard provision, which requires PREA training every two years for all employees with inmate contact.</p> <p>(d) The Auditor reviewed the online annual PREA training course. The course covers agency policies and procedures regarding PREA and agency statistics regarding sexual misconduct. At the completion of the PREA course, participants must take a test and pass with a score of 80% or higher to verify the employee's understanding of the information.</p> <p>The facility exceeds the requirements of this standard.</p>

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 367">(a) The Auditor reviewed the Contractor Volunteer Training script. The training covers the volunteer and contractor responsibilities under agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.</p> <p data-bbox="229 367 1509 501">The Auditor interviewed three volunteers and three contractors. All individuals confirmed they had received PREA training prior to contact with inmates. One volunteer explained, training is provided every five years when the volunteer application is approved.</p> <p data-bbox="229 501 1509 636">(b) All contractors and volunteers receive the same PREA training but receive more specific information about their specific roles and responsibilities within their assigned areas. For example, food services staff receive instruction, to include PREA, specific to their duties.</p> <p data-bbox="229 636 1509 882">(c) The Auditor also reviewed two documents that volunteers and contractors sign acknowledging they understood the training they received. One form is titled Prison Rape Elimination Act Contractor/Volunteer/Intern Training Acknowledgement Form. The form lists the topics covered in the training to include: agency's zero tolerance of sexual abuse and sexual harassment, how to prevent, detect, respond, and report sexual abuse and sexual harassment, the legal prohibition of any activity with inmates, the identifiers of possible sexual assault victims, and sexual assault prevention strategies. The contractor or volunteer sign a second form titled PREA Session Training Report, in which they again acknowledge understanding of the PREA training they received.</p> <p data-bbox="229 882 1509 943">The facility meets the requirements of this standard.</p>

115.33	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 365">(a) ODRC Policy 79-ISA-01 states, "Oral and written information shall be given to all incarcerated individuals upon their arrival at a reception center or parent institution which explains ODRC's zero-tolerance policy regarding sexual misconduct and shall include: a. Prevention, b. Self-protection, c. Reporting and, d. Treatment and Counseling."</p> <p data-bbox="240 398 1485 555">"Within seven (7) calendar days of arrival at a reception center or parent institution, all incarcerated individuals shall be provided comprehensive education through the viewing of the PREA education video. The PREA education video shall inform the incarcerated individual of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents. The PREA education video shall also include the ODRC policy and procedures for responding to such incidents."</p> <p data-bbox="240 589 1469 779">The Auditor reviewed the incarcerated individual handbook (English and Spanish editions) and found the handbook informs inmates of their right not to be sexually abused or harassed and to be free from retaliation for reporting such incidents. The handbook also informs inmates how to report sexual misconduct, prevention and detection efforts, opposite gender announcements, self-protection, facility response, investigations, medical and mental health treatment, and follow-up. Inmates are issued a tablet, free of charge, for use in the new institution. The tablet contains, among other things, the inmate handbook.</p> <p data-bbox="240 813 1485 1003">The Auditor reviewed a completed Orientation Acknowledgement Form for a transferred inmate. This form includes verification that upon arrival the inmate received the inmate handbook, an acknowledgment that verbal information was provided regarding prevention, self-protection, reporting, and treatment and counseling. The inmate and staff member sign and date the form, verifying the PREA education was provided the day the inmate arrived at the facility. The Orientation Acknowledgement Form includes a section to document if the inmate required staff assistance, the staff member assigned to provide the assistance, and the types of assistance (ADA, language, literacy, mental health, and other).</p> <p data-bbox="240 1037 1481 1193">While on-site the Auditor observed the initial inmate PREA orientation. The intake staff had a full room of newly transferred inmates, staff was reading PREA related material to the inmates as a group followed by a PREA educational video. The PREA video discussed the agency's zero tolerance for any form of sexual misconduct, inmates' rights to be free from sexual misconduct, retaliation for reporting such incidents, and ODRC PREA policies. The PREA Video is equipped with closed captioning and sign language interpretation. The video outline is available in Spanish at the end of the video.</p> <p data-bbox="240 1227 1458 1384">(b) The facility reports 892 inmates were admitted in the past 12 months and all were provided PREA education which included information about the inmate's rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents, and the agency's policy for responding to such incidents. The Auditor reviewed a completed Orientation Acknowledgement Form documenting the topics covered in the PREA orientation education. The inmate and staff sign and date the form, acknowledging PREA education was provided to the inmate.</p> <p data-bbox="240 1417 1469 1485">The Auditor interviewed 16 inmates received in the last 12 months. When asked about the PREA education provided when they arrived at the facility, 88% reported comprehensive PREA education within the first month of arrival.</p> <p data-bbox="240 1518 1485 1608">(c) The intake staff member explained that he reads information to inmates concerning their rights and ensures each inmate receives the required PREA education before exiting the intake area. The agency reported all inmates received PREA education by January 2014.</p> <p data-bbox="240 1641 1481 1832">(d) ODRC Policy 52-RCP-10, Inmate Orientation, states "Facility orientation handbooks shall be translated into the inmate's native language, where possible. Staff shall explain the information to inmates where obvious barriers to comprehension exist and document this assistance on the Inmate Orientation Checklist (DRC4141)". The policy further states, "There shall be a formal orientation program in place at all institutions for newly arriving inmates to be orientated to their new surroundings. When a literacy or language prevents them from understanding any of the information provided during this period, a staff member or translator shall assist the inmate."</p> <p data-bbox="240 1865 1469 2022">The incarcerated individual's handbook states, "Within seven days of your arrival or transfer to an institution, you will watch an Ohio Department of Rehabilitation and Correction, Prison Rape Elimination Act (PREA) education video. This video will inform you of AORDC's zero-tolerance policy against sexual misconduct. The video is in English with a deaf interpreter. It also is closed-captioned with a Spanish outline at the end of the video. If you need additional assistance understanding the PREA inmate education video or institution inmate handbook, see your unit staff."</p> <p data-bbox="240 2056 1469 2145">During the site visit, the Auditor observed PREA posters in the living and program areas in English and Spanish. While observing the PREA Education video in intake, the Auditor found the video monitor used for displaying the PREA video was too small to allow inmates who were deaf or hearing impaired to hear the video, read the closed captioning, or view the sign</p>

language.

The Auditor interviewed five inmates who were disabled or LEP (one - LEP; 2- hearing impaired; 1- limited reading; 1- mental health concerns). Of those interviewed, 60% reported not receiving PREA information in a manner that they could understand. Inmates with limited reading skills or mental health concerns reported they were not provided assistance in understanding the material. One LEP inmate reported the facility did not provide a Spanish inmate handbook upon arrival. There was no documentation indicating an accommodation was required or provided for these offenders.

The PREA Administrator explained that information about medical, mental health and educational accommodations is not provided to the intake officer or facility staff, but rather is used within the respective departments. He explained any necessary accommodations are determined at each facility, primarily at the request of the inmate.

Inmates who require special accommodations in communication or to understand the PREA educational material are not identified to those staff responsible for providing the PREA education. Consequently, these new inmates are not provided PREA information in a format that they can understand.

The agency must ensure any information presented to the inmate is presented in a format the offender can understand. The Auditor required the agency to develop a system to alert intake staff and Unit Management staff about any accommodations necessary to effectively communicate with inmates with disabilities or limited English proficiency. The facility policy was revised to include the revised system for addressing PREA matters with disabled or LEP inmates.

The new policy reads, "Prior to arrival, Education Mental Health and Medical shall review the load list in the following manner. The Education- The Intervention Specialist shall review the documentation of the inmates on the incoming load list to identify individuals with low reading skills by reviewing the VEDU screen in DOTS."

"When inmates are identified by reviewing the CASAS scores below 211 or TABE scores between 501 – 518. The Intervention Specialist or Designee shall notify the Unit Management Chief and the Unit Managers. Upon arrival, a Unit staff member shall contact the newly arriving inmate at intake and ask if they need help understanding the PREA information and discreetly verbally communicate the required PREA information. Acknowledgment of assistance or refusal of assistance shall be noted on that individual's DRC 4141 by the Unit staff member. Notation of verbally communicating the required information will be input into RAP6 on DOTS."

"Mental Health- Mental Health Supervisor shall review the Electronic Medical Records of the incoming load list to determine if anyone, prior to the arrival has been diagnosed with an intellectual disability and would have an inability to understand the required PREA information upon arrival. If an inmate is found to have such an inability, a mental health liaison will be assigned to go to intake upon arrival and ask if those individuals need assistance in comprehending the required PREA information. Acceptance or refusal shall be notated on that individual's DRC4141 and the Electronic Medical Record by the assigned Mental Health liaison"

"Medical-Assigned Medical staff shall review the inmates on the load list prior to arrival on the Electronic Medical Record system to determine if any incoming inmates have any hearing, vision, or speech impairment that would cause an inability to receive the required PREA information upon arrival. When an incoming inmate is found to have any of those issues. The assigned medical review person shall contact the Unit Management Chief to inform them of such issues. The Unit Management Chief shall assign a Unit staff member to go to intake upon arrival to address the inmate to ask if they need assistance in understanding the required PREA information. Acceptance or refusal of assistance shall be documented on the Electronic Medical Record and on the individual's DRC 4141. The assigned Unit staff member will notify the nurse on duty of the acceptance or refusal of assistance so it can be noted in the Electronic Medical Record System."

The facility provided verification that all affected staff were educated about these changes. The facility also provided documentation over a 30-day period demonstrating the use of the accommodation alert system in the intake area and in providing comprehensive PREA education. The Auditor reviewed five new inmates who had limited reading skills. The Unit staff met with each inmate in intake and documented if assistance was provided to the inmate or if the inmate declined the assistance.

(e) ODRC Policy 79-ISA-01 states, "The individual's participation in the orientation and education sessions, ... shall be documented on the Incarcerated Individual Orientation Checklist." The Auditor verified the inmate's participation in PREA education is documented on the Orientation Checklist.

(f) ODRC Policy 79-ISA-01 requires facility PREA Managers, at a minimum, to post sexual abuse reporting posters including the hotline numbers and local rape crisis center posters (when available) in all housing units, restrictive housing units, receiving and discharge department, medical, behavioral health, and the library. PREA information is available in the Inmate Handbook in English and Spanish.

The Auditor observed PREA posters in the designated housing areas, intake, medical, and behavioral health areas. The postings include a poster titled PREA Reporting ...The Road to Recovery provides information for reporting sexual abuse or

harassment verbally or in writing to staff, by calling the Operations Support Center (number provided), or the outside agency hotline. This same poster is posted in TPU but also includes an address for writing the Chief Inspector's Office with the Department of Youth Services. A poster titled Break the Silence is posted in the visitation area and provides information for family and friends to report sexual abuse, harassment, or retaliation by phone or through email. Each of these posters is also available in Spanish.

The facility meets the requirements of this standard.

