## Prison Rape Elimination Act (PREA) Audit Report

**Adult Prisons & Jails**

- ☐ Interim
- ☒ Final

**Date of Report** July 2, 2018

### Auditor Information

<table>
<thead>
<tr>
<th>Name: Thomas Eisenschmidt</th>
<th>Email: <a href="mailto:tome8689@me.com">tome8689@me.com</a></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Company Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Click or tap here to enter text.</td>
</tr>
</tbody>
</table>

| Mailing Address: 26 Waterford Lane |
| City, State, Zip: Auburn, NY 13021 |

| Telephone: 315-730-7980 |
| Date of Facility Visit: June 6-8, 2018 |

### Agency Information

| Name of Agency: Ohio Department of Rehabilitation and Correction |
| Governing Authority or Parent Agency (If Applicable): State |

| Physical Address: 770 West Broad Street, |
| City, State, Zip: Columbus, Ohio 43222 |

| Mailing Address: Click or tap here to enter text. |
| City, State, Zip: Click or tap here to enter text. |

| Telephone: 614-752-1159 |
| Is Agency accredited by any organization? ☒ Yes  ☐ No |

| The Agency Is: |
| ☐ Military |
| ☐ Private for Profit |
| ☐ Private not for Profit |
| ☒ Municipal |
| ☐ County |
| ☒ State |
| ☐ Federal |

**Agency mission:** To reduce recidivism among those we touch.

**Agency Website with PREA Information:** http://www.drc.ohio.gov/prea

### Agency Chief Executive Officer

| Name: Gary C. Mohr |
| Title: Director |

| Email: Gary.Mohr@odrc.state.oh.us |
| Telephone: 614-752-1164 |

### Agency-Wide PREA Coordinator

| Name: Amanda Moon |
| Title: Chief, Bureau of Operational Compliance |

| Email: Amanda.Moon@odrc.state.oh.us |
| Telephone: 614-752-1715 |
PREA Coordinator Reports to: Agency Chief Inspector

Number of Compliance Managers who report to the PREA Coordinator: 25

Facility Information

Name of Facility: Southern Ohio Correctional Facility

Physical Address: 1724 SR 728, Lucasville, Ohio 45648

Mailing Address (if different than above): Post Office Box 45699, Lucasville, Ohio 45699

Telephone Number: 740-259-5544

The Facility Is: ☐ Military ☐ Private for profit ☐ Private not for profit
☐ Municipal ☐ County ☒ State ☐ Federal

Facility Type: ☐ Jail ☒ Prison

Facility Mission: It is the mission of the Southern Ohio Correctional Facility to efficiently provide a safe and secure environment for inmates, employees, and the community; and, to promote the incarcerated offenders' adjustment, behavior, and ability to return to a lower security facility.

Facility Website with PREA Information: http://www.drc.ohio.gov/prea

Warden/Superintendent

Name: Ronald T. Erdos
Title: Warden
Email: ron.erdos@odrc.state.oh.us
Telephone: 740-259-5544, Extension 23499

Facility PREA Compliance Manager

Name: Chuck Smith
Title: Operational Compliance Manager
Email: charles.smith@odrc.state.oh.us
Telephone: 740-259-5544, Extension 23403

Facility Health Service Administrator

Name: Roseanna Clagg
Title: Health Care Administrator
Email: roseanna.clagg@odrc.state.oh.us
Telephone: 740-259-5544, Extension 23355

Facility Characteristics

Designated Facility Capacity: 1,638
Current Population of Facility: 1212

Number of inmates admitted to facility during the past 12 months: 677
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 677
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | 677 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | 70 |
| Age Range of Population: | Youthful Inmates Under 18: 0 | Adults: 18-79 |
| Are youthful inmates housed separately from the adult population? | ☒ No | ☐ Yes | ☐ NA |
| Number of youthful inmates housed at this facility during the past 12 months: | 0 |
| Average length of stay or time under supervision: | 6.8 years |
| Facility security level/inmate custody levels: | GP, ERH 1 - 3 |
| Number of staff currently employed by the facility who may have contact with inmates: | 644 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 55 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 12 |

### Physical Plant

| Number of Buildings: | 11 |
| Number of Single Cell Housing Units: | 21 |
| Number of Multiple Occupancy Cell Housing Units: | 0 |
| Number of Open Bay/Dorm Housing Units: | 0 |
| Number of Segregation Cells (Administrative and Disciplinary): | 100 |

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

The facility has 377 cameras. Inside the secure facility are 350 Cameras throughout the common and living areas. These cameras record 30 days of data before writing over that data. Monitoring of these cameras is restricted to the facility Warden his executive staff and the Control Centers. None of the camera placements present privacy issues or concerns.

### Medical

| Type of Medical Facility: | Outpatient primary care with overnight observation |
| Forensic sexual assault medical exams are conducted at: | Ohio State University medical Center |

### Other

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 164 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 39 |
Audit Findings

Audit Narrative

The auditor’s description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor’s process for the site review.

Thomas Eisenschmidt, United States Department of Justice Certified PREA Auditor for adult facilities conducted the Prison Rape Elimination Act on-site audit at the Southern Ohio Correctional Institution, Lucasville, Ohio June 6-8, 2018. This was the second PREA audit for the institution. The facility had a successful PREA audit conducted in June 2015. The auditor wishes to extend his deepest appreciation to Warden Ronald Erdos and the staff at the Southern Ohio Correctional Institution for their professionalism, hospitality, and kindness. The auditors also want to thank Chuck Smith, Operational Compliance Manager at the facility for his commitment to PREA and the hard work provided to the auditor prior, during and after the on-site visit. His support assisted the audit process and the auditor to move forward thoroughly and efficiently while on site.

The pre-audit preparations for the auditor included a thorough review of all documentation and materials submitted by SOCI including the “Pre-Audit Questionnaire”, the agency policies and supporting documentation for each of the standards. The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The onsite audit of Southern Ohio Correctional Institution Correctional Institution began with an entrance meeting conducted on Wednesday, June 6, 2018 at 12:30 p.m. in the staff training area. The following staff attended the entrance meeting: Warden Ronald Erdos, Mark Stegemoller Agency PREA Compliance Administrator, William Cool, Deputy Warden of Operations, Anthony Cadogan, Deputy Warden of Special Services, and Chuck Smith, PREA Compliance Manager. The auditor briefed those in attendance about PREA and discussed the audit process that would occur over the three days.

Because this audit was part of an ACA audit the auditor toured the facility June 6-8, 2018 as a member of that audit team. While touring the facility this auditor observed the notices announcing the dates of this PREA audit posted in all the buildings including each of the housing units. Also observed were posters that called attention to the agency’s Zero Tolerance Policy with information on how and to whom to report allegations of sexual abuse and sexual harassment. During the physical plant review the auditor reviewed blind spots, staff placement, and documentation to assist in determining standard compliance. All housing units, day rooms, inmate program areas, work areas, and all other areas were toured. While touring inmates and staff were informally questioned about their knowledge of the PREA standards, procedures for reporting, services available, and their responsibilities. Those informally interviewed during the tour acknowledged receiving training/information for reporting sexual abuse, sexual harassment, and/or retaliation for reporting either on their arrival at the facility.

