

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

Interim Final

Date of Report May 14, 2019

Auditor Information

Name: Thomas Eisenschmidt	Email: tome8689@me.com
Company Name: <small>Click or tap here to enter text.</small>	
Mailing Address: 26 Waterford Lane	City, State, Zip: Auburn, New York 13021
Telephone: 315-730-7980	Date of Facility Visit: April 17-19, 2019

Agency Information

Name of Agency: Ohio Department of Rehabilitation and Correction		Governing Authority or Parent Agency (If Applicable): State of Ohio	
Physical Address: 4545 Fisher Road		City, State, Zip: Columbus, OH 43228	
Mailing Address: Same		City, State, Zip: <small>Click or tap here to enter text.</small>	
Telephone: 1-614-752-1159		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: Reduce recidivism among those we touch.

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

Agency Chief Executive Officer

Name: Annette Chambers-Smith	Title: Director
Email: Annette.Chambers-Smith.odrc.state.oh.us	Telephone: 1-614-752-1708

Agency-Wide PREA Coordinator

Name: Mark Stegemoller	Title: PREA Coordinator
Email: Mark.Stegemoller.odrc.state.oh.us	Telephone: 1-614-752-1708

PREA Coordinator Reports to: Amanda Moon, Chief, Bureau of Operational Compliance	Number of Compliance Managers who report to the PREA Coordinator 25
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Facility Information

Name of Facility: Trumbull Correctional Institution

Physical Address: 5701 Burnett Road, Leavittsburg, OH 44430

Mailing Address (if different than above): Same

Telephone Number: 330-898-0820

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison
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Facility Mission: The mission of the Trumbull Correctional Institution is to protect Ohio Citizens by effective supervision of adult male offenders in environments that are safe, humane and appropriately secure in a fiscally responsible manner. In partnership with communities, the institution will encourage citizens and staff participation through programming and victim reparation. Through the philosophy of re-entry by way of education, programming and community service, the institution will seek to instill in offenders an improved sense of responsibility and the opportunity to become law-abiding members of society.

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

Warden/Superintendent

Name: Brandeshawn Harris	Title: Warden
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Email: Brandeshawn.Harris@odrc.state.oh.us	Telephone: 330-898-0820 X86434
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Facility PREA Compliance Manager

Name: Chris Hurst	Title: Operational Compliance Manager
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Email: Chris.Hurst@odrc.state.oh.us	Telephone: 330-898-0820 X86451
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Facility Health Service Administrator

Name: Tracy England	Title: Healthcare Administrator
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Email: Tracy.England@odrc.state.oh.us	Telephone: 330-898-0820 X86509
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Facility Characteristics

Designated Facility Capacity: 1000		Current Population of Facility: 1381	
Number of inmates admitted to facility during the past 12 months			1124
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1124
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1124
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			130
Age Range of Population:	Youthful Inmates Under 18: 0	Adults: 18-70	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			8.11 years
Facility security level/inmate custody levels:			Level 3, Level1
Number of staff currently employed by the facility who may have contact with inmates:			353
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			117
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			9
Physical Plant			
Number of Buildings: 20		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		496	
Number of Open Bay/Dorm Housing Units:		2	
Number of Segregation Cells (Administrative and DiTCiplinary):		42	
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.):			
Cameras are installed in various locations throughout the interior and exterior of the prison. Retention of video is 14 days. The control room is located between Building 2 East and 2 West and is separated from the prison yard. It has controlled access.			
Medical			
Type of Medical Facility:		Outpatient primary care with overnight observation	
Forensic sexual assault medical exams are conducted at:		St. Joseph's Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			325
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			1 Institutional Investigator

Audit Findings

Audit Narrative

Pre-Audit Activities:

Notice of PREA Audit: The PREA notice for the Trumbull Correctional Institution (TCI) Leavittsburg, Ohio was provided to Thomas Eisenschmidt DOJ certified PREA auditor via email on March 11, 2019 by the agency PREA Coordinator Mark Stegemoller. Notices (Spanish and English) were posted in common areas, the entrance to the facility and inmate living units approximately seven weeks prior to the site visit. These postings were verified by email photograph, date stamp, personal observation by the auditor while on site and interviews with random inmates. The auditor did receive one piece of correspondence from an inmate prior to arrival.

PRE-Audit Questionnaire and Documentation Review:

The auditor received the Pre-Audit Questionnaire (PAQ) and supporting documentation for each of the 43 standards on a thumb drive approximately five weeks prior to the onsite visit. This information was provided by the agency PREA Coordinator by overnight courier. The auditor reviewed the supplied policy and procedures, documents and files during the pre-audit, onsite audit, and post-audit phases as related to each PREA standard. The agency's PAQ and supporting documentation to the auditor was neatly organized and accentuated allowing for ease of auditing each Standard. The auditor communicated with the facility's Operational Compliance Manager (OCM) on all matters relating to the audit via the telephone and email prior to and after the site visit.

Onsite Audit Activities:

An entrance briefing was held at Trumbull on Wednesday April 17, 2019 with the following individuals in attendance: Brandeshawn Harris, OCM Chris Hurst, PREA Coordinator Mark Stegemoller and the Warden's Executive staff.

Introductions were made and the auditor discussed the PREA audit process for the onsite phase of the audit and explained the triangulation methodology he would utilize observing facility practices; review of written policies and procedures; case file review; facility site review observations; staff and inmate interviews, and additional documentation review to confirm practice to the standard requirements. The Auditor explained that a PREA audit process is much more invasive than a typical correctional audit and that the association between facility staff and the auditor should be a collaborative undertaking to ensure Trumbull Correctional Institution achieves full compliance with each of the PREA Standards. He also advised those present that the Department of Justice (DOJ) expects that some corrective action will be necessary and is a normal part of the audit process and should not be viewed adversely. Since

the first PREA audit was held in 2016 the auditor informed those present that requirements including interviews and documentation review would be more extensive due to additional guidance provided by DOJ.

The auditor began a site review of the entire facility. Trumbull Correctional Institution (TCI) is located in Northeastern Ohio, approximately 45 miles south of Lake Erie and 30 miles west of the Pennsylvania state line. The institution was planned and constructed during the period of October 1989 through March 1992 at cost of \$37,746,000.00. The first inmates were received on November 19, 1992. The Trumbull Correctional Camp was added in April 1995 and started accepting inmates in May 1995. The main facility is a campus-style design situated on 167 acres with 16 buildings inside the fence and 6 buildings outside the fence perimeter. The main facility houses male offenders and consists of eight double-celled general population housing units, with 124 beds in each unit, an infirmary with 6 beds, and a Special Management Housing unit with a maximum capacity of 82 inmates. There are 4 inmate Housing Units within the main compound, Buildings 12 through 15. 12 Block (12 West is Limited Privilege Housing), 13 Block, 14 Block (14 East is the Wellness Unit), and 15 Block. Each block is divided into an East and West side. Each side consists of 62 double cells and house 124 inmates. 12 and 13 Blocks comprise A Unit; 14 and 15 Blocks comprise B Unit. Each Unit has approximately 500 inmates and has one Unit Manager, 2 Case Managers, 2 Correctional Counselors (Sergeants) and a secretary assigned. Each Housing Unit has a central core with offices for the Unit Manager and secretary. The Case Managers' and Correctional Counselors' offices are located directly in the housing units. Each block within the main compound has 2 officers assigned on both first and second shifts, and 1 officer on third shift. The permanently assigned officers are part of the unit management team. 12 East has the canine rescue program and is the Community Service Unit.

The remaining buildings inside the main campus include: Medical Unit, Food Service Area, Maintenance, Prison Industry, Recreation, Chapel, Education, Armory/Lock Shop and Administrative Offices. For the main compound, perimeter security fencing consists of 1, external, 12-foot fence along with one internal 14-foot fence equipped with less lethal stun capability. This perimeter fencing is also equipped with razor wire and a perimeter detection system. The institution is situated on nearly a thousand acres of land with just sixty acres inside the secure perimeter.

Building One (B-1). Upon arrival at Trumbull Correctional Institution, all staff, visitors and contractors must enter through the B-1 Front Entry Building. This building houses the visitor check-in station, front entry officer desk, visitor restroom facilities, and employee clothing storage. Also located in this building is our Dress for Success clothing distribution room, which holds clothing for offenders being released back to the community. External offices of the B-1 Entry building include the Armory and Lock Shop, both of which are accessed through a sallyported entrance.

Building Two (B-2). After processing through the front entry building, to the left, is the Control Center that serves as the hub for communication exchange within the institution grounds. The

Control Center contains several video camera monitors, fence alarm systems, key control systems, and radio charging stations. All equipment and keys are distributed from this central point. The Control Center also houses a small, ready armory, containing lethal and less lethal munitions.

The Administration building is located to the right and the left of the Control Center building. The Inmate Visitation Room is located in the front of the Administration building, and to the right. Visitation is held five days per week (Wednesday, Thursday, Friday, Saturday, Sunday). This room is large and open in design, equipped with small tables, individual chairs and a vending area. PREA reporting signage is prominently displayed for family and friends of inmates in this area. There is an elevated officer podium in the visitation room, which aids visibility. Non-contact booths are located across from the officers' podium. The shakedown, processing areas, Security Threat Group Coordinator, shoe shine and staff barber shop are located at the rear of the Visitation room.

The Administration Building lower level also consists of the Human Resources Offices, Compliance Business Office, Administration Deputy Office, Training Office, Union Office, Roll Call, and staff vending area. The Warden's suite is located on the second floor where the Labor Relations Officer, Warden's Assistant and Administrative Support staff, Warden's Conference Room and restroom facilities are located.

The northeast wing of the Administration Building holds the Deputy Warden of Special Services, Adult Parole staff, Network Administrator, and the Food Service Contract Liaison, Institution Inspector, Unit Management Chief, and the Administrative Professional (Secretary) office. This area, known as the Operations wing, also holds the Count Office, Contraband Vault; various shift supervisors' offices, the Deputy's office, Major's office, Investigators office, Ohio State Highway Patrol, Shift Supervisors.

Building Three (B-3). Adjacent to the Operations wing is the Transitional Program Unit (TPU) Unit where our Restrictive Housing population resides. This unit has its own, external sally-port entrance/exit and indoor and outdoor recreation areas in the TPU. Radio communication to the Control Center allows for access in and out of the unit. Upon entering the TPU, there is an open lobby; to the left is a laundry area and TPU Supervisor's office. To the right are the Rules Infraction Board room, Medical/Mental Health exam room/office, which is utilized for Nurses and Doctor Sick Call and mental health assessments, observation booths. There are three ranges with a total of 38 two-man cells in addition to four strong cells, which are designed for single occupancy. There are fire exit doors at the end of each TPU range in the event of emergency evacuation.

Building Four (B-4), is Receiving and Discharge (R&D). This is the central point for all inmate processing into and out of the facility. All inmate transports arrive and depart from this area. Receiving and Discharge consists of 3 holding areas, an inmate property vault, restraint storage, identification office and restroom facilities.