115.34	<b>Specialized training: Investigations</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1481 465">(a) (c) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "Prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include but not limited to, 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 Institute of Corrections (NIC). Completion of the training shall be documented with a certificate of completion."</p> <p data-bbox="240 501 1469 689">The Auditor interviewed the Facility Investigator who confirmed he received training for conducting investigations in a confinement setting through a course offered through the National Institute of Corrections (NIC). He stated an additional investigator position has been assigned. The new investigator has completed the NIC training but is still in training and not working on investigations independently. The Auditor reviewed NIC training certificates for the course PREA: Investigating Sexual Abuse in a Confinement Setting. The Auditor reviewed NIC certificates for the Facility investigator, the new investigator, the OSHP Trooper, and the Facility PREA Manager.</p> <p data-bbox="240 725 1469 815">(b) The Auditor is familiar with the NIC course and confirmed the course includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p data-bbox="240 851 1453 904">The Facility Investigator was able to explain Garrity warnings and the criteria to substantiate a case of sexual abuse in an administrative investigation as opposed to a criminal investigation.</p> <p data-bbox="240 940 1485 994">(d) The OSHP Trooper assigned to the facility has prior experience conducting sexual abuse investigations in a confinement setting and has completed the NIC investigator course.</p> <p data-bbox="240 1030 762 1057">The facility meets the requirements of this standard.</p>

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 403">(a) ODRC Policy 79-ISA-01 states, "Full and part-time medical and behavioral health staff and contractors shall receive specialized training to include, but not limited to: How to detect signs of sexual misconduct, how to preserve physical evidence, how to respond effectively and professionally to victims of sexual misconduct, how and to whom to report allegations or suspicions of sexual misconduct."</p> <p data-bbox="229 403 1509 560">The Auditor interviewed the Facility Health Care Administrator and Clinical Psychologist who confirmed the specialized training covers each of the topics listed above. The Auditor also reviewed slides of the specialized training course provided to medical and mental health staff during fiscal year 21. The course covers each of the required topics. The facility supplied a training printout verifying that all medical staff has received this specialized training.</p> <p data-bbox="229 560 1509 672">(b) The Facility PREA Manager provided a memorandum stating facility medical staff do not perform forensic examinations. The Health Care Administrator also confirmed this statement and added the alleged victim is transported to Fairfield Medical Center's emergency department for forensic examinations.</p> <p data-bbox="229 672 1509 739">(c) The facility supplied a printout verifying the dates specialized training was provided to all medical and mental health staff.</p> <p data-bbox="229 739 1509 1030">(d) The Auditor verified medical and mental health staff, as well as contractors and volunteers, receive the general training provided to all employees which include: the agency's zero-tolerance of sexual misconduct, how to fill their responsibilities regarding sexual abuse, and harassment prevention, detection, reporting and response, inmates rights not to be sexually abused or harassed and inmate and employee rights not to be retaliated against for reporting sexual misconduct, the dynamics of sexual abuse in prison, how to detect and respond to incidents of sexual abuse and how to avoid inappropriate relationships with inmates, how to communicate effectively with LGBTI inmates and information about mandatory reporting laws.</p> <p data-bbox="229 1030 1509 1102">The facility meets the requirements of this standard.</p>

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies states, "All incarcerated individuals shall be assessed for risk of sexual victimization or abusiveness upon arrival (at) intake and upon transfer to another institution. These screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings conducted pursuant to ODRC Policy 52-RCP-06, Reception Medical Intake Screening, and during health screenings pursuant to ODRC Policy 68-MED-01, Medical Services. Unit management shall complete the screening within seventy-two (72) hours of the incarcerated individual's arrival at the facility."</p> <p>Intake staff report they provide inmates who transfer into the facility or who return from court, with information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. Of the inmates received since January 2021, 75% recalled being asked one or more questions from the risk screening interview but only 62.5% recall receiving this information upon admission to the facility, some recalled receiving the information at the reception unit.</p> <p>(b) The PREA risk assessment screening instrument is part of the PREA electronic record. Medical staff complete one segment of the risk assessment during intake and case managers complete the remaining segment within 72 hours of the inmate's arrival at the facility. The Auditor interviewed a medical staff member and case manager who complete risk screenings at the facility. They explained a risk screening is completed any time an inmate goes out to court or is transferred.</p> <p>The Auditor interviewed 16 inmates who had been received since 2021. Of these inmates, 88% recalled being asked one or more of the risk assessment questions within 1-2 days of arrival.</p> <p>(c) ODRC Policy 79-ISA-04, also states, "For incarcerated individuals not assigned abuser or victim as a PREA classification, the PREA risk assessment system shall contain minimum criteria for determining the risk of victimization and abusiveness, these criteria in conjunction with good correctional judgment shall guide unit management in assigning an inmate a PREA classification. No single factor or combination of factors is solely determinative of risk. Unit management should use the criteria as a guide to make informed decisions about the incarcerated individual's risk of abusiveness of victimization."</p> <p>The Agency PREA Coordinator provided a summary of the PREA assessment process in which he stated, "Upon admission to any facility, all inmates are immediately assessed by our Medical Department. The assigned nurse initiates the assessment and completes the first screen. This assessment is then put into a queue for the Case Managers. The case managers checked their "In Progress" assessments and complete the second screen. The assessment then goes into the Unit Manager queue. The Unit Managers then 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 Unit Management Chief:</p> <p>Victim High Risk: previous victim of sexual abuse in an institutional setting - automatic classification</p> <p>Abuser High Risk: previously sexual abused another in an institution setting - automatic classification</p> <p>Potential Victim: At risk of victimization</p> <p>Potential Abuser: At risk of abusing</p> <p>If a PREA classification is recommended, the Unit Management Chief UMC determines the final classification and develops a PREA Accommodation Strategy with the Unit Management Team. This strategy will address housing, programs, work and education with the goal of keeping the inmates safe. All transgender and intersex inmates are referred to the PREA Accommodation Strategy Team. This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health. 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.</p> <p>Special assessments are also completed upon allegations of sexual abuse or at any time additional information/concerns are received.</p> <p>The system captures all information and provides us with the tools to monitor and share information. Only the classifications are shared with all staff, the assessments tool and responses to individual questions are confidential."</p> <p>The Auditor reviewed the risk screening assessment tool. The risk screening asks each of the minimally required criteria as defined in 115.41. The risk screening automatically classifies any inmate who has experienced sexual abuse in an institution</p>

as a victim and any inmate who has perpetrated sexual abuse in an institution as an Abuser. The remaining criteria are noted with a checkmark, but not weighted. The assessment does not assign objective outcome thresholds. The Unit Management Chief determines the inmate's PREA classification. Without weighted scoring or scoring guidelines, the Auditor determined the risk screening instrument is subjective rather than objective.

The Auditor discussed the risk assessment at length with the Agency PREA Coordinator. He was aware of the objectivity issues with the risk assessment and has revised the risk assessment to include weighted scoring and scoring guidelines. The Auditor reviewed the revised risk assessment and found it includes reasonable weights for each risk factor and objective outcome thresholds.

The facility trained the affected staff to use the revised risk assessment and the facility supplied verification of this training to the Auditor. The older risk assessment is on the PREA Electronic Record system. While the agency is updating the PREA Electronic Record system to include the revised risk assessment, staff complete the older risk assessment in the PREA Electronic Record and upload the paper revised risk assessment into the PREA Electronic Record system. The PREA classification is determined by the revised risk assessment unless an override is required. The Unit Management Chief may override the PREA classification if warranted.

The Auditor required the facility to reassess the inmate population using the revised risk assessment. If an inmate's PREA classification changes following completion of the revised risk assessment, the inmate's housing, job, education, and programming assignments were reviewed and modified as necessary to address the new PREA risk classification.

When the staff completed reassessing the inmate population using the revised risk assessment, the Auditor reviewed the revised risk assessments for five inmates with limited reading skills and five inmates, who reported prior victimization, and four inmates who were under the age of 21 or over the age of 65. The review included two PREA classification overrides. The UMC documented the justification for the overrides, which the Auditor determined to be appropriate.

(d) The current risk assessment includes the nine criteria required by this provision. The facility does not house inmates detained solely for civil immigration purposes. Risk assessment staff explained a risk assessment is completed when a new inmate arrives the inmate is asked several questions which include: does the inmate feels safe, his age is taken into consideration, sexual orientation, and whether the inmate is transgender.

(e) The current risk screening considers prior acts of sexual abuse, prior convictions for violent offenses, and a history of prior institutional violence or sexual abuse when determining an inmate's risk of sexual abusiveness. The Auditor interviewed two staff who complete risk assessments of incoming inmates. The risk screening staff was knowledgeable about the risk assessment and the questions asked to determine an inmate's risk of abusiveness.

(f) The agency policy also states, "No soon than 15 calendar days but no later than thirty (30) calendar days from incarcerated individual's arrival at any institution, the incarcerated individual shall be reassessed (30-day Review) regarding their risk of victimization or abusiveness based on any additional relevant information received since the institution's intake screening.

There were 16 inmates interviewed who were admitted since January 2021. Of these inmates, 68% reported they were not asked the risk screening questions a second time, 13% reported they were asked these types of questions a second time, and 19% could not recall. The Auditor reviewed the records of these 16 inmates and verified a 30-day reassessment was completed for each inmate.

(g) The Auditor reviewed 10 sexual abuse investigations. In each of these cases, the UMC classified the alleged victim and alleged abuser as "Victim" and "Abuser" respectively following an allegation of sexual abuse. At the completion of each investigation, the UMC reclassified each of the inmates depending on the outcome of the investigation.

((h) ODRC Policy 79-ISA-04 states, "Incarcerated individuals shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions concerning: mental, physical, or developmental disabilities; whether the incarcerated individual is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; whether the incarcerated individual has previously experienced sexual victimization; or the incarcerated individual's perception of their own vulnerability."

The risk screening staff reported inmates are never disciplined for refusing to answer or for not disclosing complete information related to whether or not the inmate has a mental, physical, or developmental disability, whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming, whether or not the inmate has previously experienced sexual victimization and the inmates own perception of vulnerability.

(i) The Agency PREA Coordinator explained the risk assessment is password protected and accessible only to Case Managers and medical staff. The Bureau of Operational Compliance must approve all system access requests. The PREA Compliance Manager said staff has access to an inmate's PREA classification but not the inmate's response to risk assessment questions. The medical staff and case manager interviewed confirmed access to risk assessment questions is

only available to medical staff and the case manager. The case manager explained higher level Unit Management Staff have access to this information when making housing, job, education, and program assignments.

The facility meets the requirements of this standard.

115.42	<b>Use of screening information</b>
	<p data-bbox="240 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1484 465">(a) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, states, "Based on the information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgment, the UMC, or in their absence, the acting UMC, shall complete a PREA accommodation strategy to make individualized determinations about how to ensure the safety of each incarcerated individual. Incarcerated individuals assigned no classification in the PREA risk assessment system shall not require a PREA accommodation strategy." The risk screening staff interviewed confirmed the facility utilizes the risk screening to information housing, job, education, and program placement.</p> <p data-bbox="240 497 1493 790">The Facility PREA Manager explained if the inmate has a PREA classification, the Unit Management Committee develops an Accommodation Strategy that addresses housing, work, education, and program assignments. The Auditor reviewed accommodation plans for each transgender inmate and for victims of substantiated cases of sexual abuse. (b) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, states, "Based on the information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgment, the UMC, or in their absence the acting UMC, shall complete a PREA accommodation strategy to make individualized determinations about how to ensure the safety of each incarcerated individual. Incarcerated individuals assigned no classification in the PREA risk assessment system shall not require a PREA accommodation strategy." The risk screening staff interviewed confirmed the facility utilizes the risk screening to information housing, job, education, and program placement.</p> <p data-bbox="240 822 1484 1149">(b) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, states, "Based on the information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgment, the UMC, or in their absence the acting UMC, shall complete a PREA accommodation strategy to make individualized determinations about how to ensure the safety of each incarcerated individual. Incarcerated individuals assigned no classification in the PREA risk assessment system shall not require a PREA accommodation strategy." The risk screening staff interviewed confirmed the facility utilizes the risk screening to information housing, job, education, and program placement. (c) (d) (e) ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Policy states, "staff shall consider on a case-by-case basis whether the housing assignment for a Transgender or Intersex would ensure the inmate's health and safety and whether the placement would present management or security problems. The Transgender or Intersex inmate's own views shall be given serious consideration during the classification process and shall be documented. "</p> <p data-bbox="240 1180 1493 1308">(c) (d) ODRC Policy 79-ISA-05, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Policy states, "staff shall consider on a case-by-case basis whether the housing assignment for a Transgender or Intersex would ensure the inmate's health and safety and whether the placement would present management or security problems. The Transgender or Intersex inmate's own views shall be given serious consideration during the classification process and shall be documented. "</p> <p data-bbox="240 1339 1484 1498">The facility PREA Compliance Manager confirmed that the Accommodation Strategy Team decides housing, work, program, and education (placement) and that the Transgender or Intersex offender's views regarding his safety are given serious consideration. He also confirmed that the Accommodation Strategy Team reviews the Transgender or Intersex inmate every six months or more often if necessary. The Auditor also reviewed the accommodation strategies developed for the transgender inmates and found the accommodation strategies meet the requirements of this standard provision.</p> <p data-bbox="240 1529 1484 1657">The Auditor interviewed three transgender inmates, and each confirmed they were not placed in a housing area only for transgender or intersex inmates. The Auditor toured the entire facility and there were no housing areas dedicated to housing transgender or intersex inmates. The Auditor also reviewed the accommodation strategies developed for the transgender inmates and found the accommodation strategies meet the requirements of this standard provision.</p> <p data-bbox="240 1688 1406 1747">(e) One transgender inmate confirmed and two denied being asked if they felt safe from sexual assault. The Auditor reviewed the risk assessment and found the inmates were asked about safety concerns.</p> <p data-bbox="240 1778 1433 1906">(f) The facility PREA Manager confirmed Transgender or Intersex inmates are allowed to shower separately from other inmates. The transgender inmates and risk screening staff interviewed confirmed transgender inmates are allowed to shower without other inmates. The transgender inmates interviewed confirmed they are allowed to shower separately if requested.</p> <p data-bbox="240 1937 1461 2031">(g) ODRC Policy 79-ISA-05 states, "LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification unless placement in a dedicated facility, unit, or wing has been established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates."</p> <p data-bbox="240 2063 1493 2157">The agency PREA Compliance Administrator said he can track LGBTI housing location or facility to ensure such dedicated placement is not occurring. The agency PREA Coordinator stated the agency tracks LGBTI offenders in the Risk Assessment System. The Facility PREA Compliance Manager, and the Bureau of Operational Compliance, periodically check the list of</p>

LGBTI offenders to ensure compliance.