The auditor conducted interviews over the two days (June-6-8, 2018). Prior to the on-site visit the facility supplied a list of inmate names sorted by housing units, those with limited English, and those with targeted designations. A list of employees and contractors was also provided to the auditor. From these lists the chair selected at random sampling of inmates and staff to be interviewed. It was from these lists the chair also selected the targeted and random individuals to be interviewed. These random staff and inmate interviews were conducted in a private setting.
A total of 40 staff members were interviewed during the course of this on-site audit. Staff interviews consisted of: 14 randomly selected correctional security staff members covering all shifts, 3 contract employees, 3 intermediate or higher level supervisors, 20 specialized staff members that have multiple roles that encompass all specialized staff interviews. All staff at SOCI is trained as first responders and those uniform and non-uniform staff questioned was well versed in their areas of responsibility regarding responding to PREA allegations. The non-security staff questioned knew that once the inmate was secured their next responsibility was to immediately contact a security staff member.

There were 42 inmate interviews conducted during the on-site visit by the auditor. Twenty (20) inmates were randomly selected and twenty-two (22) were targeted. The targeted group consisted of eleven (11) acknowledging prior victimization, eight (8) from the LGBTI community, two (2) with a disability and one (1) who reported sexual abuse. Each of the inmates interviewed acknowledged receiving PREA training and written materials outlining the agencies zero tolerance policies towards sexual abuse, sexual harassment, and retaliation for reporting, as well as the procedures for reporting during intake. During interviews with the inmates that had self-reported as being gay and transgender stated that staff treated them equitably before and after self-reporting and had never placed them in any housing specifically designated for any group. The transgender inmates also indicated that prior to assigning them bed, work or education assignments they were asked if they had any concerns needing addressing prior. They are also allowed to shower by separately.

The auditor carefully examined a random sampling of personnel files, Background checks, staff training files, and volunteer/contractor files that are maintained at the institution. New hires and contractors are not allowed entrance into the facility until thorough background checks are completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed “Training Acknowledgement Form” documenting that the staff understood the PREA training they received.

The auditor selected and examined a sampling of inmate institutional files and observed documentation indicating, by signature, the inmate received PREA education, as well as documentation of the initial risk screening and the completed second. The second risk assessment is completed after the inmate is there 15 days but before his 30th at Southern Ohio.

All 9 sexual abuse investigative files were reviewed during the on-site visit. The audit team also looked at a sampling from 2015 and 2016 as well. All appeared to thoroughly document the investigation process per agency policy. These case files include, all interviews, photos, recording video footage, first responder detail, outcome notification, retaliation monitoring and incident reviews. Of the nine reported cases two (2) were reported by inmates who left Madison but alleged the incident occurred at Madison. The facility received no allegations from inmates who transferred into Madison from other ODRC facilities during the last 12 months.

The auditor looked over the investigative case files for for 2016, 2017 and 2018 while on site. There were twenty-one (21) PREA investigations initiated at the Southern Ohio Correctional Institution during the last twelve months. Sixteen (16) of these cases alleged sexual abuse and five (5) alleged sexual harassment. The sixteen (16) sexual abuse allegations comprised nine (9) involving staff, five (5) allegations involving other inmates and two (2) involving unknown individuals. The nine cases involving staff six (6) were unfounded and three (3) were unsubstantiated. The two cases alleged against unknown individuals were both unsubstantiated.

The 5 sexual harassment allegations involving other inmates were all unsubstantiated. One case of sexual assault resulted in the inmate being sent out for a forensic exam.

ODRC publishes their investigative policy on its website (http://drc.ohio.gov/policies/investigations). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit an exit meeting was held to discuss the audit findings. Warden Ronald Erdos, Mark Stegemoller, Agency PREA Compliance Administrator, William Cool, Deputy Warden of Operations,
Anthony Cadogan, Deputy Warden of Special Services, and Chuck Smith, PREA Compliance Manager. The auditor explained the process that would follow the on-site visit. He also explained that any standard findings of “Does Not Meet” during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all Southern Ohio staff involved to accomplish PREA compliance and advised the Facility of their requirement to post the final report on the agency/facility website once completed.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Southern Ohio Correctional Facility (SOCF), PO Box 45699, Lucasville, OH, is located on 1724 State Rd. 728, Lucasville, in Scioto County, Ohio. Lucasville is a village community of about 3000 people situated in southern, rural Ohio an agricultural/woody/foothills area, about 20 miles north of Portsmouth, Ohio, and the confluence of the Ohio and Scioto Rivers.

The prison itself is the main maximum-security correctional institution and the execution facility for the Ohio Department of Rehabilitation and Correction (ODRC). SOCF opened in 1972 and is currently a 1638 single cell, maximum security, male institution with an average population of about 1200 inmates, of which 98% plus are classified as maximum. The SOCF is located on 1625 acres of land with a 66 acre oval shaped compound, surrounded by a 1.3 mile perimeter road. The prison enclosed by the armed/fenced security perimeter is essentially many interconnecting buildings under one roof. The prison style is “telephone pole” layout, i.e. cell housing wings off a main hallway/corridor.

As one enters the institutional perimeter, one must go through the front, Northside security Building A entrance. This entrance is one of three to the facility. Adjacent to the pedestrian entrance in Building A; is a front Sally port vehicle entrance and to the east side is a second Sally port vehicle entrance. These two Sally port entrances are operated by tower one for the front Sally port and tower three for the east side Sally port. Continuing after entry, one enters the secured/gate entry and the enormous main complex building, which essentially includes everything under one roof, excepting outdoor/indoor recreation. (Please note institutional overview photograph and schematic following.)

Facility Demographics
Rated Capacity: 1638
Actual Population: 1212
Average Daily Population for the last 12 months: 1389
Security/Custody Level: Maximum
Age Range of Inmates: 18 - 70
Gender: Male
Full -Time Staff: 644
Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 6

115.21, 115.31, 115.33, 115.41, 115.64, 115.71

Number of Standards Met: 37
Number of Standards Not Met: 0

Summary of Corrective Action (if any)
Type text here...

PREVENTION PLANNING

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

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

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

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Ohio Department of Rehabilitation and Correction (ORDC) written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlines the agency’s approach to preventing, detecting, and responding to such conduct can be found in 79-ISA 1-5. These five policies include all definitions of prohibited behaviors regarding sexual abuse and sexual harassment; sanctions for those found to have participated in prohibited behaviors; description of the agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates including the handling of investigations.

Amanda Moon is the Agency PREA Compliance Coordinator and is identified in the agency’s organizational chart reporting to the agency Chief Inspector. This chart also indicates the Chief Inspector reporting directly to the Director Gary Mohr. She has two (2) Compliance Administrators, Mark Stegemoller, PREA Compliance Administrator, and Charlotte Owens, PREA Compliance Administrator who work out of Central office and report directly to her. Both of these individuals supervise the 25 PREA Compliance Managers within each of the state facilities. Her interview confirmed she had sufficient time and authority to coordinate the Agency efforts to comply with each of the PREA Standards.