Building Five (B-5) is Medical. There is a metal detector at the front door along with an officer positioned in the lobby. Medical has various exam rooms, records room, a pharmacy, dental office and administrative offices for the Health Care Administrator and Quality Insurance Coordinator. There is a 6 bed infirmary located in the rear of the Medical building, staff with an officer for 24-hour monitoring and ready access to nursing staff.

Building Six (B-6), is the Food Service Department, consisting of one dining hall equipped with wooden security tables that can accommodate approximately 260 inmates. The rear kitchen has 2 freezers, 2 coolers, dry storage, a back dock area, tool room, culinary arts classroom and an office centrally located for staff.

Also located in the B-6 building, which the inmate Barber Shop, Safety Office, the Maintenance Department, Laundry, and Quartermaster and the inmate Commissary. The Commissary is where inmates may purchase hygiene products, writing materials and other miscellaneous items. Inmates are permitted to shop at the Commissary on a weekly basis. The Quartermaster is responsible for the repair, inventory, and distribution of inmate clothing, bedding and uniforms. Attached to the Quartermaster is the Laundry, where linens, bedding and inmate clothing can be washed. The Laundry operates Monday through Friday.

Building seven (B-7), houses the Central Chemical area where all chemicals are stored on inventory in bulk and proportioned accordingly for distribution. Also located inside this building is a bicycle repair shop and a vocational carpentry program.

Building eight (B-8), is Trumbull's largest programming area, containing the recycling program, aquaponics, electronics repair program, and the One Stop, employment preparation and training program.

There is a fence between buildings eight and nine that leads to the outside recreation yard. Building nine (B-9) is the Recreation building with a securable entrance that leads to the outdoor recreation yard. The recreation area consists of basketball courts, baseball fields, and areas for flag football, and volleyball, surrounded by a running track. The Recreation building houses a large gymnasium, a large workout room. Other indoor activities include arts and crafts and an indoor music studio.

Building 10 (B-10) is a shared building, containing Recovery Services and Religious Services, holding a variety of church services, various bible study groups and recovery programs.

Building eleven (B-11). The Education Department contains the Library, Officer's desk, school superintendent and principal's offices, various classrooms and a room equipped with teleconferencing capability. Inmates are given the opportunity to sign up for ABE, pre-GED, GED classes, as well as college certification courses through Youngstown State University.

There are 4 inmate Housing Units within the main compound, Buildings 12 through 15. 12 Block (12 West is Limited Privilege Housing), 13 Block, 14 Block (14 East is the Wellness Unit), and 15 Block. Each block is divided into an East and West side. Each side consists of 62 double cells and house 124 inmates. 12 and 13 Blocks comprise A Unit; 14 and 15 Blocks

comprise B Unit. Each Unit has approximately 500 inmates and has one Unit Manager, 2 Case Managers, 2 Correctional Counselors (Sergeants) and a secretary assigned. Each Housing Unit has a central core with offices for the Unit Manager and secretary. The Case Managers' and Correctional Counselors' offices are located directly in the housing units. Each block within the main compound has 2 officers assigned on both first and second shifts, and 1 officer on third shift. The permanently assigned officers are part of the unit management team. 12 East has the canine rescue program and is the Community Service Unit.

Building fifteen (B-15) has an annex where the Mental Health Services staff is located as well as programming space.

The adjacent, minimum security, dormitory-style camp Building twenty-three (B-23) is fenced separately and consists of a main building and a stand alone education building with classrooms. The camp is surrounded by one 14-foot security fence with less lethal stun capability, razor ribbon and a perimeter detection system. The housing areas are divided into A Dorm and B Dorm. Trumbull Correctional Camp houses level one male offenders.), the Correctional Camp mirrors the main compound with ancillary medical, dental, mental health, recovery, religious, education, unit management, commissary, and food services along job related programming.

Located beside the correctional camp is building eighteen (B-18), Maintenance Garage/Warehouse. The garage employs level one inmates from the Camp, performing job duties such as auto repair, small engine repair, equipment operation and vehicle detailing. The Warehouse also employs level one inmates who work in electronics recycling, tow motor operation, and warehouse inventory procedures.

ON-SITE DOCUMENTATION REQUEST

- 20- Random Employee background checks.
- 10- Contractor background checks.
- 20- Random Employee PREA training documentation.
- 10-Random Medical/Mental Health PREA Specialized training documentation.
- 5- (Contractors) Medical/Mental Health PREA specialized training documentation.
- 20-Random Contractor/Volunteer PREA training documentation.
- 10- Random Contractor Medical/Mental Health PREA Specialized training.
- Samples of written PREA Inmate education material, i.e. Inmate handbooks, posters, brochures.
- 20-Random Inmates that received PREA comprehensive education within 30 days of arrival.
- 20- Random Inmate Risk screenings for sexual victimization/abuse to include reassessment within 30 days of arrival.
- Copies of completed sexual abuse & sexual harassment investigations; PAQ reported (during audit period).

- Sample documentation for monitoring retaliation of sexual abuse & sexual harassment investigations.
- All Sexual Assault Reviews during (audit period) for completed investigations of sexual abuse, excluding unfounded cases.
-

Staff Interviews:

Category of Staff	Number of Interviews Conducted
Random Staff (Total)	12
Specialized Staff* (Total):	31
Total Staff Interviewed	43
Breakdown of Specialized Staff Interviews:	
▪ Agency contract administrator	1
▪ Intermediate- or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment	4
▪ Line staff who supervise youthful inmates - N/A	N/A
▪ Education staff who work with youthful inmates – N/A	N/A
▪ Program staff who work with youthful inmates – N/A	N/A
▪ Medical staff	2
▪ Mental health staff	1
▪	
▪ Non-Medical staff involved in cross-gender strip or visual searches - N/A	N/A
▪ Administrative (human resources) staff	1
▪ SAFE and/or SANE staff - N/A	1
▪ Volunteers who have contact with inmates	4
▪ Contractors who have contact with inmates	1
▪ Investigative staff – agency level	1
▪ Investigative staff – facility level	1
▪ Staff who perform screening for risk of victimization and abusiveness	3
▪ Staff who supervise inmates in segregated housing	1
▪ Staff on the sexual abuse incident review team	1
▪ Designated staff member charged with monitoring retaliation	2
▪ First responders, security staff	1
▪ First responders, non-security staff	5
▪ Intake staff	1
Total Specialized Staff Interviews*	24

Interviews were also conducted with the following people:

Annette Chambers-Smith- Agency Director
 Brandeshawn Harris - Warden
 Mark Stegemoller- PREA Coordinator
 Chris Hurst- Operational Compliance Manager
 Karen Roe- Central Office HR
 Kevin Stockdale- Contract Administrator
 Ohio State Highway Patrol Investigator
 Director Rape Crisis Team Trumbull County
 Director of Mercy Health System- SANE

Inmate Interviews:

Based upon the inmate population of 1579 at Trumbull on the first day of the onsite phase of the audit, the PREA Auditor Handbook specifies that a minimum of 40 total inmate interviews must be conducted; a minimum of 20 random inmates and 20 targeted inmate interviews are required. The Operational Compliance Manager and other staff facilitated interviews of all inmates in a private setting located in a programming area. The random inmates were selected across all housing units including general population units and the segregation unit to ensure diversity. The auditor made selections from a list of all inmates provided by the facility on the first day of the onsite portion of the audit. The auditor conducted the following number of inmate interviews during the onsite phase of the audit:

	Number of Interviews Conducted
Random Inmates (Total)	22
Targeted Inmates* (Total):	20
Total Inmates Interviewed	42
Breakdown of Targeted Inmate Interviews: ²	
▪ Youthful Inmates	N/A
▪ Inmates with a Physical Disability	1
▪ Inmates who are Blind, Deaf, or Hard of Hearing	N/A
▪ Inmates who are LEP	1
▪ Inmates with a Cognitive Disability	N/A
▪ Inmates who Identify as Lesbian, Gay, or Bisexual	8
▪ Inmates who Identify as Transgender or Intersex	4
▪ Inmates in Segregated Housing for High Risk of Sexual Victimization	1 also transgender
▪ Inmates Who Reported Sexual Abuse	2
▪ Inmates Who Reported Sexual Victimization During Risk Screening	11
Total Targeted Inmate Interviews*	20

*** Although 20 inmates (targeted) were interviewed some of those had multiple breakdown categories.**

Allegation Breakdown:

During the previous 12 months there were no allegations of sexual harassment and 10 allegations of sexual abuse made at TCI. Each of the sexual abuse cases were referred to the OSHP but returned for Administrative action once it was determined that criminal elements necessary for prosecution were not found in any of the cases. All 10 allegations were made against other inmates. Eight (8) allegations were determined to be unsubstantiated, one (1) unfounded and one (1) substantiated. In the substantiated case the inmate abuser received a misconduct report and was disciplined. There were two allegations made at Trumbull occurring at other ODRC facilities. Trumbull reported these allegations to the Warden at each facility and an investigation was conducted by each facility and the inmates were notified of the outcome.

Onsite Visit Closeout:

The auditor conducted an exited briefing on April 19, 2019 with: Warden Harris, OCM Chris Hurst, PREA Coordinator Mark Stegemoller and the Warden's Executive staff. The Auditor could not give an outcome of the audit but did provide some insight into his preliminary findings. The Auditor thanked facility staff and commended them on their hard work and commitment to the Prison Rape Elimination Act. During the post site visit phase of the audit the auditor communicated with the PREA Compliance Manager via phone calls requesting additional documentation, clarification on policies, procedures and agency practices.

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.

Trumbull Correctional Institution is located in Northeastern Ohio, approximately 45 miles south of Lake Erie and 30 miles west of the Pennsylvania state line. The institution was planned and constructed during the period of October 1989 through March 1992 at cost of \$37,746,000.00. The first inmates were received on November 19, 1992. The Trumbull Correctional Camp was added in April 1995 and started accepting inmates in May 1995 .

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: 2

115.31, 115.41

Number of Standards Met: 41

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

115.15 (d) The auditor found bathrooms on two housing units needing partitions added and moved to avoid cross gender viewing. A door also had to be modified to eliminate a blind spot in the bathroom in the One Stop Multipurpose Room. These were immediately corrected before the auditor finished the site review.

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.

(a) ODRC has 5 policies that make up the major policies dealing with their zero tolerance and sexual abuse within their facilities. (79-ISA-01, 79-ISA-02, 79-ISA-03, 79-ISA-04 and 79-ISA-05). Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section V page 3 details for everyone ODRCs' position to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation and tracking. The Agency maintains and requires a zero tolerance for sexual misconduct in its institutions and in any facilities it contracts for the confinement of their inmates. Sexual misconduct among inmates and by employees, contractors and volunteers towards inmates is strictly prohibited. All allegations of sexual misconduct and/or sexual harassment shall be administratively and/or criminally investigated. Definitions of prohibited acts and behaviors are found on pages 1 and 2 of this policy. The written policy outlining the agency's approach to preventing, detecting, and responding to sexual abuse

and sexual harassment is found in Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 entire document.