The Auditor interviewed seven inmates who identified as gay or bisexual. All of these inmates reported they were not placed in a dedicated housing unit for gay and bisexual inmates.

The facility meets the requirements of this standard.

115.43	<b>Protective Custody</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1485 465">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation states, "Incarcerated individuals at high risk for sexual victimization shall not be placed in involuntary RH (Restrictive Housing) or LPH (Limited Privilege Housing) unless an assessment of all available alternatives has been made and a determination has been made that there are no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse (DRC1187) cannot be completed immediately, the incarcerated individual may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment."</p> <p data-bbox="242 497 1485 656">The Facility Warden explained the abuser is usually placed in TPU or a safe room. This placement is not made for the victim unless requested by the alleged victim. The facility provided a memorandum stating there had been no inmates placed on involuntary segregated housing due to high risk for sexual victimization. At the time of the audit, the Auditor reviewed the roster of PREA classified inmates. There were no inmates at high risk for sexual victimization assigned to involuntary segregation.</p> <p data-bbox="242 687 1465 815">(b) If an alleged or potential victim is placed in segregated housing, ODRC 79-ISA-02 states, "Incarcerated individuals 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: 1. Opportunities that have been limited, 2. Duration of limitations, 3. Reasons for such limitations."</p> <p data-bbox="242 846 1481 907">The agency policy provides provisions for inmates who are temporarily assigned to segregated housing but there have been no such assignments during this audit period, according to the Facility PREA Manager.</p> <p data-bbox="242 938 1485 1097">(c) The Facility Warden and Facility PREA Manager confirmed offenders at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. He further explained these inmates are assigned to segregated housing for less than 24 hours. If the placement exceeds 24 hours, a review must be completed by the Facility PREA Compliance Manager and the facility investigator.</p> <p data-bbox="242 1128 1485 1256">(d) ODRC Policy states, "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 incarcerated individual's safety and the reasons why no alternative means could be arranged." There were no inmates at risk of sexual victimization placed in involuntary segregated housing.</p> <p data-bbox="242 1288 1453 1379">(e) ODRC Policy 79-ISA-02 states, "Every thirty (30) calendar days, unit management shall afford each incarcerated individual a review to determine whether there is a continuing need for separation from the general population." As noted earlier, there were no such incidents for review.</p> <p data-bbox="242 1411 767 1440">The facility meets the requirements for this standard.</p>

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1485 432">(a) ODRC Policy 79-ISA-02 states, "An incarcerated individual may report allegations of sexual misconduct or retaliation by other incarcerated individuals or staff, verbally and in writing. In addition, incarcerated individuals may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member, volunteer, or contractor." The inmate handbook also explains multiple ways for inmates to report sexual misconduct or retaliation for reporting sexual misconduct.</p> <p data-bbox="240 465 1474 589">All correctional officers interviewed were aware of at least one way for an inmate to make an anonymous report. Of the inmates interviewed, 89% were able to list at least one way to report sexual misconduct. Most inmates were able to list multiple ways of reporting which included using the kiosk, tablets, reporting to correctional officers, teachers, nurses, written correspondence (kites), and family and friends.</p> <p data-bbox="240 622 1481 745">(b) "Incarcerated individuals may also report allegations to an outside entity that is not part of the ODRC by using the phone number and/or address provided. This outside entity shall then report the allegation to the agency PREA Coordinator/designee. Incarcerated individuals shall be given the opportunity to remain anonymous upon request to the outside entity."</p> <p data-bbox="240 779 1481 1037">The Auditor reviewed the MOU between the ODRC and the Ohio Department of Youth Services. The MOU states, "Inmates housed in restrictive housing with the Ohio Department of Rehabilitation and Correction (ODRC) shall be permitted to anonymously report allegations of sexual abuse and sexual harassment in writing to the Ohio Department of Youth Services (ODYS) Chief Inspector. "When the ODYS Chief Inspector receives the written report alleging sexual abuse or harassment, they shall immediately notify ODRC Chief Inspector's Office via email of the allegation. Upon notification, the ODYS Chief Inspectors Office administrative professional or designee will ensure the written report is provided to the ODRC Chief Inspectors Office so that an investigation shall be initiated." The most recent MOU was signed on 1/7/2021 and is effective for three years.</p> <p data-bbox="240 1070 1490 1429">The MOU provides that the ODRC will maintain a phone number and voice mailbox that is managed through the Chief Inspectors Office where youth held in any DYS facility can call, free of charge, to report sexual abuse, sexual harassment and/or retaliation and where the youth may remain anonymous upon request. Employees of the Chief Inspectors Office will be responsible to manage the calls, and/or voice mails received to the dedicated line. The dedicated line is checked daily for voicemails, or reports received to the DYS PREA Administrator, Alexander Stojisavljevic@dys.ohio.gov. DYS will maintain a phone number and voice mailbox that is managed through its Chief Inspectors Office where inmates held at any DRC facility can call, free of charge, to report sexual abuse, sexual harassment, and/or retaliation and where the inmate may remain anonymous upon request. Employees of the Division of Professional Standards &amp; Chief Inspectors Office will be responsible to manage the calls and/or voicemails received to the dedicated line. The dedicated line is checked daily for voicemails. The DYS employee will promptly forward any voicemails or reports received by the DRC Chief Inspectors Office."</p> <p data-bbox="240 1462 1485 1552">The PREA Compliance Manager confirmed offenders are provided a free call to a 3rd party hotline which is with the Ohio Department of Youth Services. Any text that was recorded is forwarded to the facility. He further stated if the OHSP Trooper investigates the allegations, the facility remains informed of the progress of a sexual abuse investigation.</p> <p data-bbox="240 1641 1485 1709">The Auditor checked the hotline while on-site. She called the number and left a message. It took less than two hours for the message to be reported to the agency and forwarded to the facility.</p> <p data-bbox="240 1731 1490 1798">Of the Individual Inmate Interview Questionnaires completed, 96% of the inmates were aware of at least one way of reporting sexual misconduct that happened to them or someone else.</p> <p data-bbox="240 1821 1485 1989">(c) ODRC Policy 79-ISA-02 states, "Any staff member that observes incidents or behaviors that cause a reasonable concern that an incarcerated individual may be a substantial risk of sexual victimization shall document this incident or observation on an Incident Report (DRC1000), marked confidential, consistent with ODRC Policy 01-COM-08, Incident Reporting, and Notification. A copy of this report shall immediately be forwarded to the institution investigator, shift supervisor, Unit Management Chief (UMC), and the PREA Coordinator.</p> <p data-bbox="240 2011 1406 2145">ODRC Policy 79-ISA-02 further states, "Any employee who receives a written or verbal report from an incarcerated individual, an anonymous source, or a third party of sexual misconduct or retaliation shall immediately notify the Shift Supervisor and complete an Incident Report (DRC1000), marked confidential, with a copy to the OCM and institution investigator."</p>

All correctional officers interviewed confirmed they would accept a report of sexual misconduct verbally, in writing, anonymously, and from third parties. Of the inmates interviewed 78% were aware they could make a report of sexual misconduct in person or in writing.

(d) ODRC Policy states, "Staff may privately report misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the Operational Compliance Manager (OCM) or the agency PREA Coordinator. The OCM and/or agency PREA Coordinator shall ensure the allegation is investigated in accordance with this policy while maintaining the anonymity of the reporting staff. The OCM or agency PREA Coordinator shall maintain a confidential file of the privately reported allegations either in the managing officer's office at the institutions or the agency PREA Coordinator's office at the OSC."

The facility supplied the PREA training slides which explain the procedure for staff to privately report sexual misconduct. Of the correctional officers interviewed, 83% were aware of at least one way to privately report sexual misconduct of inmates.

The facility meets the requirements of this standard.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1477 398">(a) The agency PREA Coordinator provided a memorandum that states the agency is exempt from this standard because it does not have administrative procedures to address inmate grievances regarding sexual abuse. He went on to say, "The Ohio Department of Rehabilitation and Correction does not utilize the inmate grievance process as an administrative procedure for handling allegations of sexual abuse and sexual harassment.</p> <p data-bbox="240 432 1477 622">All cases of sexual abuse or sexual harassment shall follow department policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation. This policy adheres to the time constraints referenced in this standard. ODRC inmates are not prohibited from utilizing the grievance related forms (ICR, NOG, appeal forms) to communicate PREA allegations in writing. However, ODRC does educate inmates (inmate handbooks and DRC Policy 79-ISA-02) that any PREA allegations received on grievance forms will be immediately channeled to the Institutional Investigator for proper handling."</p> <p data-bbox="240 656 1458 712">(b) This standard provision is not applicable to this facility. Complaints of sexual misconduct are not handled through the grievance system.</p> <p data-bbox="240 745 1458 801">(c) This standard provision is not applicable to this facility. Complaints of sexual misconduct are not handled through the grievance system.</p> <p data-bbox="240 835 1458 891">(d) This standard provision is not applicable to this facility. Complaints of sexual misconduct are not handled through the grievance system.</p> <p data-bbox="240 925 1458 981">(e) This standard provision is not applicable to this facility. Complaints of sexual misconduct are not handled through the grievance system.</p> <p data-bbox="240 1014 1458 1070">(f) This standard provision is not applicable to this facility. Complaints of sexual misconduct are not handled through the grievance system.</p> <p data-bbox="240 1104 1458 1160">(g) This standard provision is not applicable to this facility. Complaints of sexual misconduct are not handled through the grievance system.</p> <p data-bbox="240 1193 691 1227">This standard is not applicable to this facility.</p>

115.53	<b>Inmate access to outside confidential support services</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1465 365">(a) (b) ODRC Policy 79-ISA-01 states, "The institution OCM and the victim support person shall compile mailing addresses and telephone numbers including toll-free hotline numbers of local, state, and national victim advocacy or rape crisis organizations. This information shall be provided to unit staff for communication to the incarcerated individual."</p> <p data-bbox="242 396 1493 521">The Inmate Handbook states, "The victim shall be given access to victim advocates for emotional support, if needed, by providing them with mailing addresses and telephone numbers, including toll-free hotline numbers of local, state, and national victim advocacy or rape crisis organizations. This information shall be provided to unit staff for communication to the inmates. Telephone calls to outside support services shall be provided in as confidential a manner as possible."</p> <p data-bbox="242 553 1477 647">The facility provides a poster in the housing, education, and programming areas that inform the inmates of confidential support services available by writing the Sexual Assault Response Network of Central Ohio (SARNCO) of Ohio Health. The address is provided. The poster is available in English and Spanish.</p> <p data-bbox="242 678 1422 772">The Auditor contacted the SARNCO and spoke with the contact person Meg Dennis who confirmed these services are available to inmates as well as advocacy services at the hospital during forensic examinations and law enforcement interviews.</p> <p data-bbox="242 804 1430 898">Of the Individual Inmate Interview Questionnaires completed, 85% of the inmates were unaware of services outside the facility for dealing with sexual abuse. Of the inmates interviewed who reported sexual abuse, none of the inmates were aware of outside services available to inmates for dealing with sexual abuse.</p> <p data-bbox="242 929 1474 1055">The Auditor required the facility to educate the inmate population about the services available to them in the community, the extent to which these services are confidential, and provide documentation that this education was provided to the offender population. The Auditor also required the facility to ensure that inmates with a history of sexual abuse or who experience sexual abuse while incarcerated are specifically provided information about available victim advocacy services.</p> <p data-bbox="242 1086 1489 1279">The SARNCO brochure was revised, and the following statements were added: "Be advised, phone calls are not confidential. Outgoing mail is confidential." The facility provided information to offenders who have a PREA classification of Victim or Potential Victim, about the community advocacy services available. Staff also informed these offenders that a listing of rape crisis centers is also available by contacting any unit staff member. The facility had each offender sign acknowledging receipt of this information. The Auditor reviewed a current listing of offenders with a PREA classification and found each offender classified as Victim or Potential Victim had signed acknowledging receipt of this information.</p> <p data-bbox="242 1310 1477 1373">The facility also educated the entire offender population regarding the available advocacy services and provided a signature log in which each offender signed acknowledging receipt of this information.</p> <p data-bbox="242 1404 855 1433">The facility meets the requirements of this standard provision.</p> <p data-bbox="242 1464 1489 1585">(c) There is an MOU in effect between the ODRC and the Ohio Sexual Response Network of Central Ohio to provide advocacy services at the hospital during forensic examinations and law enforcement interviews, emotional support, and crisis intervention through phone calls or correspondence as well as referrals for resources. The MOU is in effect until November 25, 2023.</p> <p data-bbox="242 1617 762 1646">The facility meets the requirements of this standard.</p>