The person responsible at SOCI for the day to day PREA related issues, training and compliance is Chuck Smith, PREA Compliance Manager. He reports directly to Warden Erdos as well as Mark Stegemoller, Regional PREA Compliance Administrator should he have any issues, questions or suggestions relating to PREA.

Auditor based compliance based on review of the policies interviews conducted with staff and inmates and on site observations.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.12 (a)

- 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  ☐ No  ☐ NA

115.12 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Kevin Stockdale, Deputy Director for Administration for the Ohio Department of Rehabilitation and Correction (ODRC) is the individual who supervises the employee contract monitor at each of Ohio’s three contract facilities. His interview was conducted by James Currington, certified PREA auditor.

The facility contract monitor oversees all the operational practices, contract practices, and day to day operations of that particular contracted facility. One of their primary responsibilities in monitoring is to make sure that each of the contracted facilities is PREA compliant and following ODRC Policies and Procedures.

The agency has included in all contracts (3) the requirement to adopt and comply with the PREA standards. All renewed contracts are modified to include the same requirement. The contract monitor completes a compliance review checklist for documentation. If anything of immediate risk is identified, the contract monitor takes immediate action to resolve the situation. All other concerns are documented with feedback provided to the vendor.
Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

☒ Yes ☐ No ☐ NA

115.13 (c)

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

Is this policy and practice implemented for night shifts as well as day shifts? ☐ Yes ☐ No

Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Southern Ohio Correctional Institution is mandated by policy 23-BUD-01 (Staffing Requirements) and 79-ISA-01 (Prison Rape Elimination) to develop and maintain an institutional specific staffing plan to protect inmates against sexual misconduct. This plan must take into consideration generally accepted detention and correctional practices, any judicial findings of inadequacy, any findings of inadequacy from Federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated), the composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, any applicable State or local laws, regulations, or standards, the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and any other relevant factors.

Staffing reviews conducted in 2015, 2016 and 2017 were looked over by the audit chair prior to the site visit and discussed with Warden Noble and the PREA Compliance Manager during their specific interviews while on site. Warden Erdos indicated that he is required to follow the SOCI staffing plan and must fill all authorized positions. Deviations from this approved facility-staffing plan must be immediately reported to him and documented.

The auditor found compliance to this plan based on policy review, annual reviews and documentation of the reviews being forwarded to the regional office.

Policy (50-PAM-02 Inmate Communication/Weekly Rounds), is the policy requiring the practice of having intermediate-level and higher-level supervisors conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

The auditor based compliance through review of unit logbook entries showing executive team and security supervisor rounds on each tour, facility staff and inmate interviews, along with observations during the site visit.

**Standard 115.14: Youthful inmates**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)
- 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].) □ Yes □ No ☒ NA

115.14 (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].) □ Yes □ No ☒ 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].) □ Yes □ No ☒ NA

115.14 (c)

- 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].) □ Yes □ No ☒ 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].) □ Yes □ No ☒ 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].) □ Yes □ No ☒ NA

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

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

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*
A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. In areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.

Agencies shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.

Southern Ohio Correctional Institution complies with the standard to the extent that there are no youthful inmates ever housed at the facility. This is an adult male facility.

**Standard 115.15: Limits to cross-gender viewing and searches**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

<table>
<thead>
<tr>
<th>Standard 115.15</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>115.15 (a)</strong></td>
<td>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?</td>
</tr>
<tr>
<td></td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 115.15</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>115.15 (b)</strong></td>
<td>Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.)</td>
</tr>
<tr>
<td></td>
<td>☒ Yes ☐ No ☐ NA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 115.15</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>115.15 (c)</strong></td>
<td>Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?</td>
</tr>
<tr>
<td></td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 115.15</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>115.15 (d)</strong></td>
<td>Does the facility document all cross-gender pat-down searches of female inmates?</td>
</tr>
<tr>
<td></td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard 115.15</th>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>115.15 (d)</strong></td>
<td>Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their</td>
</tr>
<tr>
<td></td>
<td>☒ Yes ☐ No</td>
</tr>
</tbody>
</table>
breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes  ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes  ☐ No

**115.15 (e)**

- 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  ☐ No
- 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  ☐ No

**115.15 (f)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 79-ISA-01 outlines the right of 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 cases.
circumstances or when such viewing is incidental to routine cell checks. Policy further requires staff of the opposite gender to announce their presence when entering an area where inmates are likely to be showering, performing bodily functions, or changing clothing. During the random inmate interviews all inmates indicated that females staff rarely announces entrance into the inmate living areas. The Warden immediately issued an order to be read at roll call for a three day period reinforcing the agency and facility policy of cross gender announcements prior to entering the inmate living areas.

Policy 310-SEC-01, Inmate and Physical Plant Searches details when, how and by whom searches may be performed on inmates by staff in a professional manner. It restricts cross gender strip searches or cavity searches of male inmates by female staff except in exigent circumstances. Cross gender searches must be approved and documented if performed. There were no cross gender strip searches conducted by female staff upon any male inmate during the last 36 months at SOCI.

As previously noted the facility has 377 cameras. Inside the secure facility are 350 cameras throughout the common and living areas. These cameras record 30 days of data before writing over that data. Monitoring of these cameras is restricted to the facility Warden his executive staff and the Control Centers. None of the camera placements present privacy issues or concerns.

The auditor based compliance to this standard on supplied policy, training curriculum and records review, interviews with staff and inmates, review of camera locations, monitoring capabilities and sites as well as personal observations while on site.

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

*All Yes/No Questions Must Be Answered by the Auditor to Complete the Report*

**115.16 (a)**

- 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 ☐ 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 are blind or have low vision? ☒ Yes ☐ 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 intellectual disabilities? ☒ Yes ☐ 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? ☒ Yes ☐ 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? ☒ Yes ☐ 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 ☐ No

Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☐ Yes ☐ No

Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

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

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

115.16 (c)

Does the agency always refrain from relying on 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 ☐ No

Auditor Overall Compliance Determination
☐  **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐  **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination) requires the PREA Coordinator to provide inmates with disabilities with disabilities (including inmates who are deaf or hard of hearing, those who are limited English proficient and low level functioning, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) an equal opportunity to participate in and benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The policy also prohibits using inmate interpreters except in exigent circumstances. The Auditor interviewed two inmates who were hearing impaired. They were both able to explain the process for reporting allegations of sexual misconduct and indicated they had received sexual safety information that they were able to understand.

Policy 64-DCM-02 (Inmates with Disabilities) requires, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The Auditor observed throughout the facility written materials, posters, pamphlets all in multiple languages advising inmates of their rights to be free from sexual abuse, sexual harassment & retaliation and how to report such.