(b)(c) ODRC has designated Mark Stegemoller as the agency-wide PREA coordinator. During his interview he indicated he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. He informed the auditor he has 25 institutional PREA Compliance Managers who report directly to him. The auditor reviewed the agency organizational chart demonstrating the position of the PREA coordinator in the agency's organizational structure. The TCI OCM confirmed with the auditor that she has enough time and authority to coordinate the facility's efforts to comply with the PREA standards.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC Organizational Chart
- Review (PAQ)
- Interview (Warden)
- Interview (PREA Coordinator)
- Interview (OCM)
-

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.

(a)(b) Ohio Department of Rehabilitation and Correction contracts for the confinement of its inmates with two private agencies (CoreCivic and Management and Training Corporation). Ohio inmates are housed at privately run facilities these companies operate at the Lake Erie Correctional Institution, North Central Correctional Complex, and the Northeast Ohio Correctional Center. Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section A (9) on page 6 requires all new or renewed contracts for the confinement of DRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure the contractor is complying with PREA standards. Kevin Stockdale, Deputy Director for Administration for ODRC, is the individual who supervises the contract monitor at each of these contract facilities. James Currington, certified PREA auditor, conducted Mr. Stockdale's interview. His notes from the interview confirmed the 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. The 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.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Review of Contract with Private Companies
- Interview (Contract Monitor)
- Review (Interview Notes)

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.

(a)(b)(c) ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017, section B (1) requires Trumbull Correctional Institution develop, document, and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and video monitoring, to protect inmates against sexual misconduct. This policy requires the facility when determining staff numbers the institutions consider: 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 any "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. The policies further requires the Warden be informed of any deviations from the established staffing plan and that the facility review the plan on an annual basis and consider the same elements found in subpart (a) of the standard. The Warden confirmed, during his interview that she is always to be notified of any deviations to the approved staffing plan and Trumbull had no deviations during the prior 12 months. The documentation found in the PAQ also confirmed there were no deviations from the staff plan during the previous 12 months as well. The auditor was provided staffing reviews conducted in 2016, 2017, and 2018. The reviews are conducted in October of each year and reviewed by the Regional Office and the Agency PREA Coordinator. Each of the reviews took into consideration generally accepted detention and correctional practices, judicial findings of inadequacy, findings of inadequacy from Federal investigative agencies, 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.

(d) ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) February 5, 2017, details the purpose of the policy is to establish uniform guidelines to ensure that institution department heads, supervisors, and administrative staff conduct weekly rounds of inmate living and activity areas. Section VI A 3 (c) on page 3 requires that the shift Lieutenant and Captain conduct unannounced rounds on each shift to identify and deter staff sexual abuse and sexual harassment. The auditor interviewed Shift Supervisors from each of the shifts. All stated that they make daily-unannounced documented rounds, staggering times and locations to deter sexual abuse and sexual harassment. The Auditor reviewed log entries on each of the housing units during the site review and found signatures of supervisors at different times on each of the shifts in each of the logbooks checked.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- ODRC policy 50-PAM-02 (Inmate Communication/Weekly Rounds) February 5, 2017
- Interview (Warden)
- Interview (Shift Supervisors)
- Staffing Reviews (2016, 2017, 2018)
- Housing Unit Log Book Reviews

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.

The Warden indicated that TCI has no youthful offenders are no youthful inmates are ever housed at the facility. The PAQ also noted juveniles are not placed at this facility. The auditor's observations determined TCI complies with the standard to the extent that this an adult male facility.

Policy, Materials, Interviews and Other Evidence Reviewed

- Review of the PAQ
- Interview (Warden)
- Observations of the Auditor

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- 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 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.

(a)(c) Staff at TCI are prohibited from performing cross gender strip searches or cross gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Employees of the same sex shall conduct visual inspections of the inmate body cavities. The prohibition and requirement is found in ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches), March 22, 2016, section 3 (b) on page 4. Section VI A. on page 2, of this same policy, requires the facility document all cross-gender strip searches or cross gender visual body cavity searches on the agency incident form (DRC1000). The Officers and Supervisors confirmed that cross gender strip searches or cross gender visual body cavity searches are not conducted at Trumbull. Their interviews also confirmed if a cross gender frisk was conducted the incident would be documented and reported on form DRC 1000. The medical staff interview confirmed that medical staff has not performed this type search in the last 36 months. The facility PAQ also indicated that there was none completed at TCI as well.

(b) The PAQ indicated that TCI does not house female inmates. The auditor observations confirmed the same.

(d) Section E (2)(3) on page 9 from ODRC policy 79-ISA-01 (Prison Rape Elimination), February 3, 2017, requires Trumbull ensure each inmates ability to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. It further requires all employees, contractors and visitors and volunteers of the opposite gender of the inmates announce their presence upon arrival into any of the housing units where there is not already another opposite gender staff person present. The auditor observed female staff announcing their presence when entering into the male housing areas. Interviews with random staff and inmates also confirmed females announced upon entering the male living areas. The auditor found bathrooms on two housing units needing partitions added and moved to avoid cross gender viewing. A door also had to be modified to eliminate a blind spot in the bathroom in the One Stop Multipurpose Room.

(e)(f) Section F (2) on page 4 from the ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) policy, July 13, 2015, prohibits staff a from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it may be determined through conversations with the inmate or by reviewing medical records. Staff members confirmed during interviews that if they are unable to determine the inmate's genital status, the inmate would be referred to medical for a broader medical examination conducted in private by a medical practitioner. Staff was also questioned about pat searching transgender and intersex inmates. All indicated the specific topic was covered in classroom application and through a video. The auditor reviewed the content of the video and found it addressed the standard requirements of searching transgender and intersex inmates professionally and respectfully. The auditor also randomly sampled training documents for security staff and found the search training completed for searches in them. Section F (3) from the ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) policy, July 13, 2015 requires this training on conducting searches of transgender and intersex inmates in a professional and respectful manner using the least intrusive means while maintaining consistency with security needs. The auditor interviewed four transgender inmates and questioned them about searches conducted on them. Each indicated that they were always treated professionally by staff during search procedures and were never strip searched in order to determine their genitalia.

Policy, Materials, Interviews and Other Evidence Reviewed

- Completed PRE-Audit Questionnaire submitted by Trumbull
- ODRC policy 310-SEC-01 (Inmate and Physical Plant Searches), March 22, 2016
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 3, 2017
- ODRC 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 13, 2015
- Interviews with random staff
- Interviews with random inmates
- Interviews with targeted inmates.
- Training Documentation on Searches
- Review (Training Video)

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*)

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(a)(b)(c) Section V from ODRC policy 64-DCM-02 (Inmates with Disabilities) December 28, 2011 on page 4 requires the Agency not discriminate against any individual(s) on the basis of disability and requires all inmates have equal access to all programs and service offered by the agency. The policy further requires that inmate orientation and the inmate handbook include an explanation of services available to inmates with disabilities who may be; limited English proficient; deaf; visually impaired; disabled; and those who have limited reading skills. The auditor found procedures in the handbook the inmate must follow to receive an accommodation, regardless of their disability. Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017 section D (7) page 10, mandates TCI staff make appropriate provisions for any inmate not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided. Staff are prohibited from utilizing an inmate interpreter, inmate reader, or other inmate assistant 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, or the investigation of the inmate's allegations. The Director of the Agency confirmed in her interview that inmates within the ODRC system, who have a disability or who are limited English proficient, have 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 intake staff person at TCI indicated information is provided to inmates in the two major languages, Spanish and English. Inmates that read or write any other language for which the facility has no staff interpreter are referred to a case manager. The Case Manager during her interview confirmed any inmate needing information provided in a language he understood would be brought to an office with a telephone and contact would be made with Vocalink. This is the interpretation service provider under contract with ODRC. The inmate would then be informed of the sexual safety provisions outlined in policy and Appendix "A" of the inmate handbook. The PREA video is closed-captioned for the deaf and in audio for the blind. The Case manager also informed the auditor similar services are available for inmates who are deaf through a Contract for the Deaf (Hallenross and Associates Inc). The auditor did interview an inmate with a disability, and he indicated he was provided information on PREA and was made aware of how and whom to report if it became necessary for him. A limited English inmate was also interviewed utilizing Vocalink interpretive services. The inmate indicated he was provided information, including PREA information, upon arrival at Trumbull.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 64-DCM-02 (Inmates with Disabilities) December 28, 2011
- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Review (Interpretive/Translation Contract (Vocalink))
- Contract for the Deaf (Hallenross and Associates Inc)
- Interview (Agency Director)
- Interview (Intake Staff)
- Interview (Case Manager)
- Interview (Targeted Inmate)

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 been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with 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*)

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(a)(b)(c)(d)(g) A background investigation must be conducted on each state employee, intern, contractor, and volunteer under consideration for employment or entrance into any of its offices/institutions. This mandate is outlined in Policy 34-PRO-07 (Background Investigations) August 10, 2017, section V on page 2. The policy explains the purpose of the background investigation is to identify offenses or behaviors that may impact job performance, volunteer participation or internship work, or their ability to provide services. James Currington, certified PREA auditor, conducted the Central Office Human Resources staff interview. According to his notes her interview confirmed that prior to hiring who may have contact with inmates he/she is specifically asked if they ever: engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile; 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 or been civilly; administratively adjudicated 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. She confirmed that an affirmative response to any of those questions were a permanent exclusion for employment in ODRC. She also confirmed that every employee receives a Law Enforcement Agencies Data Systems (LEADS) background check, finger print check and a local law enforcement check. Each prospective candidate must be cleared before hiring. The auditor conducting her interview was also informed that policy 31-SEM-02 (Employee Standards of Conduct) policy September 1, 2012 section 12 on page 12 stipulates the that material omissions or making false statement are grounds for termination from State service. The Warden and the PREA Coordinator confirmed that any staff receiving a promotion receives a background check completed by the Facility Investigator, Central Office or the OSHP depending on the level and position of the promotion. The auditor reviewed 20 random employee and 10 random contractor background checks and found background clearances completed prior to their contact with inmates.

(e) Section F (2) on page 6 from Policy 34-PRO-07 (Background Investigations) dated August 10, 2017, requires a criminal background check be conducted on all employees and contractors every five (5) years. The facility Investigator is the individual responsible to conduct these 5-year checks. The auditor interviewed the Investigator and reviewed the 5-year rechecks and found them up to date for both contractors and staff.

(f) Section VI A (6) from ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017, requires all employees at TCI, who may have contact with inmates, complete and sign the Prison Rape Elimination Act Annual Acknowledgement (DRC1214). The OCM is the staff member required to ensure this form (DRC1214) is completed by all employees by December 31st of each year and forwarded to the personnel office. This form asks the employee: have you engaged in sexual abuse in a prison, jail, lock up, community confinement facility, juvenile facility, or other institution; have you 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; have you been civilly or administratively adjudicated to have engaged or attempted 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 and also reminds them as they sign it

about their affirmative duty to disclose any such misconduct. This document information is acknowledged by signature. Interviews with random staff confirmed that on an annual basis they are required to provide this information.