115.54	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="231 197 1508 264"><b>Auditor Discussion</b></p> <p data-bbox="231 264 1508 459">(a) The facility provided photos of a poster that provides information to family and friends for third-party reporting of sexual misconduct. A phone number and email are provided. The posters are in English and Spanish and posted in the visitation area. The Auditor reviewed the agency website and found the following statement, "To report Sexual Misconduct on behalf of an offender, please email us." The user is provided a button to access the agency email. The Family and Friends poster is posted in the visitation area.</p> <p data-bbox="231 459 1508 564">The facility meets the requirements of this standard.</p>

115.61	<b>Staff and agency reporting duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1476 533">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation states, "Pursuant to ODRC Policy 01-COM-08, Incident Reporting, and Notification, staff shall report any knowledge, suspicion, or information regarding an incident of sexual misconduct that occurred in an institution, whether it is part of the ODRC. Staff shall also report retaliation against incarcerated individuals or staff who report such incidents, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Unless otherwise precluded by federal, state, or local law, medical and behavioral health practitioners shall be required to report sexual abuse pursuant to this section and to inform incarcerated individuals of the practitioner's duty to report and the limits of confidentiality at the initiation of services."</p> <p data-bbox="242 564 1476 689">Of the correctional officers interviewed 100% reported the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility or retaliation against inmates or staff who reported such an incident and any staff neglect or violation of responsibilities that may have contributed to an incident of retaliation.</p> <p data-bbox="242 721 1465 884">(b) The policy continues, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and behavioral health practitioners, and other staff as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary."</p> <p data-bbox="242 916 1476 974">The correctional officers interviewed were aware that information regarding any incident of sexual misconduct is confidential and is shared only to the extent necessary to treat the inmate and investigate the incident.</p> <p data-bbox="242 1005 1465 1131">(c) Medical and behavioral health staff reported they advise an offender at the initiation of services about the limitations of confidentiality and their duty to report. Medical staff reported they notify the Shift Captain of any information about sexual misconduct. The medical and behavioral health staff interviewed reported they have received reports in the past about sexual misconduct and reported the allegations to the Shift Captain.</p> <p data-bbox="242 1162 1476 1220">The mental health staff interviewed confirmed inmates are informed during orientation that mental health staff are mandatory reporters of sexual abuse and have a duty to report such incidents.</p> <p data-bbox="242 1252 1465 1310">(d) The Facility Warden said he believed the OSHP would make a report to the outside agency for vulnerable adults. The Agency PREA Coordinator and agency PREA Administrator confirmed these reports are made through the OSHP.</p> <p data-bbox="242 1341 1492 1435">(e) The Facility Warden said all allegations of sexual misconduct are referred to the facility investigator. The Deputy Warden of Operations explained the OSHP also reviews all incidents of sexual abuse and sexual harassment. He recalled an incident in which a staff member was prosecuted for sexual abuse of an inmate and found guilty.</p> <p data-bbox="242 1467 1476 1525">The agency PREA Coordinator provided a memorandum stating there have been no instances of offenders alleging sexual abuse at another facility during this audit period.</p> <p data-bbox="242 1556 762 1585">The facility meets the requirements of this standard.</p>

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1433 365">(a) ODRC Policy 79-ISA-02 states, "All reports of a substantial risk of imminent sexual abuse shall immediately be forwarded to the facility investigator, OCM, UMC, and shift supervisor. Upon receipt of a report, security staff shall take immediate action to employ protection measures to ensure the incarcerated individual's safety.</p> <p data-bbox="240 398 1465 456">When considering the protection of staff or incarcerated individuals, staff shall consider a. housing changes b. Transfer of incarcerated individual victims or abusers c. Removal of alleged staff or abusers from contact with victims.</p> <p data-bbox="240 490 1461 548">Reports of a substantial risk of imminent sexual abuse shall be investigated by the institution investigator and documented within the electronic PREA Incident Reporting System."</p> <p data-bbox="240 582 1422 676">The Agency Director explained if an offender is subject to a substantial risk of imminent sexual abuse, we immediately separate the victim from the abuser(s). An initial investigation is completed within 48 hours and a final outcome is determined within 5 days.</p> <p data-bbox="240 710 1474 804">The Facility Warden also stated an offender at substantial risk of imminent sexual abuse would be separated, the incident investigated, and the abuser (not the victim) placed in TPU. He explained victims are only placed in segregated housing as a last resort or if requested by the victim.</p> <p data-bbox="240 837 1485 893">The facility PREA Manager provided a memorandum regarding agency protection duties stating the Southeastern Correctional Institution has had no inmates identified as being at imminent risk of sexual victimization for the past 12 months.</p> <p data-bbox="240 927 1490 1115">The Auditor interviewed correctional officers and found the officers understood the importance of immediately separating the victim from the abuser. Several reported the victim would be taken to segregation. The Auditor spoke with the PREA Manager and Facility Investigator at length about the options available for housing victims safely without resorting to segregation. A review of the sexual abuse incidents verified there were no victims assigned to segregation involuntarily. The only victims in segregation were assigned to segregation prior to making the allegation or requested placement in protective custody.</p> <p data-bbox="240 1149 762 1176">The facility meets the requirements of this standard.</p>

115.63	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1465 398">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, states, "Upon receiving an allegation that an incarcerated individual was sexually abused while confined at another institution/facility, the managing officer of the institution that received the allegation shall notify the managing officer of the institution/facility or appropriate office of the agency where the alleged abuse occurred."</p> <p data-bbox="240 432 1437 490">The Facility PREA Manager provided a memorandum stating there had been no incidents of an inmate reporting sexual abuse at another facility.</p> <p data-bbox="240 524 1485 651">(b) (c) ODRC Policy 79-ISA-02 also states, "Such notification shall be provided as soon as possible, but no later than seventy-two (72) hours, after receiving the allegation. The notification shall be documented on an Incident Report (DRC1000). The managing officer or agency office that receives the notification shall ensure the allegation is investigated in accordance with applicable provisions of this policy."</p> <p data-bbox="240 685 1469 743">(d) ODRC Policy 79-ISA-02 also states, "The managing officer or agency office that receives such notification shall ensure the allegation is investigated in accordance with the applicable provision of this policy."</p> <p data-bbox="240 777 1485 904">The Agency Director explained the Chief Inspector's Office is the designated point of contact if an allegation is received from another agency or a facility in another agency. The allegation is forwarded to the facility warden for investigation. Calls made through the hotline are routed through the Department of Youth Services, who contact the agency PREA Coordinator, who forwards the allegation to the facility warden and facility investigator.</p> <p data-bbox="240 938 1485 996">The Deputy Warden of Operations explained that when an allegation of sexual abuse is received it is forwarded to the facility investigator and the OSHP Trooper. The facility has received one such allegation in the past 12-months.</p> <p data-bbox="240 1030 1401 1117">The Auditor reviewed the incident and found the reporting facility notified the SCI Warden the day the allegation was received. The SCI investigator notified the OSHP Trooper and the investigation was completed with a finding of unsubstantiated.</p> <p data-bbox="240 1151 762 1178">The facility meets the requirements of this standard.</p>

115.64	<b>Staff first responder duties</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1489 365">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, states, "The Sexual Abuse First Responder Checklist (DRC5097) shall be used upon a report of an allegation of incarcerated individual sexual abuse. The first initial actions of security and non-security staff members are noted below:</p> <p data-bbox="242 396 1489 555">The first security supervisor to respond to the report shall be required to: a. Separate the alleged victim and abuser; b. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence pursuant to ODRC Policy 310-SEC-13, Protection of a Crime Scene. and Appendix A of this policy. (c) Request the alleged victim not take any actions that could destroy physical evidence. (d) Ensure the alleged abuser does not take any actions that could destroy physical evidence."</p> <p data-bbox="242 586 1112 616">The Facility Policy 03-E-02, Sexual Abuse Coordinated Plan, mirrors the agency policy.</p> <p data-bbox="242 647 1489 806">The Auditor interviewed a security and non-security first responder as well as two mailroom staff. Both first responders with direct inmate contact reported they would keep the victim safe by separating the victim from the abuser or keeping the victim with the responder until supervisors arrived. Both reported they would advise the victim about what actions to avoid to preserve physical evidence, and contact a supervisor. Mailroom staff reported they would immediately report any information regarding sexual abuse or harassment to their supervisor and would not discuss the incident with any other staff members.</p> <p data-bbox="242 837 1489 931">(b) ODRC policy 79-ISA-02 continues, "The first non-security or the first line security staff member to respond to the report shall be required to: a. Separate the alleged victim and abuser. b. Request the alleged victim not take any actions that could destroy physical evidence and then notify the security shift supervisor."</p> <p data-bbox="242 963 1489 1088">As noted earlier, the Auditor interviewed a security and non-security first responder. Both reported they would separate the victim and instruct the victim not to take actions that may destroy evidence. All correctional officers interviewed reported they would separate the alleged victim from the alleged abuser and advise the victim not to take actions that may destroy physical evidence.</p> <p data-bbox="242 1120 761 1149">The facility meets the requirements of this standard.</p>

<b>115.65</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="244 210 453 237"><b>Auditor Discussion</b></p> <p data-bbox="244 271 1461 398">(a) Facility Policy 03-E-02, Sexual Abuse Coordinated Response Plan, provides a detailed facility plan for addressing an allegation of sexual misconduct. The policy provides detailed instructions for first responders, accessing language Interpreter Services in the event the offender is LEP; medical and mental health responsibilities; investigator responsibility, retaliation monitoring; responsibilities of the facility leadership.</p> <p data-bbox="244 432 1474 557">The Deputy Warden of Operations explained the facility's coordinated plan for responding to allegations of sexual abuse or sexual harassment is covered annually in training but often the administration may conduct "hip pocket training" in which an employee may be provided an individual training session targeting specific problem areas or maybe cited for exemplary performance.</p> <p data-bbox="244 591 762 618">The facility meets the requirements of this standard.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1508 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1508 434">(a) The facility provided a copy of the contract between the state of Ohio and the Ohio Civil Service Employees Association. The effective dates of the contract are April 21, 2021, through February 28, 2024. The Auditor reviewed the contract and found the contract allows the employer to hire, transfer, suspend, and discharge employees. There is nothing in the agreement that limits the agency's ability to remove an alleged staff sexual abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p data-bbox="229 434 1508 524">The Agency Director explained the agency renews collective bargaining agreements with OEA/NEA, OCSEA/AFSME and SEIU/1199 every three years. These contracts were renewed in 2021 through 2024.</p> <p data-bbox="229 524 1508 680">The Auditor interviewed the facility Union Representative who explained the facility leadership can change posts and place staff on administrative leave in the event of a sexual abuse allegation against staff. He stated the union representative is allowed to be present with the accused employee during the administrative investigation but not during the criminal investigation.</p> <p data-bbox="229 680 1508 810">The facility meets the requirements of this standard.</p>

115.67	<b>Agency protection against retaliation</b>
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

(a) ODRC Policy 79-ISA-02, states, "The institution shall protect all incarcerated individuals and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other incarcerated individuals or staff. The institutional investigator shall monitor retaliation resulting from cases of sexual abuse. The OCM shall monitor retaliation resulting from cases of sexual harassment."