Compliance to this standard was based on reviews of policies. Review of information provided and signed for by the inmates, PREA informational posting throughout the facility in Spanish and English, a MOU with VOCLINK INC to provide interpretive assistance (sign language, language expertise in written materials, phone help, and on site help) if needed and interviews with staff and inmates.

**Standard 115.17: Hiring and promotion decisions**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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  ☐ No

- 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 ☐ No

- 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 question immediately above? ☒ Yes ☐ No

- 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 ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No

- 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 ☐ No

115.17 (d)

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

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

**115.17 (f)**

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

**115.17 (g)**

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

**115.17 (h)**

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*
Policy 34-PRO-07 requires that prior to hiring any new employees, contractor or volunteer, who may have contact with inmates, perform a criminal background records check. It further requires before hiring 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. it also details the prohibition on hiring or promoting anyone or enlisting the services of any contractor: (1) that engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile facility, or other institution; (2) anyone 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.

Policy 79-ISA-01 requires a conduct criminal background records check 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 employee. These are conducted by the facility Investigator.

Standards of Employee Conduct (31-SEM-02) mandates employees disclose to the facility any sexual misconduct allegation made against them under PREA, amongst other reportable misconduct

There were one fifty five (55) new employees hired at SOCI during the last twelve months. There were also an additional twelve (12) contractors added to their workforce at during the previous 12 months. Criminal background checks were performed on each of them prior to them beginning their employment or entrance.

Compliance to this standard is bases on policy review, interviews with specialized staff as well as a sampling of employee, contractor and volunteer files showing checks being completed prior to start dates.

**Standard 115.18: Upgrades to facilities and technologies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect 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.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>✒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect 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.)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

There has been no substantial expansion at Southern Ohio Correctional Institution during the last three years. Currently there are three hundred seventy seven (377) cameras at the facility. There are 350 within the secure perimeter with the remaining twenty-two (22) situated around the perimeter and at the entrance and gate areas.

During year 2017 there were six additional cameras added to the facility outside of the inmate living areas. These cameras are included in the total count (377). Warden Erdos indicated in his interview that anytime a decision is made to add or move cameras at SOCI the PREA Compliance Manager has been and would continue to be included in the placement decisions taking into account blind spots, staffing, and significant incidents in the area.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.)</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>115.21 (c)</td>
<td>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?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>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)?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Has the agency documented its efforts to provide SAFEs or SANEs?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>115.21 (d)</td>
<td>Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>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?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>Has the agency documented its efforts to secure services from rape crisis centers?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>115.21 (e)</td>
<td>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?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?</td>
<td>☒</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
| 115.21 (f) | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through
(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 79-ISA-02 and the Memorandum of Understanding between ODRC and the Ohio State Patrol (three years starting March 2016) stipulate that each and every investigation must adhere to the investigative and evidence protocols 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. Compliance to this was based on Investigator interviews, training curriculum review, and Training Completion certificates.

Medical Protocol B-11 requires all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility where evidentiary or medically appropriate. The facility utilizes Ohio State University Hospital in Columbus Ohio for forensic exams. There was one inmate sent out for a forensic exam during the last 12 months.

68-Med-15 requires victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost.

The Sexual Assault Response Network of Central Ohio (SARNCO) is the local community agency that provides support services to inmate victims of sexual assault incarcerated at SOCI. The auditor had the opportunity to
speak with the Agency Director Heather Heron Murphy during the site visit. She confirmed emotional support services, crisis intervention services and phone services her agency provides to inmates based on an MOU until December 2019.

SOCI also has trained Victim Support staff who provide support to victims of sexual abuse when needed. The auditor interviewed one of the 12 plus trained staff advocates and verified the training each of them receives. The auditor was informed that this one time training included among other things the forensic exam process. The auditor was also told that this staff advocate would accompany and support the victim through the forensic medical examination process and investigatory interviews, providing emotional support, crisis intervention, information, and referrals if necessary.

Compliance to this standard was based on policy review, interviews with specialized staff, outside advocate, and training records review.

**Standard 115.22: Policies to ensure referrals of allegations for investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.22 (a)**

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

**115.22 (b)**

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

**115.22 (c)**

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

**115.22 (d)**

- Auditor is not required to audit this provision.
115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation and Ohio State Patrol policy OSP-103.07 requires all facilities within ODRC conduct an investigation (administrative and/or criminal) on every allegation of sexual abuse or sexual harassment alleged to have occurred,

Ohio statute AR 5120-9-24 (incident Reporting and Investigation) gives the Ohio State Patrol the legal authority to conduct criminal investigations within all ODRC facilities including private facilities.

Southern Ohio Correctional Institution reported (21) cases of sexual abuse or harassment during the auditing period. The auditor determined compliance through review of policy and procedures, review of the agency website for investigative policy, case file review and the interviews conducted with the State Trooper and facility Investigator.

ODRC publishes their investigative policy on its website *(http://drc.ohio.gov/policies/investigations)*. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No


- 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  ☐ No

- 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  ☐ No

- 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  ☐ No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes  ☐ No

- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes  ☐ No

- 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  ☐ No

- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes  ☐ No

- 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  ☐ No

- 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  ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes  ☐ No

- 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  ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes  ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes  ☐ No
In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes  ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination) policy requires staff receive pre-service and annual in-service on: (1) The Agency wide zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) An inmate’s right to be free from sexual abuse and sexual harassment; (4) Staff and inmate’s right to be free from retaliation for reporting sexual abuse and sexual harassment; (5) recognizing the dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. The auditor reviewed SOCI Institution staff training records for 2015, 2016 and 2017. Except for those staff members out on long-term absence or on military leave everyone working during those years were provided the mandated PREA training.

39-TRN-10 (Employee Orientation Training) requires all new hires receive 40 hours or training to include Prison Rape Elimination Act training

The auditor determined compliance based on staff interviews, policy review, PREA training curriculum, and a sampling of staff training records.

The random staff interviews that were conducted with uniform and non-uniform staff confirmed that the training they received included the topics described in the paragraph above and each staff member described the procedures they would follow if an inmate approached them with an allegation of sexual assault. All indicated that
their first response would be separating the alleged victim and abuser, secure the area the alleged abuse took place if possible, contact their supervisor and preserve evidence from destruction. The non-security first responders interviewed indicated that they would immediately secure the alleged victim and then immediately contact a security staff person in the area to take control of the inmate and the situation.