(h) Policy 34-PRO-07 (Background Investigations) August 10, 2017 section F (3) requires TCI upon receiving any requests from institutional employers for information on substantiated allegations of sexual abuse or sexual harassment involving a former DRC employee be forwarded or referred to DRC legal services for a response. Unless prohibited by law, DRC shall 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. The agency HR staff person stated that all requests for information on former staff would be immediately forward to the agency legal department for a response,

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 34-PRO-07 (Background Investigations) August 10, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- 31-SEM-02 (Employee Standards of Conduct) September 1, 2012
- Interview (HRM-Central Office)
- Background Checks (Staff)
- Background Checks (Contractors)
- Interview (Investigator)
- Interview (OCM)
- Review of 5-year background checks.
- Review (Form DRC 1214)
- Interview (PREA Coordinator)
- Interview (Warden)
- Interview (Staff)

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.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or

updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes 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) The Interview, conducted by certified PREA auditor James Currington, with the Agency Director conformed the agency/facility has not acquired a new facility or made a substantial expansion to TCI since the last PREA audit. This information was also provided in the PAQ.

(b) The interviews with the Warden and the OCM indicated TCI did not install or updated their video monitoring system, electronic surveillance system, or other monitoring during the previous 12 months. The Warden indicated that the OCM would be utilized with any camera placements in order to enhance sexual safety at the facility. Cameras (226) are found throughout the inside and outside of Trumbull Correctional Institution including in the living units. The cameras (tilt, pan, and zoom) can be viewed in the 24-hour control center and in the offices of the Warden and Deputy Wardens. The auditor went to each location with viewing capabilities and found no privacy/cross gender viewing concerns.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Agency Director)
- Interview (Warden)
- Interview (OCM)
- Auditor Observations

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
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

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)(b)(f) Section 7 (b) on page 11 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires institutional investigators: gather and preserve direct and circumstantial evidence (including any

available physical and DNA evidence and any available electronic monitoring data); interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving suspected perpetrator. Appendix "A" of this same policy requires all evidence be collected in accordance with: Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol; Ohio Department of Health Sexual Assault Evidence Collection kit Protocol (revised, February 2011); and the National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition – April 2013). The Ohio State Patrol (OSHP) has a signed MOU with ODRC to conduct all criminal investigations within ODRC facilities. The OSHP Investigator confirmed the training he received was from the National Institute of Corrections (NIC), "PREA: Investigating Sexual Abuse in Confinement Settings. He further stated he must follow uniform evidence protocols that maximize the potential for obtaining usable physical evidence for criminal prosecutions. He also confirmed the OSHP protocols are developmentally appropriate for youth and 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. He also stated that if requested by the alleged victim a qualified agency staff member, or qualified community-based advocate could accompany and support the victim through the forensic medical examination process and investigatory interviews. He also confirmed the MOU requires all Criminal Investigations follow the requirement of (a) through (e) of this standard. The facility Investigator confirmed he received the same training as the OSHP Trooper through NIC. He stated that he performs Administrative investigations when required and provided the auditor with certificates documenting his training.

(c) Section C (5) on page 3 from ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) dated April 15, 2010 states inmates will not be charged a co-pay for any medical services initiated from a sexual assault. The Medical Staff at TCI informed the staff that inmate victims of sexual assault are not ever charged for services associated with the assault. Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017, section B (9) requires all victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. The Medical staff interview confirmed the facility does not perform forensic exams. She further stated she is required to provide forensic services that have SANE/SAFE qualified Emergency Room staff where possible as outlined in Policy B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) September 28, 2015, section III (c). Inmates requiring forensic exams are sent to St. Joseph Hospital. The auditor spoke with a staff member from the Mercy Health System. This group of 11 SANE nurses is on call 24-hours a day to provide forensic services to local hospitals in the area including St. Josephs. This group works in conjunction with the Rape Crisis Team of Trumbull County, a community advocate if needed.

(d)(e) The Rape Crisis Team of Trumbull County is the local community agency that provides support services to inmate victims of sexual assault incarcerated at TCI. The auditor had the opportunity to speak with the Agency Director Becky Peace. She confirmed her group provides emotional support services, crisis intervention services to inmates based on an MOU until December 2020. Her agency address is provided to inmates through signage located in each of the housing units. TCI also has trained Victim Support staff who provide support to victims of sexual abuse when and if needed. The auditor interviewed one of the 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.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Ohio State Patrol (OSHP) MOU Review
- ODRC policy 68-MED-15 (Bureau of Medical Services Co-Payment Procedures) April 15, 2010
- Policy B-11 (Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse) September 28, 2015
- Interview (OSHP Trooper)
- Interview (Facility Investigator)
- Interview (Medical Staff)
- Interview (Mercy Health System)
- Interview (Facility Victim Advocate)
- Interview (Rape Crisis Team Staff)

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.

(a) Section V on page 4 from Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires all allegations of sexual misconduct and/or retaliation be administratively and/or criminally investigated. The Agency Director, Warden, Facility Investigator and the OSHP Trooper confirmed to the auditor that all allegations of sexual abuse must be and are investigated. There were 10 allegations of sexual abuse reported at TCI during the last 12 months. The OSHP Trooper confirmed each of these allegations were initially referred to him and found not to meet the elements of a crime. In each of these allegations an administrative investigation was conducted by the facility.

(b) The MOU between ODRC and the OSHP along with Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017 page requires all allegations of sexual misconduct be referred to the OSHP, the agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

(c) 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.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- MOU (OSHP)
- Web Site Review (<http://drc.ohio.gov/policies/investigations>)
- Interview (OSHP Trooper)
- Interview (Warden)
- Interview (Agency Director)
- Interview (Facility Investigator)
- Review (Allegation Case Files)

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.

(a)(b)(c) All new full-time employees must complete at a minimum a formalized forty (40) hour orientation program prior to undertaking their assignments as required by section B (1) from the ODRC policy 39-TRN-10 (Employee Orientation Training) dated April 24, 2017. It also requires that at a minimum, the orientation program includes the Prison Rape Elimination Act (PREA) policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017. Section C (1) on page 6 of this policy details the training curricula include: (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) 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) 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 policy requires each facility provide training to the gender of the inmates at the facility and all staff having inmate contact requires annual refresher PREA training. During the interviews with the Agency Director and Warden both stressed the importance of staff training in providing a safe environment within the facility. Staff interviews conducted with uniform and non-uniform staff confirmed that the training each received. Their training 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. The staff training is online and each must receive a passing score of 80% or take the class again. The staff sign into the class and the passing score is the indication and verification that they understood the material presented. Staff when questioned indicated that their first response to allegations of sexual abuse 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. There were two allegations made and investigated at TCI in which non-security staff was the first responders. In both cases documentation in the file indicate that the inmate was immediately turned over to security staff. As noted earlier the auditor reviewed 20 employee PREA training records to include the pat search video. Training records for 2018, and 2017 were also reviewed and except for staff out on long-term absence all staff receive the mandatory PREA training.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 39-TRN-10 (Employee Orientation Training) April 24, 2017
- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Review of Training Curriculum (PREA)
- Interviews (Random Security)
- Training Records Review (2018, 2017 and 2016)
- Interview (Agency Director)
- Interview (Warden)
- Interviews (Security Staff)
- Interviews (Non-Security Staff)

- Review (Case Files)

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.

(a)(b) Section C (6) on page 6 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017 requires all volunteers and contractors be trained on their responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training shall be based on the services they provide and the level of contact they have with inmates. Training for volunteers and contractors is documented on the PREA Contractor/Volunteer/Intern Training Acknowledgment Form (DRC1173) after being provided at TCI by the Training Officer. Interviews conducted on site with a

contractor and four (4) volunteers confirmed all had received the zero-tolerance policy training and signed form DRC 1173 indicating their understanding of the agency zero tolerance policy, prohibited behaviors, how and whom to report incidents of sexual abuse and consequences of policy violations. The auditor reviewed 10 contractor/volunteer training records for 2018 and a sampling from 2017 and 2016 and found them up to date.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (Training Officer)
- Interview (Contractor)
- Review of Contractor/Volunteer Training Curriculum
- Training Records Review (DRC1173)

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.

(a)(b)(e) Trumbull's PAQ indicated there were 1,124 inmate arrivals during the previous 12 months. Section D. (1)(2)(3) on page 8 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated

February 2017, requires inmates arriving at TCI receive oral and written information (inmate handbook) upon arrival. This information explains ODRC's zero tolerance policy regarding sexual misconduct prevention, self-protection, reporting and treatment. The policy further requires within seven (7) calendar days of all inmate arrivals each inmate be provided comprehensive education through the viewing of the PREA education video. The auditor review of the PREA video confirms it informs inmates of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and provides them with information on reporting any such incidents. The inmate's participation in this orientation and education must be documented on the Inmate Orientation Acknowledgement Checklists (DRC4141). The auditor interviewed over 40 inmates. All of them informed the auditor that they had received PREA information upon arrival and received additional information including a video within their first few days at the facility. The Intake staff person acknowledged that inmates are provided a handbook upon arrival with PREA information. He also stated they must view the PREA video within 7 days of arrival as well. The auditor reviewed Appendix A from this Inmate Handbook. This provided information provided within Appendix A includes: reporting information to staff; provided toll free telephone numbers and information for the private/public agency (Chief Inspectors Office Ohio Department of Youth) not associated with ODRC. This information includes a contact telephone number for inmates in general population and regular mailing address. Inmates in segregation (TPU) are provided the contact mailing address. The correspondence is treated as privileged mail. The auditor placed a test reporting call (*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction that can be used by inmates and documented in the posters. The Agency was notified within three hours of the test call being made.

(c) Those who were at this facility prior to 2014 received the required PREA training prior to that audit during "town hall" meetings on each of the housing units. The auditor was provided signed documentation from inmates on each of those units dating back to 2014 acknowledging they received PREA training. Since that 2014 date all inmates arriving at TCI would have received this training/information upon arrival. All inmates currently at TCI received PREA orientation and information on arrival at TCI since that time. This was confirmed by the facility OCM.

(d) Section 5 C (2) on page 2 from the ODRC policy 64-DCM-02 (Inmates with Disabilities) dated December 28, 2011, requires inmates within ODRC have equal access to all programs and service offered by the agency. This policy requires that inmate orientation and inmate handbook include an explanation of services available to inmates with disabilities in multiple formats, including those who are; limited English proficient; deaf; visually impaired; disabled; and those who have limited reading skills. The handbook describes the procedures the inmate must follow to receive an accommodation, regardless of any disability, if the inmate record does not identify the disability. The intake staff person confirmed during his interview that inmate handbooks are produced in Spanish and English. For those inmates not speaking either of these languages the inmate is provided the information through the agency contract with VOCALINK the interpretative service company. For those who may be deaf or hard of hearing the information is provided in writing and the PREA video is close captioned (CC). For those individuals who cannot read at all or made be low level functioning individuals, the Case Manager reads the PREA information to the inmate. The auditor did interview an inmate with low cognitive skills, and he indicated he was provided information on PREA and was made aware of how and whom to report if it became necessary for him. The auditor did interview an inmate with a disability, and he indicated he was provided information on PREA and was made aware of how and whom to report if it became necessary for him. A limited English inmate was also interviewed utilizing Vocalink interpretive services. The inmate indicated he was provided information, including PREA information, upon arrival at Trumbull.