"Periodic Status checks shall occur at least every thirty (30) days during the monitoring period and shall include: a) Reviewing incarcerated individual discipline. b) Housing changes. c) Program changes. d) Job changes. e) negative employment reviews. f) reassignment of staff.

Monitoring shall continue beyond ninety (90) calendar days if the initial monitoring indicates a continuing need. All monitoring of retaliation shall be documented in the electronics PREA incident reporting system. The incarcerated individual and/or employee being monitored shall be interviewed during the periodic status check. The incarcerated individual and institution investigator shall sign and date the monitoring of retaliation document in the electronic PREA Incident Reporting System."

The Agency Director explained the Facility Investigator and the PREA Compliance Manager handle monitoring for retaliation.

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

"The institution shall employ multiple protection measures, such as housing changes, or transfers for incarcerated individual victims or abusers, removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations."

The Agency Director, Facility Warden, Facility investigator, and PREA Manager all confirmed the alleged victim, witnesses, or staff who reported such incidents shall be monitored for retaliation at 30-day intervals for a minimum of 90 days, or longer if needed. There were no inmates assigned to segregation for risk of sexual victimization or who have suffered sexual abuse at the facility. Of the inmates who reported sexual abuse at the facility, two responded when asked if they felt protected against possible revenge from staff or other inmates because of reporting sexual abuse. One inmate reported he felt protected, the other inmate did not feel protected.

(c) (d) When asked what measure would be taken if the facility staff suspect retaliation the Facility Warden said the individual retaliating and victim would be separated; immediate steps would be taken to stop any retaliation. The abuser would likely be moved or transferred. The institutional investigator and/or the Facility PREA Manager are responsible for monitoring for retaliation.

The Facility Investigator and PREA Manager explained the electronic PREA Incident Reporting system has an area designated for documenting retaliation monitoring. The investigator stated he has access to review disciplinary reports, incident reports, and grievances as part of monitoring for retaliation against an inmate. He also has access to review staff assignments, leave requests, disciplinary actions, shift changes, and the like. He meets with the inmate or staff member being monitored at least every 30, 60, and 90 days from the close of the investigation. He added that retaliation monitoring would continue past 90 days if needed. The retaliation monitoring is documented in the electronic PREA Reporting system.

(e) ODRC Policy 79-ISA-02 states, "The institution shall employ multiple protection measures, such as housing changes or transfers for incarcerated individual victims or abusers, removal of alleged staff or incarcerated individual abusers from contact with victims, and emotional support services for incarcerated individuals or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations.

If any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual against retaliation to include, but not limited to, the measures listed ... above."

The Agency Director explained the agency works with the employee to ensure they are comfortable, providing shift or post changes, institutional changes, or even agency changes if needed. The agency protects incarcerated individuals through housing changes, institutional changes, protective custody. The cases are individualized to the needs of the person being monitored. The Facility Warden added that immediate steps are taken to stop any retaliation. There have been no reported incidents of retaliation reported to the Auditor.

(f) The Auditor is not required to audit this provision.

The facility meets the requirements of this standard.

115.68	<b>Post-allegation protective custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-04 states, "Incarcerated Individuals at high risk for victimization shall not be placed in involuntary transitional program unit (TPU), under restrictive housing (RH) or limited privilege housing (LPH) conditions unless an assessment of all available alternatives has been made and it has been determined there is no available alternative means of separation from likely abusers."</p> <p>"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 incarcerated individual's safety and the reason why no alternative means could be arranged."</p> <p>"Incarcerated individuals 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 a). Opportunities that have been limited b). Duration of the limitations c.) Reasons for such limitations."</p> <p>"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. Every thirty (30) calendar days, unit management shall afford each incarcerated individual a review to determine whether there is a continuing need for separation from the general population."</p> <p>The Deputy Warden of Operations stated in circumstances in which there are no alternative means of housing to protect the victim, they could be placed in involuntary housing but in the past three years, there have been no incidents in which a victim was placed in involuntary segregated housing.</p> <p>At the time of the site visit, there were no inmates assigned to segregation for risk of sexual victimization or who alleged to have suffered sexual abuse. The Auditor reviewed the housing prior to an allegation of sexual abuse and immediately following an allegation of sexual abuse. There were no alleged victims assigned to segregated housing who were not assigned to segregated housing prior to the allegation or the alleged victim requested protective custody following the allegation.</p> <p>The facility meets the requirements of this standard.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1481 528">(a) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, is the agency policy that addresses PREA investigations. The facility only conducts administrative investigations. Criminal investigations are referred to the OHSP trooper assigned to the facility. The policy states, "When an institution conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. No investigation shall be terminated due to the fact the incarcerated individual denies an allegation by a third party or the incarcerated individual retracts an allegation. Investigations shall be completed with consideration of all evidence to determine an outcome of substantiated, unsubstantiated, or unfounded."</p> <p data-bbox="240 562 1481 790">The Facility Investigator said investigations are initiated immediately following receipt of the allegation, including anonymous and third-party reports. He explained when the facility receives the allegation the shift supervisor is notified and the alleged victim and alleged abuser are separated; the crime scene is secured, the victim is taken to medical. At that point, he is contacted, and he provides any added instructions over the phone to the facility. He then calls the OSHP Trooper. The OSHP Trooper will supply any additional instruction to the investigator. The investigator and the OSHP Trooper will come at once to the facility if necessary. A review of the investigation files confirmed the facility investigator is promptly notified of any allegations of sexual misconduct, and the investigation is immediately initiated.</p> <p data-bbox="240 824 1481 981">(b) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "Prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include, but not be limited to, 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 shall be documented with a certificate of completion."</p> <p data-bbox="240 1014 1481 1171">The Auditor reviewed the training certificates for the Facility Investigator, previous Facility Investigator, Facility PREA Manager, Investigator-in-training, and the OSHP Trooper assigned to the facility. Each investigator completed the National Institute of Correction training, PREA: Investigating Sexual Abuse in a Confinement Setting, which meets the requirements of this standard. Although the Auditor was unable to interview the OSHP Trooper, the Facility Investigator reported prior to working for the OSHP, the Trooper had experience investigating sexual abuse allegations in a prison setting.</p> <p data-bbox="240 1205 1481 1328">The Facility Investigator confirmed he received the NIC training and commented it included information about how to interview a victim and abuser, the importance of showing respect to the victim, evidence collection, Miranda and Garrity warnings. He added the OSHP Trooper needs physical evidence to confirm a case of sexual abuse whereas an administrative investigation only requires over 50% of the evidence to substantiate a case of sexual misconduct.</p> <p data-bbox="240 1361 1238 1388">The Auditor confirmed all sexual misconduct investigations were completed by trained investigators.</p> <p data-bbox="240 1422 1481 1545">(c) "Institution investigators and, where appropriate, OCMs shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrator."</p> <p data-bbox="240 1579 1481 1836">The Facility Investigator explained he interviews the alleged victim, abuser, and witnesses. He records the interviews and uploads the recorded interview to the electronic record. He gathers evidence which includes video monitoring, phone call recordings, and DNA evidence if applicable. A chain of custody is maintained for all evidence gathered for the investigation. There is not a section in the electronic record to confirm a review of prior reports involving the alleged abuser was conducted. It was not noted in the brief investigation narrative. The Auditor conducted a lengthy review of all investigations in the past 12-months with the PREA Manager and Facility Investigator. The Auditor was satisfied that a review of prior reports involving the alleged abuser is being conducted. The Auditor advised the Facility Investigator to note this review in the narrative section of the investigation section in the future.</p> <p data-bbox="240 1870 1481 1926">The Auditor discussed this issue with the agency PREA Coordinator. The PREA Coordinator notified all facility investigators to document the review of prior complaints and reports of sexual abuse in the narrative section of the report.</p> <p data-bbox="240 1960 1481 2049">(d) The policy also states, "When the quality of evidence appears to support a criminal prosecution, the ODRC shall conduct compelled interviews only after consulting with OSHP as to whether compelled interviews may be an obstacle for subsequent criminal prosecution."</p> <p data-bbox="240 2083 1481 2139">The Facility Investigator explained the OHSP is contacted immediately concerning any allegation of sexual abuse or sexual harassment. The OSHP notifies the investigator at that time if there are limitations in conducting compelled interviews.</p>

(e) ODRC Policy 79-SSA-01 states, "The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as incarcerated individual or staff. No institution shall require an incarcerated individual who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation."

The Facility Investigator explained he assesses the credibility of a witness based on several factors which include: a review of any past sexual abuse reports; recanting in the past, and witness statements. There were two occasions in which the OSHP utilized or attempted to utilize a polygraph as part of the investigation. Although the Auditor was unable to interview the OSHP Trooper, Ohio law prohibits the use of polygraphs or other truth-telling devices, by investigators as a condition for proceeding with the investigation of a sexual abuse allegation.

The Auditor interviewed two inmates who had reported sexual abuse within the last 12-months. Both inmates stated they were not required to take a polygraph test as a condition of proceeding with the sexual abuse investigation.

(f) The Facility Investigator reviews all the evidence when determining whether staff actions or failure to act contributed to the sexual abuse. He reports he documents administrative investigations and includes the PREA checklist, incident, and discipline reports. A review of the electronic investigation record did not include a section to document a review of staff actions or failure to act which may have contributed to the sexual abuse. This was also not noted in the brief investigation narrative. The Auditor conducted a thorough review of all 10 investigations and is satisfied a review of staff actions or failure to act contributed to the abuse, is completed by the investigator and by the Sexual Abuse Review Team (SART). The Auditor advised the Facility Investigator to add this review to the investigation narrative in the future.

Recommendation: The agency should advise facility investigators to add this review to the investigation narrative in the future, unless or until this section is added to the electronic PREA record.

(f) The Facility Investigator reviews all the evidence when determining whether staff actions or failure to act contributed to the sexual abuse. He reports he documents administrative investigations and includes the PREA checklist, incident, and discipline reports. A review of the electronic investigation record did not include a section to document a review of staff actions or failure to act which may have contributed to the sexual abuse. This was also not noted in the brief investigation narrative. The Auditor conducted a thorough review of all 10 investigations and is satisfied a review of staff actions or failure to act contributed to the abuse, is completed by the investigator and by the Sexual Abuse Review Team (SART). The Auditor advised the Facility Investigator to add this review to the investigation narrative in the future.

Recommendation: The agency should advise facility investigators to add this review to the investigation narrative in the future, unless or until this section is added to the investigation electronic record.

(g) The Facility Investigator reported he does not receive or review the criminal investigation but is notified by email if the OSHP will be pursuing criminal charges. The Auditor verified this notification is done through email between the Facility Investigator and the OSHP Trooper for all 10 sexual abuse investigations in the past 12 months.

(h) During the pre-audit phase, the Auditor reviewed a completed PREA packet in which a substantiated incident of sexual abuse was forwarded to the OSHP and resulted in prosecution. The investigation was prompt and thorough. The PREA checklist is effective at capturing most of the necessary PREA required steps when conducting a PREA investigation. The Auditor reviewed all allegations received in the last 12-months. The OSHP Trooper was notified of each allegation of sexual abuse or sexual harassment. The OSHP Trooper pursued criminal charges in two cases. The prosecutor did not accept one case for prosecution but did accept the other referred case. At the time of the audit, the alleged abuser was awaiting trial. Following the audit, the Auditor was informed the abuser had been found guilty and was sentenced. The facility reports there were five cases of potential criminal behavior that were referred for prosecution since the last PREA audit.

(i) The Auditor reviewed the ODRC Records Retention Schedule. PREA investigation reports are listed as Special Investigation Case Files. These files include: "Documents the entire investigation process, including sexual abuse investigations, describing the facts found while conducting an investigation involving an employee, or offender's alleged violation of policy, procedure, or Ohio Revised Code." The retention period states, "Retain 10 years after the inmate has reached final release, expiration of sentence, death or 10 years after an employee is no longer employed by the agency."

The agency has developed an excellent electronic record that securely stores all PREA related data to include first responder actions, security supervisor actions and notifications, all witnesses statements (written and verbal), Sexual Abuse Incident Reviews, retaliation monitoring, and other supporting documentation.