**Standard 115.32: Volunteer and contractor training**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 ☐ No

115.32 (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 ☐ No

115.32 (c)

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

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

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

☐ Does Not Meet Standard (*Requires Corrective Action*)

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

79-ISA-01 requires volunteers/contractors who have contact with inmates be notified of ODRC’s zero-tolerance regarding sexual misconduct and how to report such incidents. All volunteers and contractors shall also be
trained on their responsibilities regarding sexual misconduct prevention, detection, and response. It further requires all contractors and volunteers receive the zero tolerance training prior to being allowed entrance into the facility. The contractors and volunteers must acknowledge, by signature, that they received and understood this training. Any volunteers or contractors who were working at the facility prior to 2013 were required to attend PREA training during the 2013 training year. An exam on the PREA subject matter is given to each volunteer and contractor at the conclusion of the training. If he/she does not receive a passing grade they must retake the training. This is also required of all employees as well.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? ☒ Yes  ☐ No
- 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  ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes  ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☐ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☐ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination) requires oral and written information (inmate handbook) shall be given to all inmates explaining ODRC’s zero tolerance policy regarding sexual misconduct and shall include: Prevention; Self-protection; Reporting; and Treatment and counseling. Within seven (7) calendar days of arrival all inmates shall be provided comprehensive education through the viewing of the PREA education video. The PREA education video shall inform the inmates 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 policies and procedures for responding to such incidents. The inmate’s participation in the orientation and education sessions
listed in the above sections of this policy shall be documented on the Inmate Orientation Acknowledgement Checklists (DRC4141).

Policy ISA-79-01 also requires inmates arriving at SOCI who are limited English proficient, deaf, visually impaired, as well as those inmates who have limited reading skills must be provided PREA information in a format that makes them aware of their rights to be free from sexual abuse and sexual harassment, their rights not to be punished for reporting it and their rights to be free from retaliation for reporting it. In every area of the SOCI that inmates have access to auditors observed informational PREA posters in English and Spanish providing this same reporting information.

Compliance was confirmed based on policy review, interviews with inmates, interviews with limited hearing inmates and a sampling of random signed inmate training acknowledgement forms.

**Standard 115.34: Specialized training: Investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)
- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]

  ☒ Yes  ☐ No  ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-019 Prison Rape Elimination requires 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 on the PREA Training Session Report (DRC1680). The training may be received through the National Institution of Corrections (NIC). Completion of the training shall be documented with a certificate of completion.

Compliance was based on policy review interviews conducted with the facility and State Police Investigators review of the National Institute of Corrections Training (PREA: Investigating Sexual Abuse in Confinement Settings and course completion certificates.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

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

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

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

### 115.35 (b)

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

### 115.35 (c)

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

### 115.35 (d)

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

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

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination), indicates all full and part-time medical and mental health staff and contractors shall receive specialized training to include, but not be limited to: How to detect and assess signs of sexual misconduct; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual misconduct; and How and to whom to report allegations or suspicions of sexual misconduct. This is in addition to the required employee PREA training.

Compliance was determined based on policy review, documentation that medical and mental health practitioners received the training and interviews conducted with medical and mental health practitioners. Forensic exams are not conducted at SOCI.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

**Standard 115.41: Screening for risk of victimization and abusiveness**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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  ☐ No
- 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  ☐ No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

- 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 ☐ No

115.41 (e)

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

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

☒ Yes ☐ No

115.41 (f)

Within a set time period not more than 30 days from the 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 ☐ No

115.41 (g)

Does the facility reassess an inmate’s risk level when warranted due to a: Referral?

☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Request?

☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Incident of sexual abuse?

☒ Yes ☐ No

Does the facility reassess an inmate’s risk level when warranted due to a: Receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness?

☑ Yes ☐ No

115.41 (h)

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 ☐ No

115.41 (i)

Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates?

☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies) outlines how all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The risk screening shall ordinarily take place within 72 hours of arrival at the facility using an objective-screening instrument. It is conducted by a nurse asking the inmate: (1) if he has a mental, physical, or developmental disability; (2) his age; (3) whether the inmate has previously been incarcerated; (4) whether the inmate’s criminal history is exclusively nonviolent; (5) whether the inmate has prior convictions for sex offenses against an adult or child; (6) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (7) whether the inmate has previously experienced sexual victimization; (8) for his own perception of his vulnerability; (9) and conducts an assessment of the physical build of the inmate. The Nurse also assesses if the inmate is perceived to be gender nonconforming. Any inmate who may be at risk based on this screening has a Medical and/or Mental Health referral immediately completed and forwarded on his behalf. This is a computerized screening for sexual abusiveness and sexual victimization and is performed on arrival but no longer than 72 hours from the date the inmate arrives according to agency policy. Inmates are not disciplined for not answering or responding to any questions.

Upon completing this part of the assessment the inmates’ information is placed into a queue on the computer for the Case Managers part in the process. It is important to note that the entire risk assessment is electronic with notifications popping up to the next staff person in the process so no inmates get lost. This electronic system allows each facility to easily share information throughout the agency if needed. This information is shared only with individuals with a need to know and is password protected.

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

If a PREA Classification is recommended, the UMC in conjunction with the Unit Team determines the final classification and develops the PREA Accommodation Strategy (PAS). This PAS team addresses housing, programs, work and education with the goal of keeping the inmates safe. All transgender and intersex inmates are automatically referred to the PREA Accommodation Strategy Team (PAST). This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health staff. The teams meet with the inmate to discuss his views and develop a PREA Accommodation Strategy.

Whenever an inmate alleges sexual abuse the case manager completes a new risk assessment utilizing the same risk form the nurse completed on a new arrival and the inmate assessment is again reviewed by the Unit Manager and Unit Chief with the inmate receiving a temporary classification either as a “potential victim” or “potential abuser” depending on his role in the allegation. Upon the investigation being completed another complete assessment is done regardless if the allegation is unfounded, substantiated and unsubstantiated.

Compliance was based on policy review interviews with specialized staff, interviews with inmates and random inmate folder reviews showing arrival dates and assessments completed.

**Standard 115.42: Use of screening information**
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No
- 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 ☐ No

115.42 (b)

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

115.42 (c)

- 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 ☐ No
- 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 ☐ No

115.42 (d)
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 ☐ No

115.42 (e)

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 ☐ No

115.42 (f)

Are transgender and intersex inmates given the opportunity to shower separately from other inmates?
☒ Yes ☐ No

115.42 (g)

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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?
☒ Yes ☐ No

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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?
☒ Yes ☐ No

Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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?
☒ Yes ☐ No

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies) outlines the agency’s use from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. If the inmate screening assesses an inmate and suspects a risk of sexual victimization or risk of being sexually abusive an immediate referral will be made to the PREA Accommodation Strategy (PAS) Team to determine their housing, bed, work, education, and program assignments. The housing and program assignments are made on a case-by-case basis. Through inmate and staff interviews by the audit team, it was determined that the facility addresses the needs of the inmates consistent with the security and safety of the individual inmate.

79-ISA-05 (Lesbian, Gay, Bi-Sexual, Transgender, Intersex Policy) when deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, the agency considers on a case-by-case basis whether the placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems.

Compliance was based on policy review, interviews with intake staff, interviews with risk assessment staff and interviews with targeted inmates. There are no dedicated housing units at SOCI.

### Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.43 (a)

- 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 ☐ No

- 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 ☐ No

#### 115.43 (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 ☐ No

- 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 ☐ No

- 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 ☐ No
- 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  ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes  ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes  ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes  ☐ No

115.43 (c)  
- Does the facility assign 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  ☐ No

- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes  ☐ No

115.43 (d)  
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety? ☒ Yes  ☐ No

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

115.43 (e)  
- In the case of each 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  ☐ No

Auditor Overall Compliance Determination

☐  Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐  Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) prohibits the placing of inmates at high risk for victimization in involuntary Restrictive Housing (RH) or Limited Privilege Housing (LPH) unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse (DRC1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than twenty-four (24) hours while completing the assessment. Inmates who are placed in restricted housing because they are at high risk of sexual victimization have access to programs, work education and privileges to the extent possible or it is documented why it was withheld. Restricted housing has not been utilized for this purpose for the last 36 months.

### REPORTING

**Standard 115.51: Inmate reporting**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.51 (a)**

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No

- 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 ☐ No

- 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 ☐ No

**115.51 (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 ☐ No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

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

115.51 (c)

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

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

115.51 (d)

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

Auditor Overall Compliance Determination

☐  Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐  Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) outlines how the agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Posters throughout the facility informing inmates that sexual abuse allegations and harassment can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties such as family members or friends for themselves or someone else. This is in addition to the information each one of them receives on admission to the facility, during their risk assessment. Compliance established based on review of policy and interviews with staff and inmate.

52-RCP-10 (Appendix A) of the inmate rulebook outlines the procedures to for inmates of at least one way for them to report sexual abuse or harassment to a public/private entity or office that is not part of the agency and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Compliance established based on review of policy and interviews with staff and inmate.
The inmate receives his orientation booklet and PREA pamphlet on arrival. He also views the PREA informational video upon arrival. Both sources of informational inform every inmate that allegations can be made verbally to staff, in written reports, through anonymous (unsigned) reports and reports from third parties such as family members or friends. These same informational poster areas available at the entrance of the Unit (where inmate visitors are processed) and inside the visiting area informing family and/or friends how they can report sexual abuse/sexual harassment on behalf of the inmate if necessary.

The Franklin County Detention Facility is an independent office, separate from the Ohio Department of Rehabilitation and Correction, reporting directly back to the Chief Inspector for ODRC. This is the private/public office inmates at Madison may report sexual abuse and sexual harassment privately. The Franklin County Detention Facility receives and immediately forwards any inmate reports of sexual abuse and sexual harassment to agency Chief Inspector, allowing the inmate to remain anonymous upon request. The chair was provided documentation of reports originating from this Facility to the ODRC Chief Inspector. The auditor performed a test by calling this number. The facility received notification through the Chief Inspector Office of the test call. The auditor also received and reviewed a provided print out showing third party calls received by SOCI and hotline calls coming from SOCI including followup.

**Standard 115.52: Exhaustion of administrative remedies**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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 ☐ No ☒ NA

115.52 (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.) ☐ Yes ☐ No ☒ 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.) ☐ Yes ☐ No ☒ NA

115.52 (c)

- 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.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA
115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ NA

115.52 (e)

- 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ NA

115.52 (f)

- 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.) ☐ Yes  ☐ No  ☒ 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.) ☐ Yes  ☐ No  ☒ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☐ NA

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

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

### 115.52 (g)

- If the agency disciplines an 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.) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Southern Ohio Correctional Institution does have administrative procedures through the inmate grievance process regarding sexual abuse and sexual harassment complaints. Inmates are notified in the inmate handbook that inmate grievances filed regarding a complaint of sexual abuse or sexual harassment shall be immediately reported to the Investigator for proper handling in accordance with ODRC Policy 79-ISA-02. There is no time limit on when an inmate may report sexual misconduct. A sexual abuse or sexual harassment complaint may be submitted at any time. The auditor interviewed the Grievance Inspector who indicated that the office can receive a sexual abuse complaint but it is handled in the same manner as employee receives an allegation. It is immediately reported to the Investigator and processed by that office.
Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.53 (a)

- 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  ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes  ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes  ☐ No

### 115.53 (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  ☐ No

### 115.53 (c)

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination) details the agency shall 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 hot line numbers where available of local, State, or national victim advocacy or rape crisis organizations, and by enabling reasonable communication between inmates and these organizations, in as confidential a manner as possible. Compliance was based on interviews with inmates, posters with contact information on each of the housing units and policy review.

Memorandum of Understanding (dated January 2017 through December 2019) with Sexual Assault Response Network of Central Ohio (SARNCO) to provide support for inmate victims of sexual abuse. (SARNCO) provides emotional support services, crisis intervention services and phone services as needed. Posters in each of the Housing Units provides contact information (phone and address) for this advocacy group. Compliance based on review of MOU, interviews with inmates and the interview with the Director of SARNCO

### Standard 115.54: Third-party reporting

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

#### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The ODRC web page http://www.drc.ohio.gov/prea has a PREA section allowing anyone to make a sexual abuse allegation on behalf of any inmate. Family and Friends Posters are located at the entrance of SOCI and also in the inmate visiting rooms. These posters informs families and friends of phone numbers, mailing addresses and emails addresses where they can report allegations of sexual abuse and/or sexual harassment on behalf of any inmate. The auditor requested additional posters be placed in the restricted housing visit area, which they were. Compliance determined based on posters observed during the site visit and interviews conducted with random inmates.

### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

#### Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

<table>
<thead>
<tr>
<th>115.61 (a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ 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 ☐ No</td>
</tr>
<tr>
<td>▪ Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.61 (b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>115.61 (c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ 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 ☐ No</td>
</tr>
</tbody>
</table>

| 115.61 (d) |
If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 79-ISA-01, Prison Rape Elimination, mandates every staff member, volunteer and contractor to immediately report any knowledge, suspicion, or information regarding any incident of sexual abuse or sexual harassment that occurred at Madison or alleged to have occurred on another unit that they become aware of. Compliance determined based on policy review and interviews with staff.

Policy 79-ISA-01, Prison Rape Elimination requires staff to report any retaliation they become aware of against inmates or staff who reported an incident and any staff neglect or violation of duties that may have contributed to any incident or retaliation. This policy emphasis was found in the training curriculum that is provided in the pre-service and in-service training each of them receives. Compliance based on interviews with staff and policy review.

Policy 79-ISA-01, Prison Rape Elimination requires that any and all information they come upon is not to be reported or repeated to anyone except for reporting to a designated supervisors or official. Compliance based on policy review and staff interviews.

Policy 79-ISA-01, Prison Rape Elimination outlines unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. Compliance based on policy review and interviews conducted with medical/mental health practitioners.