(f) Section D (4) on page 2 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 2017) requires the OCM at Trumbull to ensure that information is continuously and readily available to inmates through posters, handouts or manuals. She confirmed this responsibility during her interview. The auditor found signage (Spanish and English) throughout Trumbull indicating reporting information for inmates to: staff; the Chief Inspector; and hotline telephone numbers in each of the housing units, TPU, intake area, medical, mental health and the facility library. Posters for third party reporting (family and friends) were posted the visitation area and front entry building where visitors are processed. The random interviews with inmates confirmed their knowledge of the signage throughout the facility and how and whom to report incidents of sexual abuse. Half of the inmates interviewed were not aware of the advocate services available as it was information that did not affect or interest them.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017
- Inmate Orientation Acknowledgement Checklists (DRC4141)
- Inmate Handbook 2019
- Completed PRE-Audit Questionnaire submitted by Trumbull
- ODRC policy 64-DCM-02 (Inmates with Disabilities) December 28, 2011
- Interview (OCM)
- Interview (Intake Staff)
- Interview (Case Manager)
- Interviews with random inmates
- Interview with targeted inmate
-

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.

(a)(b)(c) Trumbull has one full time Administrative Investigator. Section C (5) on page 7 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 2017) requires prior to conducting a PREA investigation, investigators must receive specialized training that includes: conducting investigations in confinement settings; interviewing techniques for sexual abuse victims; proper use of Garrity warnings; sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training the TCI Investigator received through the National Institution of Corrections (NIC) in November 2018 was documented on the PREA Training Session Report (DRC1680). The Investigator indicated that his course content included interview techniques, evidence collection in confinement settings, use of Garrity warning and criteria and evidence to substantiate administrative cases. The auditor also reviewed the NIC curriculum and found

in coincides with the training requirements of the standard. The case file investigation reviews by the auditor verified that a trained Investigator conducted each investigation.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017
- Review of NIC Investigator Training
- Review of Training Report (DRC 1680 - Investigator Training)
- Review of Training Certificate.
- Interview (Facility Investigator)
- Review (Sexual Abuse Investigation Case Files)

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.

(a) Section C 9 (a)(b) on page 8 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 2017, requires that in addition to receiving the agency PREA Training required of all staff, all full and part-time medical and mental health care practitioners are required to receive training on how to preserve physical evidence of sexual abuse, how to detect and assess signs of sexual abuse and sexual harassment how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The training (Specialized Medical and Mental Health Training) is available to this staff on the Enterprise Learning Management (ELM) System (E-learning). The staff member must achieve a score of 80% in order to complete the course. The policy further requires this training be documented on the PREA Training Session Report (DRC1680). At the time of the site visit there were 40 employees in the Medical Unit. The auditor reviewed the training report indicating all 40 had received this training. The auditor interviewed two medical/mental health staff while on site. Both indicated they were required to take this additional training, discussed the training content to include the requirements of (a), and they had received it.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 2017
- Review (Training Records)
- Interview (Medical Staff)
- Interview (Mental Health)

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.

(a)(b) Section B (1) on page 4 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2107, requires all inmates be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. Medical staff initiates these screenings in the computerized PREA risk assessment system during the inmates' intake medical screening. Unit management staff completes the screening within seventy-two (72) hours of the inmate's arrival back at the facility. One of the Nurses, who initiates the risk assessments informed the auditor that risk assessments are typically performed on inmates the day they arrive but no longer than 72 hours of arrival. The auditor interviewed 42 inmates while at TCI. All but two indicated their

assessment was conducted on the day of their arrival. The other two inmates indicated they arrived late in the evening and received their assessment the next day. The auditor reviewed (20) inmate risk screenings for sexual victimization/abuse to include reassessments within 30 days of arrival to the facility and found documentation of time frames within the standard requirements.

(c) The auditor discussed the objectivity of the assessment tool with the PREA Coordinator. He indicated that the questions ODRC utilizes were developed over time with input from medical and mental health practitioners. He stated that the questions are unbiased without allowing personal opinions of the individual asking the assessment questions. The auditor reviewed the document and based on his observations of similar documents believes this document is objective.

(d)(e)(f)(g)(h) The PREA Assessment Process document dated September 8, 2014 provided the auditor details the entire risk assessment and the responsibilities for those involved in the process. The Nurse is the individual who initiates the computer-based assessment. In a private office the nurse questions him about his knowledge regarding PREA. At the conclusion of this information exchange the risk assessment is conducted. The assessment begins by 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. She also confirmed that inmates are not disciplined if they refuse to answer any of the questions. The assessment is then put into a queue for the Case Managers. The Case Managers check their "In-Progress" assessments and complete the second screen. The Case Manager interview confirmed that she reviews the information provided by the nurse in screen one and also reviews his/ disciplinary history, sex offenses (if any) and any other information available and makes a recommendation for a PREA Classification (None, Potential victim, potential abuser, abuser, victim) The assessment then goes into the Unit Manager queue. The Unit Manager interview confirmed that "Pending UM" cases are checked and he/she determines if the inmate needs a PREA Classification based on the information provided by the inmate and on file. The Unit Management Chief (UMC) confirmed that if a PREA Classification is recommended, the UMC determines the final classification and develops the PREA Accommodation Strategy with the Unit Management Team. This strategy addresses the inmates' housing, programs, work and education with the goal of keeping him safe. She also stated that transgender and intersex inmates are always referred to the TCI PREA Accommodation Strategy Team (PAST). This team is chaired by the PREA Operations Compliance Manager and includes the Unit Team, Medical and Mental Health. The team meets with the inmate to discuss their views and develop a PREA Accommodation Strategy. All three (Case Manager, Unit Manager and UMC) stated that intake assessments are reviewed between 15 – 30 days to determine if any additional information has been received by the facility or if the inmate has any additional concerns. Special assessments are also completed upon allegations of sexual abuse or at any time additional information/concerns are received. Interviews with Case managers, Unit Managers, UMC and the OCM Tall confirmed that information is shared with staff on a need to know basis for housing, programs and education assignments. Staff may need to know the inmate's classification but not the reason for it. Original information is password protected.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107
- DRC Policy/Operations Manual Review
- Review (PREA Assessment Process Document)
- Review of Inmate Assessment Records
- Interview (Conducts Risk Assessment)
- Interview (PREA Coordinator)
- Interview (Case Manager)
- Interview (Unit Manager)
- Interview (Unit Management Chief)
- Interview (Random Inmates)
- Interview (Targeted Inmates)
-

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.

(a)(b) Section V. on page 3 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2017, requires information from the risk of sexual victimization or abusiveness assessment be utilized to monitor and manage inmates in their housing, bed, work, education and program assignments based on individualized determinations. The Unit Manager Chief (UMC) confirmed for the auditor the process of classification for both inmates with a PREA designation and without a PREA designation. He stated the designation is made after the risk assessment is performed as describes in 115.41 and regardless of the inmate's designation each classification is individualized. If the inmate receives a designation as a potential victim or potential abuser he is flagged in the computer system and manually flagged by color tag in the count room. Based on this flagging bed assignments and work, education and program assignment keep separate, to the extent they can, a potential abuser and a potential victim. With bedding assignments Unit Management staff on each of the housing units who may have either a potential abuser and/or potential victim are told the designation of the individual(s) assigned to the unit but not the reason for the specific designation. This designation status is also shared with program, work and educational in order for these areas to provide additional attention to the individuals in their areas for increased precautions. Movement from a housing or work assignments is prohibited by the computer and the facility count room when trying to change bed or program assignments without the approval of classification. This safeguard further ensures the placement of victims and abusers together from occurring.

(c)(d)(e)(f) Sections C (2), E, F (1) on page 2-3 from the ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, dated July 13, 2015 requires staff consider on a case-by-case basis whether the housing assignment for a Transgender or Intersex inmate would ensure the inmate's health and safety and whether the placement would present management or security problems. It further requires that the transgender or intersex inmate's own views be given serious consideration during the classification process and shall be documented. Interviews conducted the UMC and the OCM confirmed transgender and intersex inmates' placement and assignments are made on a case by case determination taking into account the inmates' own views. They further stated that

Trumbull has a PREA Accommodation Strategy Team (PAST) consisting of the Operational Compliance Manager, Unit Management Chief, medical and mental health staff, and other staff as necessary. One of the functions of the team according to them is to assess and reassess and document all Transgender and Intersex inmates housed at the facility at least every six (6) months regarding their placement and programming assignments using the PREA Assessment Strategy with specific attention given to any threats to safety experienced by the inmate. The auditor interviewed 4 transgender inmates during the site visit. Each of them indicated upon their arrival at the facility they were questioned about any concerns they had for their safety and asked if they wanted the opportunity to shower separately from other inmates. They also indicated that each has met at a minimum at least twice a year with their respective case managers to discuss any concerns or problems they may be having with other inmates or staff.

(g) Section C (3) on page 3 from the ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, dated July 13, 2015 prohibits LGBTI inmates from being placed in dedicated facilities, units, or wings solely on the basis of such identification unless placement in a dedicated facility, unit, or wing has been established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The auditor interviewed 12 inmates who identified as LGBTI. Each of them indicated during their interviews that they were never placed on any dedicated housing unit and were always placed in general population,

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017
- ODRC policy 79-ISA-05 (Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy, July 13, 2015
- Interview (Classification UMC)
- Interview (OCM)
- Interview (Targeted inmates)

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

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(a)(b)(c) Section F (4) on page 16 from Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 prohibits placing inmates at high risk for victimization in involuntary Restricted 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 assessment (DRC-1187) 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. Section 5 (A) of the same policy requires inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible or document the reason(s) for the denial. Warden Harris that if it ever became necessary to safeguard an inmate at high risk of victimization she would utilize the Transitional Program Unit (TPU) as a last resort. She indicated she would first utilize one of the six beds in the Infirmary and/or try expediting the inmate's immediate removal to another ODRC facility. Warden Harris could not recall a time when the TPU was ever used for the placement of an inmate at high risk of being abused. The Supervisor who supervises the TPU was interviewed and he also confirmed that he could not remember an inmate ever being placed in the unit because he was at risk of victimization. During the site review the auditor did not see any inmates in the TPU for the purpose of protection from possible victimization. The auditor interviewed 2 inmates who alleged sexual abuse, and both reported that they were never placed in the TPU as a result of their alleged victimization.