(J) The agency policy and the Facility Investigator confirm the departure of the alleged abuser or victim from employment or control of the facility or agency is not a basis for terminating an investigation.

(k) The Auditor is not required to audit this provision of the standard.

(l) The Facility Warden confirmed the OHSP has a trooper assigned to the facility. The Deputy Warden of Operations

explained the facility has an excellent working relationship with the OSHP. The OSHP is informed of all sexual abuse and sexual harassment allegations. The Facility Investigator and PREA Manager confirmed the good working relationship with the OSHP trooper, adding that she is provided an office at the facility.

The facility meets the requirements of this standard.

115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) ODRC Policy 79-ISA-02, states, "The ODRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated." The Facility Investigator confirmed the preponderance of the evidence is required to substantiate administrative investigations and the Facility Investigator was able to explain the definition of a preponderance of the evidence.</p> <p>The Auditor found conflicting statements in some reports regarding the standard of proof required for an administrative investigation. The Facility Investigator explained this was a standard statement that he entered incorrectly. After lengthy discussions with the Facility Investigator and the PREA Manager and a review of the investigations, the Auditor determined the Facility Investigator understands the definition of "preponderance of the evidence" and has properly applied this standard in each of the investigations. The Facility Investigator will correct the conflicting statement in future reports.</p> <p>The facility meets the requirements of this standard.</p>

115.73	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-02 states, "Following an investigation into an incarcerated individual's allegation that they suffered sexual abuse in an institution, the institution investigator shall inform the incarcerated individual as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. (b) If the ODRC did not conduct the investigation, it shall request the relevant information from the OSHP to inform the incarcerated individual. (c) Upon completion of an incarcerated individual sexual abuse allegation against a staff member (unless unfounded), the institution investigator shall inform the incarcerated individual of the following: The staff member is no longer posted within the incarcerated individual's unit. The staff member is no longer employed at the facility. The institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution. The institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution."</p> <p>" Upon completion of an incarcerated individual sexual abuse allegation against another incarcerated individual (unless unfounded), the institution investigator shall inform the incarcerated individual victim of the following: The institution learns that the alleged abuser has been indicted on a charge related to the sexual abuse within the institution. The institution learns that the alleged abuser has been convicted on a charge related to sexual abuse within the institution."</p> <p>"All such incarcerated individual notifications or attempted notifications shall be issued in writing and documented. All incarcerated individual notifications or attempted notifications shall be issued in writing and documented. All incarcerated individual notifications noted in section VI.CX.6 of this policy shall be signed by the incarcerated individual and uploaded into the PREA Incident Reporting System."</p> <p>"An institution's obligation to report shall terminate if the incarcerated individual is released from the ODRC custody."</p> <p>The Facility Warden, Deputy Warden of Operations, and Facility Investigator confirmed alleged sexual abuse victims are given verbal and written notification of the results of the sexual abuse investigation. The Auditor interviewed two inmates who had reported sexual abuse. One inmate claimed he had not received notification of the results of the hearing. The Auditor was able to confirm both inmates had received notification of the results of the hearing as evidenced by their signature. The Auditor reviewed 10 sexual abuse investigations completed in the past 12 months. Each alleged victim was provided notification of the results of the investigation and signed acknowledging receipt of the notification.</p> <p>(b) The facility reported 10 sexual abuse investigations were completed by an outside agency in the past 12 months. The Auditor determined only one criminal investigation was completed by the OSHP. The OSHP trooper is notified immediately of any sexual abuse or sexual harassment allegation and reviews the facts of the case with the Facility Investigator to determine if a criminal investigation is warranted. The OSHP trooper notifies the facility in each case if their agency would be pursuing criminal charges. The OSHP did refer one case to the prosecutor's office. The prosecutor's office prosecuted one case of staff-on-inmate sexual misconduct and the former staff member was found guilty. The OSHP did not provide a criminal investigation report to the facility but OSHP Trooper kept the Facility Investigator informed about the progress of the case.</p> <p>The facility notified the victim of the results of the hearing.</p> <p>c) The Auditor reviewed a case of staff-on-inmate sexual abuse. The facility notified the victim of the results of the criminal case. The facility provided a memorandum stating there had been no instances of unsubstantiated allegations against a staff member.</p> <p>(d) ODRC Policy 79-ISA-02 states, "Upon completion of an incarcerated individual sexual abuse allegation against another incarcerated inmate, (unless unfounded), the institution investigator shall inform the incarcerated individual victim of the following: (1) The institution learns the alleged abuser has been indicted on a charge, related to sexual abuse within the institution. (2) The institution learns the alleged abuser has been convicted on a charge related to sexual abuse within the institution."</p> <p>(e) ODRC Policy 79-ISA-02 also states, "All such incarcerated individual notifications or attempted notifications shall be issued in writing and documented. All incarcerated individual notifications .... of this policy shall be signed by the incarcerated individual and uploaded into the PREA Incident Reporting System."</p> <p>(f) The Auditor is not required to audit this provision.</p> <p>The facility meets the requirements of this standard.</p>

115.76	<p><b>Disciplinary sanctions for staff</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) (c) (d) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "In accordance with ODRC Policy 31-SEM-02, Standards of Employee Conduct, all employees shall be subject to disciplinary sanctions up to and including termination for violating ODRC sexual misconduct policies. Terminations for violations of ODRC 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 reported to any relevant licensing bodies."</p> <p>This standard is also addressed in ODRC Policy 31-SEM-02, Standards of Employee Conduct, which provides a disciplinary grid listing of agency personnel violations and the range of penalties for one or more violations. The two pertinent violations are:</p> <p>"Committing any sexual act with any individual under the supervision of the Department or any individual within 6 months following their release from custody or supervision of the Department." The penalty for the first offense is removal from EMPLOYMENT."</p> <p>"Engaging in any other sexual contact or misconduct with any individual under the supervision of the Department or any individual within 6 months following their release from custody or supervision of the Department." The penalty for the first infraction ranges from Either a 5 day fine, suspension, or working suspension or removal. The penalty for the second infraction is removal from employment."</p> <p>(b) (d) The facility reported one staff member violated the agency sexual misconduct policy and the staff member was terminated and criminal prosecution of this individual is pending.</p> <p>(c) ODRC Policy 31-SEM-02, Standards of Employee Conduct, defines the infractions and penalties for violating agency conduct standards. Rule infractions related to PREA are listed under the Performance Grid and range from a two-day suspension to removal from employment. The agency does not tolerate any form of sexual misconduct, which is reflected in the severity of discipline for such conduct.</p> <p>There were no incidents of staff-on-inmate offenses in which staff was disciplined, short of termination for violating agency sexual abuse or sexual harassment policies.</p> <p>The facility meets the requirements of this standard.</p>
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115.77	<p><b>Corrective action for contractors and volunteers</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "In accordance with ODRC Policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, and ODRC Policy 30-TRN-12, Contractor Orientation, any contractor, intern, or volunteer who engages in sexual misconduct is prohibited from contact with incarcerated individuals and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The facility shall take appropriate remedial measures and terminate the contract or volunteer arrangement with contractors, interns, or volunteers or shall demand that the offending employee of a contractor be excluded from providing services under the contract."</p> <p>ODRC Policy 71-SC-01, Recruitment, Training, and Supervision of Volunteers, states, "The managing officer/designee may suspend/terminate a volunteer for any alleged violation of the Standards of Conduct for Contractors/Volunteers (DRC4376) or any activity which threatens the orderly operation or security of the facility or APA region or safety of the volunteer, staff, or offenders."</p> <p>The facility reported and the Auditor confirmed there were no instances of volunteers or contractors engaging in sexual abuse of an inmate.</p> <p>(b) The Auditor reviewed the Standards of Conduct for Contractors, Volunteers, and Interns. This document clearly defines the conduct expectations for volunteers, contractors, and interns. The document states, "No person shall, without authorization from the Site Manager, allow themselves to show partiality toward, or become emotionally, physically, or financially involved with offenders, parolees, probationers, transitional controlees or their families, or establish a pattern of social fraternization with same." The document explains that violation of the Standards of Conduct may result in termination of authorization to enter the facility grounds and possible referral to the OSHP for prosecution.</p> <p>The Facility Warden explained that volunteers who violate agency sexual abuse or sexual harassment policies will have their access to the facility terminated and an investigation is initiated.</p> <p>The facility complies with this standard.</p>
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115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1477 499">(a) ODRC Policy 56-DSC-01, Conduct Report and Hearing Officer Procedures, states, "It is the policy of the Ohio Department of Rehabilitation and Correction (ODRC) that the disciplinary process for incarcerated individuals will be carried out promptly and fairly, allow those directly affected by an incarcerated individual rule infraction to provide input into the disciplinary process, to not punish incarcerated individuals for being seriously mentally ill, and to abide by the Administrative Rules." This policy establishes procedures for issuing a disciplinary report, investigation of rule violations, procedures for charging a rule violation, hearing officer certification, screening of conduct reports, discipline cases disposed of by the hearing officer, Referrals to the Rules Infraction Board (RIB).</p> <p data-bbox="240 528 1469 589">The facility provided a document titled, 5120-9-06 Inmate Rules of Conduct. This document list the following rule violations related to PREA:</p> <p data-bbox="240 595 1469 656">(11) Non-consensual sexual conduct with another whether compelled: (a) by force; (b) by threat of force; (c) by intimidation other than threat of force; or, (d) by any other circumstances evidencing a lack of consent by the victim,</p> <p data-bbox="240 663 1469 723">(12) Non-consensual sexual contact with another, whether compelled: (a) by force; (b) by threat of force; (c) by intimidation other than threat of force, or; (d) by any other circumstances evidencing a lack of consent by the victim.</p> <p data-bbox="240 730 1206 759">(13) Consensual physical contact for the purpose of sexually arousing or gratifying either person,</p> <p data-bbox="240 766 1477 826">(14) Seductive or obscene acts, including indecent exposure or masturbation; including, but not limited, to any word, action, gesture or other behavior that is sexual in nature and would be offensive to a reasonable person."</p> <p data-bbox="240 855 1453 884">The facility reported there were nine administrative findings of inmate-on-inmate sexual abuse that occurred at the facility.</p> <p data-bbox="240 891 1485 1050">The Auditor's review of the facility's sexual abuse investigations within the past 12 months indicated there were nine inmate-on-inmate sexual abuse allegations. An investigation was completed for each allegation. There were three allegations in which the finding was unfounded, five allegations were unsubstantiated and one allegation was substantiated. Each allegation was reviewed by the OSHP Trooper. The OSHP Trooper notified the facility that OSHP would not be pursuing criminal charges for any of these allegations.</p> <p data-bbox="240 1079 1477 1173">Regarding the substantiated allegation of sexual abuse, the abuser was placed in solitary confinement, issued a disciplinary report, a loss of all privileges, and the inmate's custody level was increased. A PREA Risk Assessment was completed classifying the inmate as an abuser. The inmate was transferred to a higher security facility.</p> <p data-bbox="240 1202 1469 1332">(b) The Facility Warden explained that a rule infraction (for sexual abuse) would increase an offender's security level if warranted. He confirmed sanctions are proportionate to the nature and the circumstances of the abuses committed, the inmate's disciplinary history, and the sanctions imposed for similar offenses by other inmates with similar histories. He also confirmed that an offender's mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="240 1361 1493 1590">(c) ODRC Policy 56-DSC-01 states, "If the incarcerated individual's behavior suggests serious mental illness, the charging official shall make a referral to institutional Mental Health staff for a mental health assessment." "When referring an incarcerated individual on the mental health caseload to RIB, the hearing officer shall indicate on the Hearing Officer's Report (DRC4020) that the incarcerated individual is on the caseload using the box provided. The hearing officer shall also make a referral to Mental Health for the completion of the Mental Health Assessment/RIB (DRC2530) if the incarcerated individual is on the mental health caseload. The Incarcerated individual's mental health caseload status shall be reviewed and assessed in accordance with the procedures set forth in ODRC Policies 56-DSC-02 and 67-MNH-31."</p> <p data-bbox="240 1619 1445 1680">The agency has established procedures to ensure inmates with mental health concerns are referred to the mental health department for an assessment.</p> <p data-bbox="240 1709 1461 1803">The Deputy Warden of Operations explained the alleged abuser is placed in Transitional Program Unit (TPU), which is the segregation unit. He explained if indicated by the investigation, a discipline report is written. Sanctions may include an increased security level, transfer to a more secure facility, and criminal charges if indicated.</p> <p data-bbox="240 1832 1390 1892">The Warden explained if the alleged abuser is on the mental health caseload they are referred to the mental health department.</p> <p data-bbox="240 1921 1485 2051">(d) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, E. Administrative, and Criminal Sanctions states, "All inmates found guilty by the RIB/SMP of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services."</p> <p data-bbox="240 2080 1445 2141">An interview with behavioral health staff confirmed services are offered to the abuser which would be referred to the staff psychologist for an assessment and treatment plan. He explained that treatment at the facility is voluntary. He further</p>

explained in some cases, mental health staff would refer the abuser to Sexual Offender Services where the abuser would be evaluated for placement in the agency's sexual offender program, which can be required (involuntary).