Standard 115.62: Agency protection duties
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)
  ▪ 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  ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) outlines the actions to be taken when the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse. Requiring taking immediate action to protect the inmate. Compliance based on policy review interviews with the warden and random staff. All indicated the safety of the inmate at risk would be their priority concern.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)
  ▪ 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  ☐ No

115.63 (b)
  ▪ Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?  ☐ Yes  ☐ No

115.63 (c)
Does the agency document that it has provided such notification? ☐ Yes ☐ No

115.63 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

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

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy 79-ISA- 01 (Prison Rape Elimination) outlines the ODRC approach for receiving an allegation that an inmate was sexually abused while confined at another facility and such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. In the past (12) months SOCI had one report that an inmate was abused while confined at another facility and 5 allegations reported at other facilities allegedly occurring at SOCI. Compliance through review of policy and procedures and documentation of these allegation notifications

**Standard 115.64: Staff first responder duties**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

☐ 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 ☐ No

☒ 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 ☐ No

☐ 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 ☐ No

- 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 ☐ No

**115.64 (b)**

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

**Auditor Overall Compliance Determination**

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

**Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Policy 79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) outlines upon learning of an allegation that an inmate was sexually abused staff would separate the alleged victim and abuser, preserve and protect any crime scene, insure that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, drinking, or eating. Depending on the circumstances, the same actions would be taken with the alleged abuser. Compliance based on interviews with staff, review of policy and review of investigative files.

Policy 79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) outlines if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff. Compliance based on policy reviews, case file reviews where the first responder was non security and interviews with non security staff.
**Standard 115.65: Coordinated response**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

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

**Auditor Overall Compliance Determination**

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

03A-24 (Institution Sexual Abuse Coordinated Response Plan) outlines the facility written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Compliance based on review of the policy and interviews with the Warden and members of the Response Team.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

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

115.66 (b)
Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Ohio Department of Rehabilitation and Correction has entered into a new or renewed Collective Bargaining Agreements since August 20, 2012. Their current agreement allows the Agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation.

**Standard 115.67: Agency protection against retaliation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.67 (a)**

- 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 ☐ No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

**115.67 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for 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 ☐ No

**115.67 (c)**
Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes □ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 □ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes □ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes □ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes □ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? □ Yes □ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes □ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes □ No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes □ No

115.67 (d)

In the case of inmates, does such monitoring also include periodic status checks? ☒ Yes □ No

115.67 (e)

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

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies) outlines how the agency shall establish 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 and shall designate which staff members or departments are charged with monitoring retaliation. Compliance based on policy review interviews with inmates having been monitored and interviews with staff charged with monitoring retaliation.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies) outlines the agency shall 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. Compliance based on policy review interviews with inmates having been monitored and interviews with staff charged with monitoring retaliation.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies) outlines the agency for at least 90 days following a report of sexual abuse shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if a continuing need. Compliance based on policy review interviews with inmates having been monitored and interviews with staff charged with monitoring retaliation.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)
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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) outlines the agency’s use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43. SOCI has not used restricted housing to protect an inmate alleging sexual assault in the last 36 months. Compliance based on policy review interviews with the Warden, Restricted Housing Supervisor and an inmate that alleged sexual assault.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

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

**115.71 (c)**

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

**115.71 (d)**

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

**115.71 (e)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff? ☒ Yes ☐ No
- 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 ☐ No

**115.71 (f)**

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

**115.71 (g)**

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

**115.71 (h)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No
115.71 (i) 
- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

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

115.71 (k) 
- Auditor is not required to audit this provision.

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

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation): MOU with Ohio State Patrol outline when the agency conducts 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. Compliance based on policy review, Investigator interviews and case file reviews.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation): MOU with Ohio State Patrol requires where sexual abuse is alleged, the agency shall use investigators who have
received special training in sexual abuse investigations, Compliance based on policy review, review of investigative case files; review of Investigator training records and investigator interviews.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation): MOU with Ohio State Patrol details how the agency 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 the suspect. Compliance based on policy review, Investigator interviews and case file reviews.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation): MOU with Ohio State Patrol; cases involve gathering and preserving direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data, interviews with alleged victims, suspected perpetrators, and witnesses, and also includes reviewing any prior complaints and reports of sexual abuse involving the suspected perpetrator. The departure of the alleged abuser or victim from the employment or control of the facility does not provide a basis for terminating any investigation. Compliance based on policy review, Investigator interviews and case file reviews.

The auditor looked over the investigative case files for for 2016, 2017 and 2018 while on site. There were twenty-one (21) PREA investigations initiated at the Southern Ohio Correctional Institution during the last twelve months. Sixteen (16) of these cases alleged sexual abuse and five (5) alleged sexual harassment. The sixteen (16) sexual abuse allegations comprised nine (9) involving staff, five (5) allegations involving other inmates and two (2) involving unknown individuals. The nine cases involving staff six (6) were unfounded and three (3) were unsubstantiated. The two cases alleged against unknown individuals were both unsubstantiated. The 5 sexual harassment allegations involving other inmates were all unsubstantiated. One case of sexual assault resulted in the inmate being sent out for a forensic exam.

ODRC publishes their investigative policy on its website (http://drc.ohio.gov/policies/investigations). The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink

**Standard 115.72: Evidentiary standard for administrative investigations**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (*Substantially exceeds requirement of standards*)

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

☐ Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation): MOU with Ohio State Patrol details that the facility/agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Compliance based on policy review, case records reviews, and interviews with Investigators.

### Standard 115.73: Reporting to Inmates

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.73 (a)
- 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 ☐ No

115.73 (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 ☐ No ☐ NA

115.73 (c)
- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever:
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an 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 ☐ No

- 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 ☐ No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation): MOU with Ohio State Patrol requires following an investigation into an inmate’s allegation of sexual abuse suffered in an agency facility, the agency shall inform the inmates as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Compliance based on policy review, interview with Investigators, interviews with inmates who made allegations and case file reviews.

79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation): MOU with Ohio State Patrol requires the agency, following an inmate’s allegation that a staff member has committed
sexual abuse against the inmate to inform the inmates (unless the agency has determined that the allegation is unfounded) whenever: the staff member is no longer posted within the inmates unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. During the last 36 months no staff member has been indicted on charges related to sexual abuse.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) details how the agency obligation to report under this standard shall terminate if the inmate is released from the agency's custody. Compliance based on review of policy and Warden interview.

---

**DISCIPLINE**

**Standard 115.76: Disciplinary sanctions for staff**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.76 (a)**

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

**115.76 (b)**

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

**115.76 (c)**

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

**115.76 (d)**

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination), 31-SEM-02 (Standards of Employee Conduct), 31-SEM-07 (Unauthorized Relationships); details how agency staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Compliance based on policy review and Warden interview.

79-ISA-01 (Prison Rape Elimination), 31-SEM-02 (Standards of Employee Conduct), 31-SEM-07 (Unauthorized Relationships); details the agency's approach for disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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. Compliance based on policy review and Warden interview. No employee incidents reported during the last 12 months.

79-ISA-01 (Prison Rape Elimination), 31-SEM-02 (Standards of Employee Conduct), 31-SEM-07 (Unauthorized Relationships); details how ODRC will ensure all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not or their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Compliance based on policy review and Warden interview. No employee incidents reported during the last 12 months.

**Standard 115.77: Corrective action for contractors and volunteers**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.77 (a)**

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination), 71-SOC-01 (Recruitment, Training, & Supervision of Volunteers), Standards of Conduct for Volunteers Contractors and Interns, signed contractor/volunteer training documents; details any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Compliance based on policy review, review of training records and interviews with contractors and volunteers. No discipline at SOCI for any contractor or volunteer.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 ☐ No

115.78 (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 ☐ No

115.78 (c)
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 ☐ No

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), 5120-9-06 (Inmate Rules of Conduct), 5120-9-08 (Disciplinary Procedures for Violations of inmate Rules of Conduct before the Rules Infraction Board), 56-DSC-01 (Conduct Report and Hearing Officer Procedures) details inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Compliance based on policy reviews and interview with the Warden. No inmate discipline cases over the last 12 months.

79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), 5120-9-06 (Inmate Rules of Conduct), 5120-9-08 (Disciplinary Procedures for Violations of inmate Rules of Conduct before the Rules Infraction Board), 56-DSC-01 (Conduct Report and Hearing Officer Procedures) details sanctions shall be 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. Compliance based on policy reviews and interview with the Warden.

79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), 5120-9-06 (Inmate Rules of Conduct), 5120-9-08 (Disciplinary Procedures for Violations of inmate Rules of Conduct before the Rules Infraction Board) details that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. Compliance based on policy reviews and interview with the Warden.

79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) details for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. Compliance based on policy review and Warden interview. No inmate discipline cases over the last 12 months.

MEDICAL AND MENTAL CARE

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)
- 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 ☐ No ☐ NA

115.81 (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 ☐ No ☐ NA
115.81 (c)

- 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? ☒ Yes ☐ No

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation); details that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Compliance based on policy review, interviews with medical practitioners, interviews with inmates alleging victimization and file record reviews.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation); details if the risk screening pursuant indicates
that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Compliance based on policy review, interviews with medical practitioners, and file record reviews.

79-ISA-04 (PREA Risk Assessments and Accommodation Strategies), 79-ISA- 02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation); details that information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Compliance based on policy review and interviews with specialized staff.

**Standard 115.82: Access to emergency medical and mental health services**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.82 (a)**

- 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  ☐ No

**115.82 (b)**

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

**115.82 (c)**

- Are 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  ☐ No

**115.82 (d)**

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

**Auditor Overall Compliance Determination**

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

67-MNH-09 (Suicide Prevention), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) details that inmate victims of sexual abuse shall 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. Compliance based on policy review, medical records review, interviews with medical and mental health practitioners and interview with inmate alleging sexual abuse.

67-MNH-09 (Suicide Prevention), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) details how the agency will, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners. Compliance based on policy review, interviews with medical and mental health practitioners and interviews uniform first responders.

67-MNH-09 (Suicide Prevention), 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) details inmate victims of sexual abuse while incarcerated shall be 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. Compliance based on policy review, medical records review, interviews with medical and mental health practitioners and interview with inmate alleging sexual abuse.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) outlines treatment services shall be 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. Compliance based on policy review and interviews with medical and mental health practitioners.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)
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 ☐ No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

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

115.83 (h)

If the facility is a prison, does it attempt to conduct a mental health evaluation of all known 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 ☐ No ☒ NA

Auditor Overall Compliance Determination
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), 67-MNH-02 (Mental Health Screening and Mental Health Classification), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, 67-MNH-04 (Transfer and Discharge of the Mental Health Caseload), 67-MNH-15 (Mental Health Treatment) details the facility shall 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. Compliance based on policy review, interviews with medical and mental health practitioners, review of medical records and interview with inmate alleging sexual assault.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, 67-MNH-15 (Mental Health Treatment) details the evaluation and treatment of such victims shall 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. Compliance based on policy review and interviews with medical and mental health practitioners.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) details inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. Compliance based on policy review, interviews with medical and mental health practitioners and interview with inmate alleging sexual assault.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) details Treatment services shall be 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. Compliance based on policy review, interviews with medical and mental health practitioners and interview with inmate alleging sexual assault.

79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation), B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) details how the facility shall 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. Compliance based on policy review and interviews with medical and mental health practitioners.
DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No

- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No

- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)
Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-03 (Sexual Abuse Review Team) details how the facility shall 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. Compliance based on review of policy and interview with members of the facility review team.

79-ISA-03 (Sexual Abuse Review Team) details such reviews shall ordinarily occur within 30 days of the conclusion of the investigation. Compliance based on review of policy, interview with the Warden and interview with members of the facility review team.

79-ISA-03 (Sexual Abuse Review Team) details how the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. Compliance based on review of policy, interview with the Warden and interview with members of the facility review team.

79-ISA-03 (Sexual Abuse Review Team) details how the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider 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; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and prepare a report of its findings, and any recommendations for improvement, and submit such report to the facility head and PREA compliance manager. Compliance based on review of policy, interview with the Warden, interview with the PREA Compliance Manager and interview with members of the facility review team.

Standard 115.87: Data collection
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative
The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

79-ISA-01 (Prison Rape Elimination) requires uniform data be collected for every incident of sexual abuse alleged to have occurring at all ODRC facilities including private facilities. Data from this facility is sent to the regional office for review prior to it being sent to Columbus where it is aggregated annually from all of the agency facilities. The incident-based data includes information needed to complete the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department Of Justice. All available incident-based documents, including reports, investigation files, and sexual abuse incident reviews shall be maintained, reviewed, and collected as needed to complete the SSV2.

ODRC and the PREA Coordinator aggregate this incident based sexual abuse data annually. The 2016 ODRC/01PREA Annual Report is available for review on the agency’s website.

**Standard 115.88: Data review for corrective action**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes No
- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

**Instructions for Overall Compliance Determination Narrative**

_The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility._

79-ISA-01 (Prison Rape Elimination) details the review of 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. Compliance based on interview conducted with PREA Compliance Manager, Warden and PREA Coordinator.

### Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.89 (a)

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

#### 115.89 (b)

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

#### 115.89 (c)
Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Prison Rape Elimination 79-ISA-01 requires ODRC maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews, including incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The Agency is required to retain all records for 10 years after the inmate has reached his final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever. This aggregate data is available to the public through the agency’s website.

The 2017 Safe Prisons/PREA Annual Report is available on the website (http://www.drc.ohio.gov/prea) for review. Before publishing the annual report, all personal identifiers are removed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

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:
115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☒ Yes ☐ 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 ☐ No ☐ NA

- 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 ☐ No ☒ NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

- 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 ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Starting August 20, 2013, and during each three-year period thereafter, ODRC ensured each of their facilities operated by the agency and private organizations, was audited at least once. The entire agency was PREA compliant within the first cycle.

**Standard 115.403: Audit contents and findings**

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

☐ Does Not Meet Standard *(Requires Corrective Action)*

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.
The Agency places completed audit reports on the Agency web site as required by the standard. It has provided these documents since 2014 and continues to post them within 2 weeks of the documents being provided to them by the auditor. http://www.drc.ohio.gov/prea
AUDITOR CERTIFICATION

I certify that:

The contents of this report are accurate to the best of my knowledge.

No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.\(^1\) Auditors are not permitted to submit audit reports that have been scanned.\(^2\) See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Auditor Signature: ________________________________ Date: ____________________

1 See additional instructions here: https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110.