(d)(e) Section F (5) on page 17 from the Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, require form DRC1184 (PREA Involuntary Placement) shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff must clearly document the basis for the concern for the inmate's safety and the reason why no alternative means could be arranged. Every thirty (30) calendar days, the unit management staff shall afford each inmate a review to determine whether there is a continuing need for separation from general population. The Warden noted that if the TPU was ever used for the purpose of placement of inmates at high risk of victimization this portion of the policy requiring written notice and 30 day review would be followed.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (Segregation Supervisor)
- Interview (Targeted Inmates)
- Auditor Observations

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.

(a)(b)(e) Section VI A 1 (a)(b) on page 4 from the Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 mandates that an inmate may report allegations of sexual misconduct or retaliation by other inmates or staff verbally or in writing. In addition, inmates may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member, volunteer or independent contractor. This section further states that inmates may report allegations to an outside entity that is not part of the DRC. ODRC utilizes the Ohio Department of Youth Service by using the phone number (*89) and/or address provided. This outside entity reports the allegations to the Agency PREA Coordinator/designee. Inmates shall be given the opportunity to remain anonymous upon request to the outside entity. As noted in standard 115.33 reporting information is continuously and readily available to inmates through posters, handouts or manuals. The auditor found signage (Spanish and English) indicating reporting information available to inmates through staff, the Chief Inspector, and hotline telephone numbers posted in each of the housing units, TPU, intake area, medical, mental health and the facility library. The auditor observed posters for third party reporting (family and friends) in the visitation area and at the front entry building where visitors are processed. Random interviews with inmates confirmed their knowledge of the signage throughout the facility and how and whom to report incidents of sexual abuse. About half of the inmates interviewed were not aware of the advocate services available. Upon further questioning those not aware stated it was information that did not affect or interest them. Inmates arriving at Trumbull receive an inmate handbook. Reporting information is also available to them taken from Appendix “A” from ODRC policy 52-RCP-10 June 29, 2017. This information informs inmates that reports of sexual abuse may be made, to staff (verbally/written, toll free number to Central Office, *89 to outside agency or for inmates in TPU address for Bureau Chief of the Office of Quality Assurance and Improvement Ohio Department

of Youth Services 30 West Spring Street, 5th Floor Columbus, Ohio 43215. This documentation from appendix "A" of the policy informs the inmate he has the opportunity to remain anonymous upon request to the outside agency. The random interviews with inmates confirmed their knowledge of the signage throughout the facility and how and whom to report incidents of sexual abuse. The auditor placed a test reporting call (*89) to the anonymous private/public agency, not associated with Ohio Department of Rehabilitation and Correction that can be used by inmates and documented in the posters. The Agency was notified within three hours of the test call being made. The auditor reviewed a report of calls made to *89 during the last 12 months. There were 10 calls made, three (3) PREA related and seven (7) not. The auditor also reviewed the MOU with the Ohio Department of Youth Services and ODRC. This document outlines the reporting availability for inmates in restrictive housing by mail. During interviews with random inmates all knew of at least one way to report sexual abuse if they had too. A majority indicated the use of the telephone *89 a preference. The interview with the OCM confirmed that inmates arriving at TCI are confronted with information in the handbook each receive, the PREA video, during orientation and through the signage found throughout the facility.

(c)(d) Section 2 (b)(c) on page 5,6 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 and the Employee handbook both indicate staff may privately report sexual misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the facility OCM or Agency PREA Coordinator. All reports of allegations of sexual misconduct and retaliation, including third party and anonymous reports, shall be reported to the institutional Investigator and shall document this incident or observation on an Incident Report (DRC1000), marked confidential as well. Random staff was specifically asked about how they could privately report sexual abuse if they had to. All indicated they would fill out a DRC1000 to the OCM. When questioned about receiving verbal allegations of sexual abuse each indicated they would be required to document what was told to them on a DRC1000 incident report and immediately forward it to the OCM or Investigator. Staff interviews also confirmed that they would accept allegations of sexual abuse/harassment from inmates that are made verbally, provided in writing, anonymously, and from third parties and would promptly document any verbal reports.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC policy 52-RCP-10 June 29, 2017
- Review of MOU (Ohio Department of Youth Services)
- Review (ODRC Employee Handbook)
- Interview (PREA Coordinator)
- Interviews (Random Staff)
- Interviews (Random Inmates)

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

- 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 does not utilize the Inmate Grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the Institution Investigator. An investigation into a sexual abuse or sexual harassment allegation conforms to Department Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation. ODRC inmates are not prohibited from utilizing any grievance related forms (ICR, NOG, Appeal forms) to communicate PREA allegations in writing. However, ODRC does educate inmates (inmate handbooks and DRC Policy 79-ISA-02) that any PREA allegations received on grievance forms will be immediately channeled to the Institutional Investigator for proper handling.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
- Review of PAQ
- Interview (Warden)
- Interview (PREA Coordinator)

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.

(a)(b)(c) Inmates at Trumbull are not detained for immigration purposes. Section E (4) on page 11 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 3, 2017, requires the facility OCM to compile mailing addresses and/or telephone numbers including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organizations for the inmates. The information must be available on the units and communicated to the inmates. Inmates must be notified that telephone calls are not confidential. Victims of sexual abuse shall also be provided access to victim advocates for emotional support, if needed, by providing them with mailing addresses and/or telephone

numbers, including toll-free hotline numbers of Local, State or National victim advocacy or rape crisis organizations. Telephone calls to outside support services shall be provided in as confidential a manner as possible. During her interview the OCM confirmed that she is responsible for providing this advocate information in each of the inmate housing areas, medical unit and library. Trumbull has an MOU with the Rape Crisis Team of Trumbull County and provided it to the auditor. The agreement was entered into in 2017 and expires in 2020. The agency makes available to the facility a mailing address to be utilized by inmates. All outgoing inmate correspondence is not checked and leaves the facility sealed by the inmate and not opened by the institution. The auditor did observe the notices in each of the locations described by the OCM. Random inmates were somewhat aware of advocate services in the community but could not articulate much of what service they provide or when. Upon further questioning inmates stated they really had no need for the service they provide so they did not read the posted information.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-01 (Prison Rape Elimination), February 3, 2017
- ODRC Inmate Handbook
- Interview (OCM)
- Site Review Observations
- MOU with Rape Crisis Center
- Interview with random Inmates
- Interview with targeted inmate

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

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(a) As noted earlier Family and Friends Posters are located at the entrance of TCI and also in the inmate visiting room. These posters inform family members 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 ODRC web page (<http://www.drc.ohio.gov/prea>) also has a means for the general public to report allegations of sexual abuse and/or sexual harassment on behalf of any inmate through that link as well. During interviews with random inmates all were aware that their family members could make a call on their behalf either to the facility or to Columbus (Central Office) to

Policy, Materials, Interviews and Other Evidence Review

- Review of Visit Room and Facility Entrance Posters
- Interviews (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

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

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)(b) Section 2(a) on page 5 from Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires all staff immediately report any knowledge, suspicion, or information regarding any incident of sexual misconduct that occurred in an institution, whether or not it is part of the DRC. It further requires staff report: retaliation against inmates or staff who report such incidents and any staff neglect or violation of responsibilities that may be contributed to an incident or retaliation. Section 3(b) on page 6 of this same policy requires any 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 required by law. Staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary. Random staff question11 requires the staff

member detail his/her response to an allegation of sexual abuse reported to them by an inmate. All 12 of the random interviewed stated they would immediately report the incident to their supervisor and not disclose any information to anyone except to investigators or supervisors.

(c) Section 2 (a) on page 5 from Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires medical and mental health practitioners, unless otherwise precluded by federal, state, or local law, to report sexual abuse pursuant to this section and to inform inmates of the practitioner's duty to report and the limitations of confidentiality at the initiation of services. The auditor interviewed both a medical practitioner and mental health practitioner while at TCI. Both confirmed their responsibility on reporting allegations of sexual abuse and their responsibility to inform inmates about the limits of confidentiality prior to initiating services.

(d) No one under the age of 18 would ever be placed at Trumbull according to the Warden. Section IV on page 3 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2107 defines vulnerable adults as any inmate that has been identified as having an intellectual and/or developmental disability (IDD) per DRC policy 67-MNH-22, Offenders with Intellectual Disabilities and Developmental Disabilities; Screening, Evaluation, Treatment and Reentry. Section B (2) on page 4 of this same policy requires the facility to immediately report to the OSHP any alleged victim considered a vulnerable adult as defined by this policy. The OCM, PREA Coordinator and Warden all stated that any victim of sexual assault who met the criteria as a vulnerable adult would be reported immediately to the OSHP.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107
- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (Warden)
- Interview (PREA Coordinator)
- Interview (Staff)
- Interview (OCM)

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.

(a) Section F (1)(2)(3) on page 16 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires all reports of inmates at substantial risk of imminent sexual abuse shall immediately be forwarded to the institutional Investigator, institution OCM, UMC, and the shift supervisor. Security staff shall take immediate action to employ protection measures to ensure the inmate's safety. Reports of substantial risk of imminent sexual abuse shall be investigated by the institutional investigator and documented within the electronic PREA Incident Reporting System. Random staff was specific on their response to inmates who may be at substantial risk. Each indicated the safety of the inmate at risk would be their priority concern. Their first course of action would be to seek out the inmate, isolate him and notify their supervisor. Warden Harris also confirmed inmate safety would be her paramount concern. She confirmed her options would depend on the situation but initially the inmate would be placed in the hospital and immediately have an investigation conducted. She further stated the facility has not reported any incidents of inmates at substantial risk in the last three years.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (Random Staff)

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.

(a)(b)(c)(d) Section 3 (d) on page 6 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires upon receiving an allegation that an inmate was sexually abused while confined at another institution/facility, the Trumbull Warden is to notify the managing officer of the institution/facility or appropriate office of the agency where the alleged abuse occurred. This notification is to be made with 72 hours after being informed of the abuse and is to be investigated in accordance with applicable provisions of the policy. There were two allegations made at Trumbull occurring at other ODRC facilities. Trumbull reported these allegations to the Warden at each facility, within 72 hours of being made aware, and an investigation was conducted by each facility and the inmates were notified of the outcome. The OCM and Investigator confirmed TCI received no notification of allegations made at other facilities of incidents occurring at TCI reported to them from other facilities.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Warden)
- Interview (Investigator)
- Interview (OCM)

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.

(a)(b) Every staff member at Trumbull is trained as a first responder to an allegation of sexual abuse. Section B (1) on page 6,7 from the Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires every security staff upon learning of an allegation that an inmate was sexually abused to: separate the victim and abuser; preserve the scene and evidence not allowing any washing, brushing of teeth, urinating, changing clothes, defecating, drinking or eating. The policy requires the first non-security staff responding to separate the victim and abuser and request the alleged victim not take any actions that could destroy physical and then notify the security shift supervisor. The auditor interviewed 5 non security first responders and 12 security staff who answered to the question on responding to an inmate who alleged sexual abuse. All stated they would follow the responses required of them as outlined in Appendix "D" of the policy as noted above. The 4 non-security first responders stated that after securing the alleged victim they would immediately notify the closest security staff person. Of the reported sexual abuse cases (10) two of the first responders were non-security. In each case security staff was notified according to case files.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Sexual Abuse First Responder Checklist
- Interviews (Non-Security)
- Interviews (Security)
- Investigative File Review

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.