The mental health staff interviewed reported mental health services are offered to the abuser. If the abuser is amenable to treatment, the Director of Sex Offender Services is contacted and the abuser is referred to this program for a formal evaluation and development of a treatment plan. He explained the services are voluntary and participation is not required as a condition of access to other programming and benefits. There was one instance of substantiated allegations of inmate-on-inmate sexual abuse. The mental health staff met with the abuser within one month of the incident and offered services to the abuser.

(e) "The DRC may discipline an inmate for sexual contact and/or sexual conduct with staff only upon a finding that the staff member did not consent to such contact or conduct." The facility provided a memorandum stating there have been no cases of inmate-on-staff sexual abuse in which the staff member did not consent. The Auditor's review of sexual abuse allegations confirmed there have been no cases of inmate-on-staff sexual abuse.

(f) ODRC Policy 79-ISA-02, states, "If the RIB finds an inmate guilty of making a false report, restitution may be ordered for the costs incurred by the DRC in response to the false report. However, no inmate reporting sexual misconduct shall be issued a conduct report for lying based solely on the fact their allegations could not be substantiated or that the inmate later recanted his allegation. Each case shall be carefully evaluated on its merits, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred."

Three allegations were determined to be unfounded. None of the inmates were disciplined for making a false report.

(g) The Inmate Rules of Conduct outlines offender infractions. In this listing is the following infraction: "Consensual physical contact for the purpose of sexually arousing or gratifying either person." The facility provided an example of a conduct report issued for a consensual sexual act. The agency does not consider non-coercive sexual activity between inmates to be sexual abuse.

The facility meets the requirements of this standard.

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1490 465">(a) ODRC Policy 79-ISA-04, PREA Risk Assessments and Accommodation Strategies, under A. General Guidance for Screening Criteria the policies states, "If the assessment indicates the incarcerated individual is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. All incarcerated individuals shall be screened by mental health in accordance with ODRC Policy 67-MNH-02, Mental Health Screening and Mental Health Classification."</p> <p data-bbox="240 499 1490 790">The Auditor interviewed seven inmates who disclosed sexual victimization during the risk screening. Of these inmates, 43% stated they were not offered a follow-up meeting with mental health staff. The Auditor reviewed the intake risk assessment for each inmate. The risk assessment is completed in two parts: the initial risk assessment is completed by medical staff and the second part is completed within 72 hours by the assigned case manager. In each case, the Auditor verified the inmate reported the prior abuse to medical staff and was asked at that time if the inmate wanted a referral to mental health. The case manager, while completing the second portion of the risk assessment, asks again if the inmate wanted a referral to mental health. In six of the seven cases, the inmate refused a referral to mental health during the medical and case manager risk screening. One inmate requested services from both the medical staff and the case manager. The inmate was seen by mental health staff within five days and was placed on the mental health caseload.</p> <p data-bbox="240 824 1490 913">The risk screening staff interviewed confirmed inmates who have experienced prior sexual victimization, are asked if the inmate would like a referral to mental health. The medical staff reported the inmate is seen by mental health staff within 14 days.</p> <p data-bbox="240 947 1490 1037">(b) "If the assessment indicates that the incarcerated individual is at risk or has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a mental health practitioner within fourteen calendar days of the intake screening."</p> <p data-bbox="240 1070 1490 1126">The Auditor interviewed two staff who complete risk screenings. Both staff confirmed they offer a follow-up meeting with a mental health practitioner to inmates who had previously perpetrated sexual abuse.</p> <p data-bbox="240 1160 1490 1216">The facility provided a memorandum stating there had been no offenders with a classification of an abuser or potential abuser transferred to the facility creating the need to offer follow-up mental health care.</p> <p data-bbox="240 1249 1110 1283">(c) The facility is not a jail. This provision of the standard does not apply to this facility.</p> <p data-bbox="240 1317 1490 1473">(d) ODRC Policy 79-ISA-02, states, "Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and behavioral health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary."</p> <p data-bbox="240 1563 1490 1686">The facility provided a listing of offenders with PREA classifications. This listing indicated if the offender was considered a victim, a potential victim, an abuser, or a potential abuser. The facility also provided an example of an offender classification as a potential victim in which an accommodation plan was developed to address housing, work, education, and programming assignments to ensure the separation of the potential victim from potential abusers or abusers.</p> <p data-bbox="240 1720 1490 1843">The facility has an electronic record system. The two-part risk assessment is completed in the PREA section of the electronic record. Access to the risk screening information is controlled through restricted access and password protections. This includes information related to sexual victimization or abusiveness. Unit Management staff have access to this information to inform housing, work, education, and programming assignments.</p> <p data-bbox="240 1877 1490 2134">(e) ODRC Policy 79-ISA-04 also states, "Mental and mental health practitioners shall obtain informed consent from incarcerated individuals before reporting information to law enforcement about prior sexual victimization that occurred in the community. If an incarcerated individual wishes to report the information, the Informed Consent (DRC1169) shall be completed and forwarded to the institution investigator. The institution investigator shall contact the Ohio State Highway Patrol (OSHP) and provide them with the information. The institution investigator shall document the contact with the OSHP. The only exception where the Informed Consent (DRC1169) is not necessary is if the alleged victim is under the age of eighteen or considered a vulnerable adult as defined by this policy, the institution shall report the allegation on an Incident Report (DRC1000) and send it to the institutional investigator who will then report the allegation to the OSHP."</p>

The facility provided a memorandum stating during this audit cycle, the facility has not had an occurrence in which an offender reported prior victimization and wanted the matter referred to law enforcement.

Medical and mental health staff reported they obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting.

The facility meets the requirements of this standard.

115.82	<p><b>Access to emergency medical and mental health services</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>(a) The facility provided a copy of ODRC Office of Correctional Health Care Protocol: Medical Care Guidelines for sexual Conduct or Recent Sexual Abuse, this protocol states, "All inmates who report sexual conduct and/or recent sexual abuse shall be escorted to inmate health services as soon as possible after the reported conduct or recent sexual abuse."</p> <p>The medical staff and mental health staff confirmed alleged victims are provided timely and unimpeded access to emergency medical treatment and crisis intervention services. Medical staff reported the patient is assessed for injuries and stabilized. The provider is also notified at this time. The Behavior Health Supervisor reported behavior health staff are on-site during normal business hours, Monday through Friday, and would see the patient at that time or the next working day. If the patient was in crisis, psychiatric consultation is available and on-call behavior health staff will come to the facility after hours to see the patient, if necessary.</p> <p>(b) The Auditor interviewed 12 randomly selected correctional officers from each of the four shifts. All correctional officers reported in response to a report of sexual abuse they would separate the victim from the abuser, contact the supervisor, instruct the victim to preserve evidence, and preserve the crime scene. The responding security supervisor ensures the alleged victim is taken directly to medical staff. The facility provides 24-hour medical staffing.</p> <p>(c) Medical staff reported patients are offered timely information and sexually transmitted infection prophylaxis determined by the provider and routinely tested, at no charge to the patient. The facility provided a Medical Progress Note which confirmed the victim was seen by the facility provider following the emergency room visit and prophylaxis medication was prescribed, and STD testing ordered.</p> <p>There were no inmates interviewed who required sexually transmitted infection prophylaxis.</p> <p>(d) ODRC Policy 79-ISA-02, Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, states, "All victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident."</p> <p>The Facility Health Care Administrator confirmed there is no cost to the victim for these services.</p> <p>The facility meets the requirements of this standard.</p>
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115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1477 499">(a) ODRC Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation, under Medical Services Responsibilities states, "In cases of alleged completed sexual abuses, medical services shall follow OCHC Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, which includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral for mental health evaluation. Specific responsibilities of the institution's medical services and services provided by the local emergency department, when utilized, are detailed in the protocol."</p> <p data-bbox="242 530 1490 689">The facility also provided ODRC Office of Correctional Health Care Protocol: Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse the protocol requires staff to escort the victim to health services as soon as possible after the reported sexual abuse; medical staff collects information from the victim in preparation for a medical examination to document any injuries and aid in treatment. If an Advanced Level Practitioner (ALP) is present they will perform an external exam to assess any external trauma.</p> <p data-bbox="242 721 1490 846">Under Behavioral Health Responsibilities, the policy states, "Incarcerated Individuals referred to behavioral health by medical services following an allegation of sexual abuse shall be seen by a behavioral health professional who shall complete further screenings or assessments consistent with ODRC Policy 67-MNH-02, Mental Health Screening and Mental Health Classification."</p> <p data-bbox="242 878 1490 1003">(b) Medical staff reported victims are provided a mental health evaluation and treatment, prophylaxis treatment for STDs, follow-up services, and treatment plans. Prior to release the victim "would be signed up for Medicaid and a provider lined up". Behavior health staff reported a comprehensive mental health assessment would be completed, a diagnosis determined, and a treatment plan developed.</p> <p data-bbox="242 1034 1430 1095">The Auditor reviewed the sexual misconduct allegations in the past 12 months and verified mental health services were offered to each victim.</p> <p data-bbox="242 1126 1449 1220">(c) Both medical and behavioral health staff reported the care provided to victims is consistent with, and in many cases exceeds, the community level of care. The Behavior Health Supervisor reported the facility has behavior health staff with experience treating abusers and with past experience in law enforcement.</p> <p data-bbox="242 1252 1222 1281">(d) This provision of the standard is not applicable. Only male offenders are housed at the facility.</p> <p data-bbox="242 1312 954 1341">(e) SCI is an all-male facility. This standard provision is not applicable.</p> <p data-bbox="242 1373 1465 1467">(f) As detailed in 115.82 (c) the Auditor reviewed the agency policy, medical protocol, and incident and medical reports provided during the pre-audit period, as well as interviews with medical staff and confirm the facility offers victims of sexual abuse tests for sexually transmitted infections as medically appropriate.</p> <p data-bbox="242 1498 1321 1527">There were no inmate victims who required preventative STD treatment at the facility at the time of the audit.</p> <p data-bbox="242 1559 1474 1684">(g) ODRC Policy 79-ISA-02 states, "All victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial costs where evidentiary or medically appropriate. The services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident."</p> <p data-bbox="242 1715 1078 1744">The Health Care Administrator confirmed victims are not charged for these services.</p> <p data-bbox="242 1776 1484 1870">(h) The mental health staff interviewed reported his staff conducts an evaluation of all known inmate-on-inmate abusers and offers treatment, if appropriate. There was one incident of inmate-on-inmate sexual abuse that was confirmed. The inmate was seen by behavioral health staff 16 days following the close of the investigation.</p> <p data-bbox="242 1901 762 1930">The facility meets the requirements of this standard.</p>