(a) Policy 03E-TCI-02 (TCI Sexual Abuse Coordinated Response Plan) February 14, 2019, is the facility policy detailing the coordinated actions to be taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The auditor interviewed medical staff, mental health staff, Operational Compliance Manager, the facility Investigator and multiple supervisors during the site visit. Each confirmed they were aware of their specific duties as required by this policy.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 03E-TCI-02 (TCI Sexual Abuse Coordinated Response Plan) February 14, 2019
- Interview (Medical Staff)
- Interview (Mental Health Staff)
- Interview (OCM)
- Interview (Watch Commander)

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.

(a) The Ohio Department of Rehabilitation and Correction has entered into renewed collective bargaining agreements since August 20, 2012. Effective May 12, 2018 through February 28, 2021. According to the interview with the Director, conducted by PREA certified auditor James Currington, the current agreement allows the Agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation.

Policy, Materials, Interviews and Other Evidence Reviewed

- Review (Current Union Contracts) (3)
- Interview (Director)
-

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.

(a)(b)(c)(d)(f) Section D (1) on page 14 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires Trumbull protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. The institutional Investigator is responsible for monitoring retaliation of a staff member and/or inmate resulting from allegations of sexual abuse. The OCM is responsible for monitoring retaliation of any staff member and/or inmate resulting from allegations of sexual harassment. Both the facility Investigator and OCM confirmed that retaliation monitoring begins at the time of an allegation is made and typically continues for at least 90 days unless circumstances warrant an extension, or the investigations determines the allegation was unfounded or inmate is transferred then the monitoring ceases. They both confirmed they initiate periodic contact with the individual and each contact is documented. Their monitoring (Investigator and OCM) a typically monitors discipline reports, evaluations, work assignments for inmates and for staff they look at the employee's work assignments, time off approvals and requests, facility transfers requests, and evaluations. Section D (2)(3) of ODRC policy 79-ISA-02 requires this as well. The auditor reviewed nine cases requiring retaliation monitoring and found the documentation for this monitoring in their investigative case files.

(e) The institution reported that inmate who cooperated with an investigation reported retaliation as a result of cooperating with the investigation(s). This was also confirmed with the facility Investigator and OCM

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (Facility Investigator)
- Interview (OCM)
- Review (Case Files)

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

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(a) Section H 2 (b) on page 8 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2107, limits involuntary TPU assignments for victims of sexual assault only until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed thirty (30) calendar days. As noted in standard 115.43 Warden Harris confirmed that if it ever became necessary to safeguard an inmate at high risk of victimization she would place the individual in the hospital and only utilize the TPU as a last resort. She stated that she could not remember a time when the TPU was ever used for the placement of an inmate at high risk of being abused. The Supervisor who supervises the TPU unit at TCI informed the auditor that he could not remember an inmate ever being placed in the unit because he was at risk of victimization. During the site review the auditor did not see any inmates in the TPU for the purpose of protection from possible victimization. The auditor interviewed 2 inmates who alleged sexual abuse, and both reported that they were never placed in the TPU as a result of their alleged victimization.

Policy, Materials, Interviews and Other Evidence Reviewed

- Interview (Warden)
- Interview (Segregation Supervisor)
- Interviews (Targeted Inmates)
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2017

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.

(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(l) Section C 7 (a-j) on pages 13,14 form the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires investigations into allegations of sexual abuse and sexual harassment, be done promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports.. The MOU with the Ohio State Patrol requires a criminal investigation must be done promptly, thoroughly, and objectively on every allegation of sexual abuse that is received or the facility becomes aware of as well. As confirmed by the auditor in standard 115.34 and required by policy 79-ISA-01 TCI utilizes only specially trained investigators to conduct sexual abuse investigations. Policy 79-ISA-02 further requires the investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence, electronic monitoring data, interview of all involved and review prior complaints and report involving the alleged perpetrator. When such evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors. This section of the policy also requires that the credibility of an alleged victim, suspect, or witness be assessed on an individual basis and not be determined by the person's status as inmate or staff member. Inmates who allege sexual abuse are not required submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. This policy requirement was confirmed with both the OSHP and the facility Investigator. A criminal or administrative investigation must be done on every allegation of sexual abuse that is received or the facility becomes aware of. The auditor interviewed both the OSHP Investigator and the TCI Investigator separately. The OSHP Trooper confirmed all reports of sexual abuse are immediately referred to him regardless of the how the allegation is received. She makes a determination based on the facts and information received if elements of a crime exist. If they do a criminal investigation is initiated to gather evidence to present to prosecutors. Se also stated that regardless of what the individual's status is everyone is treated the same as it pertains to credibility and under no circumstances would she ever compel a victim to submit to any truth telling device in order to continue an investigation. She confirmed each case is assigned a case number and she initiates a case file to document and collect all evidence associated with the alleged incident. During the investigation she would keep the facility up to date with information and provide the facility Investigator the findings of the investigation at its conclusion. Neither the departure of the employee or the inmate from the custody of ODRC would end her investigation. Once started in must be finished. If the case is not considered criminal the TCI Investigator conducts an Administrative Investigation. The TCI Investigator detailed the investigative process and confirmed it involves gathering and preserving 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. He further stated that one of his responsibilities during his investigation is to determine whether staff actions or failures to act contributed to the abuse. The departure of the alleged abuser or victim from the employment or control of ODRC does not provide a basis for terminating any investigation according to him and the agency policy. The auditor reviewed the ten (10) case files for the last twelve months and found each file contained direct and circumstantial evidence as required.

Trumbull reported no cases of sexual harassment during the previous 12 months and 10 allegations of sexual abuse. Each of the sexual abuse cases were referred to the OSHP but returned for Administrative action once it was determined that criminal elements necessary for prosecution were not found in any of the cases. All 10 allegations were made against other inmates. Eight (8) allegations were determined to be unsubstantiated, one (1) unfounded and one (1) substantiated. In the substantiated case the inmate abuser was disciplined.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Review (MOU between ODRC and OSHP)
- Interview (OSHP)
- Interview (TCI Investigator)
- Case File Review

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

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(a) Section 7 (i) on page 14 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires the DRC impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated in Administrative Investigations. The TCI Investigator stated that "preponderance" is threshold he utilizes and has utilized when determining case outcome.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview (TCI Investigator)
- Review (Case Files)

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

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(a)(b)(f) Section 6 (c)(d) on page 12 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires that following an investigation into an inmate's allegation that he/she suffered sexual abuse in an institution, the institutional investigator shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The policy further states if the DRC did not conduct the investigation, it shall request the relevant information from the OSHP in order to inform the inmate. The Trumbull Investigator confirmed he is responsible for notifying the inmate of the investigation outcome at the conclusion of the investigation done by either OSHP or the facility. The inmate is required to sign this notification. Interviews with two inmates who made allegations of sexual abuse indicated that they were notified of the investigation outcome. Reviews of all 10 case confirmed signed

notifications were completed. Policy 79-ISA-02 section 6 (h) states that the institution's obligation to report investigation outcomes shall terminate if the inmate is released from the DRC's custody.

(c)(d)(e) Section 6 (e) on page 12 from Policy 79-ISA-02 requires that following an inmates allegation that a staff member has committed sexual abuse against the inmate, the facility informs the inmate: whenever the employee is no longer assigned on his unit; no longer employed in the facility; and if the employee was indicted or charged as a result of the allegation. The TCI Investigator and Warden Harris confirmed Trumbull had no cases by staff requiring this type notification within the last 12 months. The TCI Investigator confirmed that he is the individual to notify the inmate victim when the case against the inmate abuser results in an indictment and when the trial outcome is known. He stated that all notifications are documented and become part of the case file. There were no cases involving this type of conduct requiring termination or this type notification within the last 12 months.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Interview Warden)
- Interview (TCI Investigator)
- Interview (Targeted Inmates)
- Review (investigative Files)

DISCIPLINE

Standard 115.76: DiTCliplinary 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

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(a)(b)(c)(d) Section VI A (2) on page 4 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017, and DRC Policy 31-SEM-02, Standards of Employee Conduct mandate all employees be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies. Policy 79-ISA-01 further requires termination for violations of DRC sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies. The interview conducted by PREA certified auditor James Currington with the Central Office HR staff person confirmed that any staff member guilty of any act of sexual abuse would be terminated with the notification to law enforcement and relevant licensing bodies if required. s being made. The Warden stated that disciplinary sanctions for violations of the ODRC sexual abuse/sexual harassment policies, different from actual sexual abuse, would be commensurate with the nature and circumstances of the act committed taking into account the individuals works history and similar sanctions for similar behavior. There have been no staff members at TCI terminated for violation of the agency sexual abuse policy according to the PAQ and the interview with the Warden.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- DRC Policy 31-SEM-02, Standards of Employee Conduct
- Interview (HR Staff)
- Interview (Warden)
- Review of PAQ

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

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(a)(b) Section VI A (3) on page 4 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017, states that in accordance with DRC Policy 71-SOC-01, Recruitment, Training, and Supervision of Volunteers, and DRC Policy 39-TRN-12, Contractor Orientation, contractors or volunteers who engage in sexual misconduct will be prohibited contact with inmates and shall be reported to law enforcement agencies and relevant licensing bodies, unless the activity was clearly not criminal. Warden Harris confirmed that any contractor or volunteer who violated the agency zero tolerance policy would be denied entrance to TCI. She also confirmed that if OSHP determined the behavior to be criminal information would be turned over to any licensing bodies as appropriate. The One (1) contractor and four (4) volunteers confirmed that they had received PREA training including the

agency zero tolerance policy against sexual abuse and sexual harassment. Each informed the auditor they were informed of the consequences for any violation of this policy during their orientation training. There were no contractors or volunteers terminated for violation of the agency sexual abuse policy according to the PAQ and the interview with the Warden.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (Warden)
- Interview (Contractor)

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

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(a)(b)(c)(d)(e)(f)(g) Section V on page 2 of the ODRC policy 56-DSC-01 (Conduct Report and Hearing Officer Procedures) dated March 2, 2017, requires the ODRC inmate disciplinary process be carried out: promptly and fairly; allow individuals directly affected by an inmate rule infraction to provide input into the disciplinary process; to not punish inmates for being seriously mentally ill; and to abide by the Administrative Rules. Policy 79-ISA-02 sections E (1)(2)(3)(6) on page 15 requires an inmate be disciplined for sexual contact and/or sexual conduct with staff upon a finding that the staff member did not consent to such contact or conduct. Any inmate found guilty by the RIB/SMP of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services. No inmate reporting sexual misconduct shall be issued a conduct report for lying based solely on the fact their allegations could not be substantiated or that the inmate later recanted his allegation. Warden Harris confirmed that inmate disciplinary sanctions are 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 and consider whether an inmate's mental disabilities or mental illness contributed to his behavior. She also confirmed that any inmate charged with or suspected of any disciplinary infraction would have the disability taken into consideration when determining what type of sanction should be imposed.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 56-DSC-01 (Conduct Report and Hearing Officer Procedures) March 2, 2017

- Policy 79-ISA-02
- Interview (Warden)

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.

(a)(b)(c) Section VI A (2) on page 3 from the ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107, requires if the risk assessment indicates the inmate is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen (14) calendar days of the intake screening. Inmates shall be screened by mental health in accordance with DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification. The Nurse who initiates the risk assessment confirmed that any inmate who either has it in their record or informs the person who perform the risk assessment they were ever victimized it is noted on the computer screen, made part of his record and the inmate is offered medical/mental health services. The auditor interviewed eleven (11) inmates who disclosed during "intake" prior victimization. Six of the eleven declined medical/mental health service and five accepted it. The auditor reviewed each of the five inmates' records. A mental health practitioner saw all within 14 day of their arrival at TCI. Section A (3) of this same policy requires if the assessment indicates that the inmate is at risk or has previously perpetrated sexual abuse, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a mental health practitioner within fourteen (14) calendar days of the intake screening. The Nurse performing the risk assessment stated she would make the notation on the form if she became aware of an abusive inmate and make the same referral to mental health.

(d) Section 3 (b) on page 6 from Policy 79-ISA-02 requires all information related to sexual victimization or abusiveness that occurred in an institutional setting be strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The Operational Compliance Manager, Mental Health Practitioner and the Medical Practitioner each confirmed all information is shared on a need to know basis, not readily available and password protected.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02
- Interview (Risk Assessment Staff)
- Interview (OCM)
- Interview (Mental Health)
- Interview (Medical)

- Review of Risk Assessment (Targeted Inmates)
- Review Medical Records (Targeted Inmate)
- ODRC policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) February 5, 2107

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.

a)(c) Section III B on page 2 from the Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 September 28, 2015 requires inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Mental Health practitioner and the Medical practitioner confirmed treatment services are 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. Both also stated that the nature and scope of the services provided are based according to their professional judgment. The medical practitioner confirmed victims of sexual abuse are offered timely information and timely access to sexually transmitted infections prophylaxis. She indicated that the outside hospital typically starts the medication and it is then continued at the institution. Section VI A (2) on page 3 from Policy 79-ISA-04 (PREA Risk Assessment and Accommodation Strategies) dated February 5, 2107 requires an inmate who is at risk or has experienced prior sexual victimization, whether it occurred in an institution setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen (14) calendar days of the intake screening. As noted in standard 115.81 this was confirmed by interviews and records check.

(b) Section H (1) on page 12 from Policy 67-MNH-09 (Suicide Prevention) dated March 22, 2017 requires Trumbull develop a written plan for twenty-four (24) hour emergency mental health service availability. The plan shall include an on-site emergency crisis intervention. The auditor reviewed the 24 hour on call mental health list for the facility.

The auditor interviewed eleven (11) inmates who disclosed during "intake" prior victimization. Six of the eleven declined medical/mental health service and five accepted it. The auditor reviewed each of the five inmates' records. A mental health practitioner saw each of them within 14 day of their arrival at TCI.

Policy, Materials, Interviews and Other Evidence Reviewed

- Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11
- Policy 67-MNH-09 (Suicide Prevention) March 22, 2017
- Mental Health Crisis On-Call List
- Interview (Medical)
- Interview (Mental Health)
- Interview (Targeted Inmates)

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.

(a)(b)(c)(f)(g) Section B (2)(3) on page 7 from the ODRC Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017, requires medical services at each facility follow Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse. This document includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral for mental health evaluation to victims of sexual abuse. It further requires inmates referred to mental health by medical services following an allegation of sexual abuse be seen by a mental health professional who shall complete further screenings or assessments consistent with DRC policy 67-MNH-04, Transfer and Discharge of the Mental Health Case Load, March 23, 2017, section VI A (5) requires each ODRC facility ensure mental health staff at the receiving institution is informed of the transfer (victim) and shall be documented in an ECW Encounter in the inmate's ECW record as soon as possible for those inmates on the mental health caseload who are classified as SMI or have been on suicide watch in the last six (6) months prior to the transfer. Mental Health staff is responsible for the completion of the form and shall sign the Mental Health Transfer Summary (DRC5180) in DOTS Documentation shall include who specifically was contacted at the receiving institution and what information was provided. The Medical and Mental Health practitioners informed the auditor that emergency medical and crisis interventions services are available anyone victimized by sexual abuse regardless of when or where it occurred. They each confirmed the level of care at TCI was consistent or better than the community level of care in their opinion, Typical protocols for them would include: evaluation and treatment of anyone victimized includes, as appropriate, follow-up services, treatment plans, tests for sexually transmitted disease and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. They also indicated the policy and practice requires these treatment services be provided to victims without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. As noted earlier the auditor interviewed eleven (11) inmates who disclosed at "intake" incidents of prior victimization Six of the eleven declined medical/mental health service and five accepted it The auditor also interviewed two inmate alleging sexual abuse each indicating to the auditor that neither were ever charged for medical/mental health services.

(d)(e) TCI is an adult male facility with no females.

(h) Section C 6 (h) on page 12 from the ODRC policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) dated July 24, 2017 requires the Mental Health

staff attempt to conduct an evaluation on all known abusers within sixty (60) calendar days of learning of such history and offer treatment when SUBJECT: Prison Sexual Misconduct Reporting, Response, Investigation, & Prevention of Retaliation PAGE 13 OF 17. DRC 1362 deemed appropriate. Mental health services shall be notified whenever an inmate is designated as an abuser in the PREA Risk Assessment System. The Mental Health practitioner indicated that typically within sixty (60) days of that notification, mental health services would consult with sex offender services to determine if placement in a sex offender specific program or other sex offender specific service is appropriate for the inmate. This consultation would be documented in the offender's mental health case file.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-02 (Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation) July 24, 2017
- Medical Protocol B-11, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- DRC policy 67-MNH-02, Mental Health Screening and Mental Health Classification
- DRC policy 67-MNH-04. Transfer and Discharge of the Mental Health Case Load
- Interview (Mental Health Staff)
- Interview (Targeted Inmates)

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.

(a)(b)(c)(d)(e) Section VI A,B on pages 2,3 from the ODRC policy 79-ISA-03 (Sexual Abuse Review Team) dated July 17, 2017, requires TCI to create a Sexual Abuse Review Team (SART). The team makeup at TCI consists of the Deputy Wardens, the Investigator, the PREA Compliance Manager, a Mental Health Staff person, line Supervisor and a Victim Support person. The SART team is required to review, within 30 days all sexual abuse investigation conclusions, unless the allegation was determined to be unfounded. One of the SART team member confirmed that their review of the incident must be thorough with a written report that must consider: events leading up to and following the incident;

whether the actions taken were consistent with agency policies and procedures; whether the allegation or investigation indicates a need to change policy or practice to better 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, gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; an examination of the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; an assessment of the adequacy of staffing levels in that area during different shifts; an assessment as to whether monitoring technology should be deployed or augmented to supplement supervision by staff; recommendations to the Warden and Operational Compliance Manager for any improvements based on the above assessments and review. The SART team member and the OCM confirmed recommendations made by the team must be implemented or the facility must document the reason(s) they were not followed. There were nine (9) allegations of sexual abuse requiring incident reviews by the SART team during the previous 12 months. The auditor found the reviews present in each case file requiring one. All reviews were completed within 30 days of the conclusion of the investigation.

Policy, Materials, Interviews and Other Evidence Reviewed

- ODRC policy 79-ISA-03 (Sexual Abuse Review Team) July 17, 2017
- Interview (SART Member)
- Interview (OCM)
- Interview (TCI Investigator)
- Review of Case Files

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.

(a)(b)(c)(d)(e)(f) Section F (1) on page 12 from the ODRC policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017, requires 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 that are found on page 2 and 3 of this same policy. The agency PREA Coordinator confirmed that as required by section F (5) of this same policy he is responsible to aggregate all agency provided incident based information from all facilities, including the private facilities, and upon request provide all such data from the previous calendar year to the Department of Justice no later than June 30. The OCM confirmed the incident-based data submitted to the PREA includes the information needed to complete the standardized instrument Survey of Sexual Violence 2012 (SSV) to the Department of Justice. The auditor was provided with the review of the 2017 SSV2.

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (PREA Coordinator)
- Interview (OCM)

- Review of 2017 SSV2

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

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)(b)(c)(d) Section F (3,4) on page 12 from Policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017, requires the agency review incident-based sexual abuse data in order to assess and improve the effectiveness of the sexual abuse prevention, detection, and response policies, procedures, and training by: identifying problematic areas, taking corrective action on an ongoing basis and preparing an annual report of findings and corrective actions for each unit, as well as ODRC as a whole. The Agency PREA Coordinator confirmed ODRC collects, maintain, and reviews data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews from each facility in the Agency including the three private facilities it contracts with. TCI provides sexual abuse statistics to Central Office to assist them in creating the ODRC Annual Report, documenting trends, concerns etc. within the aggregate data total. The auditor reviewed the annual report (2017 Annual Internal Report on Sexual Assault Data) found on the agency web page. <https://drc.ohio.gov/prea>

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination)
- Interview (PREA Coordinator)
- Review of Annual Report

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.

(a) Section F (5)(6)(8) on page 12 from Policy 79-ISA-01 (Prison Rape Elimination), dated February 23, 2017, requires all case records associated with allegations of sexual misconduct or retaliation including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling be securely retained in accordance with the DRC records retention schedule. The PREA Coordinator/designee confirmed he is responsible gather all aggregated sexual misconduct data received from private facilities (3) with which it contracts and ensure it is readily available to the public at least annually through the DRC internet site. He also confirmed personal identifiers are removed from publicly available data as required by this policy. The auditor reviewed the annual report (2017 Annual Internal Report on Sexual Assault Data) found on the agency web page. <https://drc.ohio.gov/prea>

Policy, Materials, Interviews and Other Evidence Reviewed

- Policy 79-ISA-01 (Prison Rape Elimination), February 23, 2017
- Interview (PREA Coordinator)
- Review of Annual Report

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: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

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.

ODRC has ensured each of their facilities operated by the agency and private organizations under contract, was audited starting August 20, 2013, each three-year period thereafter. The entire agency was PREA compliant within the first cycle concluding in 2015 and has remained that way.

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 2013 and continues to post them within 2 weeks of the documents being provided to them by the auditor. <http://www.drc.ohio.gov/prea>

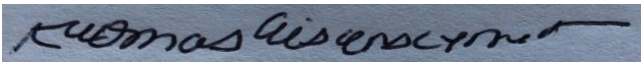
AUDITOR CERTIFICATION

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.



May 14, 2019

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>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.