115.86	<b>Sexual abuse incident reviews</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1465 432">(a) ODRC Policy 79-ISA-03, Sexual Abuse Review Team, under Procedures A. Institutional Sexual Abuse Review Team (SART) states, "Each managing officer shall designate a Sexual Abuse Review Team (SART). The SART shall, at a minimum, consist of 1. Institution Operational Compliance Manager (OCM) - Chair; 2. a Deputy Warden; 3. Institutional Investigator; 4. Designated Victim Support Person; 5. Any other staff that may have relevant input, such as unit staff, line supervisors, medical and mental health professionals."</p> <p data-bbox="242 463 1455 555">Section B. SART Procedures at the Conclusion of Sexual Abuse Investigations states, "The SART shall review all sexual abuse incidents unless determined to be unfounded, within thirty (30) calendar days of the conclusion of the investigation. The managing officer may grant an additional fifteen (15) calendar day extension in exigent circumstances."</p> <p data-bbox="242 586 1493 846">SART Procedures continue, "The SART shall consider a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse, b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; c. Whether the area in the facility where the incident allegedly occurred contains physical barriers in the area that may enable abuse, d. The adequacy of staffing levels in that area during different shifts; e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff. e. Whether monitoring technology should be deployed or augmented to supplement supervision by staff."</p> <p data-bbox="242 878 1489 969">(b) In the past 12 months, the facility had seven criminal and administrative investigations, excluding unfounded cases. The Auditor reviewed each of these cases and found a Sexual Abuse incident review was conducted for each allegation within 30 days of the close of the investigation.</p> <p data-bbox="242 1001 1469 1093">(c) The Facility Warden and Deputy Warden of Operations explained the SART consists of the Deputy Warden, Chief of Security, Facility PREA Manager and medical or mental health staff. The Deputy Warden added the SART allows for input from line staff.</p> <p data-bbox="242 1124 1422 1187">After a review of the seven investigations, the Auditor found consistently that the PREA Manager, Investigator, Deputy Warden of Operations, and a Victim Support Person were present.</p> <p data-bbox="242 1218 1493 1444">(d) The SART information is entered into the electronic PREA system, to include any recommendations for improvement and submits the information to the facility warden. The PREA Compliance Manager chairs the committee and has access to all facility SART reports. The Facility Warden and the Deputy Warden of Operations stated the Sexual Abuse Incident Review team make recommendations to the warden. The Deputy Warden of Operations serves as a member of the Sexual Abuse Incident Review (SAIR) team and was interviewed concerning SAIR. He explained the SAIR team considers whether the incident was motivated by race, gender identity, LGBTI identification or perceived status, gang affiliation, or other institutional factors. A review of the seven completed SAIR team reviews confirms each of these factors is considered.</p> <p data-bbox="242 1476 1489 1538">(e) There were no recommendations from the SAIR team regarding the seven investigations the Auditor reviewed for the 12-month period.</p> <p data-bbox="242 1570 762 1599">The facility meets the requirements of this standard.</p>

115.87	<b>Data collection</b>
	<p data-bbox="242 145 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="242 210 451 239"><b>Auditor Discussion</b></p> <p data-bbox="242 271 1474 365">(a) ODRC Policy 79-ISA-01, Prison Rape Elimination, states, "The institution investigators shall report allegations of sexual misconduct they investigated on their monthly reports, along with dispositions of the same. This information shall be provided to the Bureau of Research and Evaluation for compilation and analysis."</p> <p data-bbox="242 396 1485 521">"A meeting shall be held quarterly with the managing officer, institution investigators, and OCM to discuss PREA issues/concerns. The PREA status briefings shall include the following topics at a minimum. a. PREA investigations, b. Retaliation concerns, c. Physical plant/camera concerns, d. PREA trends, e. Staffing concerns, f. Policy and practice, and g. Other PREA related concerns."</p> <p data-bbox="242 553 1465 647">"This meeting shall be documented on the Quarterly PREA status briefing (DRC3171) and forwarded to the agency PREA coordinator and PREA compliance administrator no later than the 15th day of each quarter. (January 15th, April 15th, July 15th, October 15th)."</p> <p data-bbox="242 678 1485 739">"The institution investigators shall ensure all fields in the PREA Incident Reporting System, as provided by the agency PREA coordinator are accurately completed. This data shall be aggregated annually."</p> <p data-bbox="242 770 1461 864">"The PREA coordinator and other employees as designated by the Director shall review the aggregated data detailed ... in this policy for the purpose of 1. Identifying problem areas; 2. Taking corrective action on an ongoing basis 3. preparing an annual report of ODRC's findings and corrective actions for each facility and for the agency as a whole."</p> <p data-bbox="242 896 1474 1021">"The report identified in this policy shall include a comparison of the current year's data and corrective actions with those from prior years. and shall provide an assessment of ODRC's progress in addressing sexual misconduct. The report shall be approved by the Director and posted on the ODRC internet site. Any information redacted from the report due to a clear and specific threat to the safety and security of the facility must indicate the reason for the redaction."</p> <p data-bbox="242 1052 1481 1113">"The agency PREA coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the ODRC internet site."</p> <p data-bbox="242 1144 1445 1238">The Quarterly PREA Status Briefings were initiated after Ohio officials learned of this practice from another state. The ODRC strives to improve the agency's efforts to address sexual misconduct and quarterly meetings allows the agency to quickly identify and address PREA related systemic problems or issues.</p> <p data-bbox="242 1270 1481 1395">(b) The Auditor reviewed the 2021 Annual Report of Sexual Assault Data. This report summarized the findings of each PREA audit completed during the audit period and included private facilities. The report included ongoing PREA projects for example updating the electronic PREA Incident Reporting system, and a working group's continual work on improving the PREA risk assessment.</p> <p data-bbox="242 1426 1474 1487">(c) The Auditor reviewed the 2019 Survey of Sexual Violence published by the Department of Justice. The agency gathers all the necessary data to answer each of the questions on the 2019 survey.</p> <p data-bbox="242 1518 1485 1711">(d) The agency has developed a PREA Incident Reporting system that guides facilities through the PREA process when the facility receives an allegation of sexual misconduct. The PREA system stores info such as first responder tasks, referrals, VSP contacts, risk assessments, PREA classifications, medical and mental health contacts. Sexual Abuse Incident Review boards and the like. The system also monitors deadlines for different tasks. The system is continually updated and improved. The system allows the facility PREA manager, agency PREA Coordinator, and PREA Administrator to monitor PREA activities.</p> <p data-bbox="242 1742 1474 1803">(e) The Auditor reviewed the 2021 Annual Report of Sexual Assault and found it included information regarding each of the privately run facilities.</p> <p data-bbox="242 1834 1474 1895">(f) The PREA Administrator confirmed the agency provided the Department of Justice with data from the previous calendar year.</p> <p data-bbox="242 1926 762 1955">The facility meets the requirements of this standard.</p>

115.88	<b>Data review for corrective action</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1490 566">(a) The Agency Director explained the agency uses data collected during Incident Reviews at the agency level to identify problem areas and assist the institution in taking corrective action such as installing mirrors and cameras to remove blind spots or removing obstructions that block a clear view of a particular area. In 2021, (after analysis of a DOJ investigation into the Florida DOC) the agency revised the policy to require a quarterly meeting with the managing officer, the institution investigator(s), and the facility PREA compliance managers to discuss PREA issues/concerns. This PREA status briefing includes the following topics at a minimum: PREA investigations, retaliation concerns, physical plant/camera concerns, PREA trends, staffing concerns, policy, and practice issues, and any other PREA related concerns. The agency PREA Coordinator and the agency PREA Compliance Administrator also review all PREA status briefings and assist the institutions with any concerns or issues they may have.</p> <p data-bbox="240 598 1442 656">(b) The agency's annual report compares the current year's data with previous years to assess the agency's progress in addressing sexual abuse.</p> <p data-bbox="240 687 1495 745">(c) The Agency Director explained she reviews and approves the annual PREA reports. She added she uses the information obtained during the PREA discussions at agency budget reviews.</p> <p data-bbox="240 777 1458 835">(d) The PREA Coordinator explained he has not had to redact any information. Confidential information is not included in the report.</p> <p data-bbox="240 866 761 896">The facility meets the requirements of this standard.</p>

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="229 192 1509 255"><b>Auditor Discussion</b></p> <p data-bbox="229 255 1509 456">(a) ODRC Policy #79-ISA-01, states, "All case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation, and findings, and recommendations for post-release treatment and/or counseling shall be securely retained in accordance with the ODRC Policy 07-ORD-01, Records Management Program." The PREA Coordinator explained the information is password protected and incident data is kept confidential.</p> <p data-bbox="229 456 1509 546">The Auditor learned through conversations with staff and observations that access to specific information stored in the electronic PREA record is controlled and access is determined on a need-to-know basis.</p> <p data-bbox="229 546 1509 703">(b) ODRC Policy 79-ISA-01 states, "The agency PREA coordinator/designee must ensure all aggregated sexual misconduct data received from private facilities with which it contracts is readily available to the public at least annually through the ODRC internet site." The Auditor confirmed the agency included information about the privately managed facilities in each annual report for this audit period.</p> <p data-bbox="229 703 1509 815">(c) ODRC Policy 79-ISA-01 also states, "All personal identifiers must be removed from publicly available data referenced ... in this policy." The Auditor reviewed the publicly available sexual abuse data available on the agency's website. From the material reviewed, the agency has removed all personal identifiers.</p> <p data-bbox="229 815 1509 904">(d) The Auditor reviewed the ODRC Records Retention Schedule and found the agency maintains sexual abuse data permanently.</p> <p data-bbox="229 904 1509 967">The facility meets the requirements of this standard.</p>

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1485 333">(a) The Auditor reviewed the ODRC website and confirmed each of the agency's facilities have had a PREA audit during the prior three-year period.</p> <p data-bbox="240 360 1485 387">(b) The Auditor reviewed the agency website and found 14 of the agency's 25 facilities had completed PREA audits in 2021.</p> <p data-bbox="240 454 1362 481">(h) The Auditor was allowed access to all areas of the facility inside and outside of the secure perimeter fencing.</p> <p data-bbox="240 508 831 535">(i) The Auditor was supplied all requested documentation.</p> <p data-bbox="240 568 1241 595">(m) The Auditor was provided an office area that was private to conduct staff and inmate interviews.</p> <p data-bbox="240 629 1465 689">(n) The agency posted the Notice of Audit form in all housing areas, which includes the Auditor's contact information. The Auditor did not receive any correspondence from SEC inmates.</p> <p data-bbox="240 719 735 745">The facility meets the requirements of this facility.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	(f) The Auditor reviewed the agency's website where all completed PREA audit reports are posted for the public to review.

<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
<b>115.11 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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
<b>115.11 (c)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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
<b>115.12 (a)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates 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 inmates.)	yes
<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</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 inmates.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.13 (b)</b>	<b>Supervision and monitoring</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.)	na
<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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

<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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
<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates 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
	Does the facility have procedures that enables inmates 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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, 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
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	no
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	no
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	no
	Does the agency take appropriate steps to ensure that inmates 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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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 inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, 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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates 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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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 inmates 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.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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 inmates 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
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</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.)	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

<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
<b>115.21 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
<b>115.21 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency 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
<b>115.21 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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 always makes a victim advocate from a rape crisis center available to victims.)	yes
<b>115.22 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

<b>115.22 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy 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
<b>115.31 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

<b>115.33 (d)</b>	<b>Inmate education</b>	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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 receive 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
<b>115.34 (b)</b>	<b>Specialized training: Investigations</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
	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
	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
	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
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	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

<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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 or the agency does not employ medical staff.)	na
<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
<b>115.41 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates 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
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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 inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate'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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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 inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	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 inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates 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
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d)</b>	<b>Protective Custody</b>	
	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 inmate's safety?	yes
	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
<b>115.43 (e)</b>	<b>Protective Custody</b>	
	In the case of each inmate 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
<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

<b>115.51 (b)</b>	<b>Inmate reporting</b>	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates 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.)	na
	Does the agency always refrain from requiring an inmate 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.)	na
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate 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.)	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.)	na

<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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 inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	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 inmate 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.)	na
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	na
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	na
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, 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.)	na
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	na
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	na
	After receiving an emergency grievance alleging an inmate 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.)	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.)	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.)	na
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	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.)	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.)	na
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	na

<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	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? (N/A if the facility never has persons detained solely for civil immigration purposes.)	na
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, 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
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	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
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</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

<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate 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
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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
	Upon learning of an allegation that an inmate 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

<b>115.64 (b)</b>	<b>Staff first responder duties</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
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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 inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	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
	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 inmate disciplinary reports?	yes
	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 inmate housing changes?	yes
	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 inmate program changes?	yes
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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 inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate'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 inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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
	Following an inmate'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
	Following an inmate'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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</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 inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate 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
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate 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
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate 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 jail).	na
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do inmate 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
<b>115.82 (b)</b>	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

<b>115.82 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are inmate 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
<b>115.82 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.83 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.83 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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
<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate 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
<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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
<b>115.86 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	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
<b>115.87 (d)</b>	<b>Data collection</b>	
	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
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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
<b>115.88 (b)</b>	<b>Data review for corrective action</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
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, 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? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, 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 during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes