

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

Interim Final

Date of Interim Audit Report: Click or tap here to enter text. N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 04/21/2020

Auditor Information

Name: James Curington

Email: jecjrboy@aol.com

Company Name: American Correctional Association

Mailing Address: PO Box 2231

City, State, Zip: Alachua, FL 32616

Telephone: 352-538-2636

Date of Facility Visit: 03/09-13/2020

Agency Information

Name of Agency: Toledo Correctional Institution

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

Physical Address: 4545 Fisher Rd., suite D

City, State, Zip: Columbus, OH 43228

Mailing Address: same

City, State, Zip: same

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

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

Agency Chief Executive Officer

Name: Annette Chambers-Smith

Email: Annette.Chambers-Smith@odrc.state.oh.us

Telephone: 1-614-752-0238

Agency-Wide PREA Coordinator

Name: Mark Stegemoller

Email: mark.stegemoller@odrc.state.oh.us

Telephone: 614-315-4951

PREA Coordinator Reports to:

Chief, Bureau of Operational Compliance (BOC)

Number of Compliance Managers who report to the PREA Coordinator:

25

Facility Information

Name of Facility: Toledo Correctional Institution

Physical Address: 2001 East Central Ave.

City, State, Zip: Toledo, OH 43608

Mailing Address (if different from above):
same

City, State, Zip: same

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

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

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Internal Management (mock) ACA and PREA audits

Warden/Jail Administrator/Sheriff/Director

Name: Charlotte Owens

Email: Charlotte.Owens@odrc.state.oh.us

Telephone: 419-726-7977 extension 62174

Facility PREA Compliance Manager

Name: Derek Burkhart

Email: Derek.Burkhart@odrc.state.oh.us

Telephone: 419-726-7977 extension 62179

Facility Health Service Administrator N/A

Name: Dennis Seger

Email: Dennis.Seger@odrc.state.oh.us

Telephone: 419-726-7977 extension 622

Facility Characteristics

Designated Facility Capacity:

1000

Current Population of Facility:

856

Average daily population for the past 12 months:	829	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	19-76 years	
Average length of stay or time under supervision:	8.66 years	
Facility security levels/inmate custody levels:	three, four (maximum security, with generally single cell)	
Number of inmates admitted to facility during the past 12 months:	478	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	478	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	459	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	467	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	52	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	92	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	196	

Physical Plant

Number of buildings: Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	2 main buildings (plus one small entrance building)
Number of inmate housing units: Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	20
Number of single cell housing units:	18
Number of multiple occupancy cell housing units:	2
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	96
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input type="checkbox"/> N/A
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>2</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Ohio Department of Rehabilitation and Correction (DRC, Ohio DRC or ODRC) and Toledo Correctional Institution (ToCI or Toledo CI) was scheduled in January 2020. At this time, contact was made concerning the availability of the certified PREA auditor, James Curington. After phone calls and discussion, the audit was scheduled for March 11 through March 13, 2020. The PREA auditor would also participate in an American Correctional Association (ACA) audit preceding the PREA audit on March 8 to the 11th, 2020 thus, the site visit would be from March 9 to March 13, 2020 for the PREA auditor. This weeklong process for the PREA auditor afforded a full overview of operations at ToCI involving the ACA accreditation process and the PREA audit assignment. In the auditor's opinion, this process assists with a thorough review of the PREA standards supplemented and complemented by the ACA review period.

Following the scheduling, the PREA auditor submitted an Audit Initiation Form to the PREA Resource Center (PRC).

The auditor was furnished substantial documentation by the ODRC PREA Office for the PREA audit. This information was impressive and essential to the triangulation of the essential parts of the audit preaudit review, on-site visit, and post audit compilation and determination of PREA audit compliance. The following was submitted by thumb/flash drive addressing policies, procedures, documents, supporting materials, examples, and information clearly outlining the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment in prison. Using the aforementioned information, the following specifics greatly assisted the auditor in determining PREA compliance and demonstrated ODRC's and ToCI's commitment to PREA compliance for each and every standard:

- Electronic file folders from standard 115.11 to standard 115.89
- The latest ACA Report and past ACA Reports
- Population reports from the facility listing the inmate population
- Staffing reports listing employees
- and the 2020 Pre-Audit Questionnaire (PAQ) Prisons and Jails (fillable document that was completed by the facility 2/6/2020 and updated 3/11/2020).

The methodology for the PREA Audit included the ACA Standards Audit of the Adult Prisons and Jails (for the first part of the week), the PREA audit using the Audit Report Template taken from the PRC website, the PREA Auditor Handbook, and the supplemental and guidance information for tours, standards compliance, document review, and the general guidelines directed by the PREA Resource Center. The above was accomplished with the PREA auditor's review of documentation, triangulation of the preaudit, the on-site audit and the review of documentation and follow-up assessment following the preaudit and on-site audit. Further, the methodology included:

- 1) Scheduling through the American Correctional Association with the Ohio Department of Rehabilitation and Correction
- 2) Sending an Audit Initiation Form to the PRC
- 3) Making contacts with the agency/facility, posting notices and exchanging information.
- 4) Sending an agenda to ToCI
- 5) Making an on-site visit to the community and to ToCI March 8th to 13th, 2020.
- 6) Making an assessment of compliance/non-compliance prior to, during, and after the on-site visit with follow-up review of documents and materials. This was the third and final step of the triangulation of preaudit, on-site visit and post on-site review.

- 7) Completing the Interim/Final Auditor Summary Report. The final report is a product of the above-mentioned triangulation.
- 8) Notifying the agency/facility of the Summary Report.
- 9) Sending a Post Audit Report Form to the PRC.

A significant part of the audit report and final product included the methodology of the tour and on-site visit. The following site visit agenda was sent to the facility,

Sunday, March 8

Evening dinner/introductions/meet and greet – facility staff and auditors for ACA and PREA

Pre-Audit Meetings as appropriate

ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Wed., PREA audit, Wed. – Fri.

Monday, Tuesday, and Wednesday morning, March 9, 10 and 11 a.m. – ACA Audit

Begin the ACA Audit Process including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records including, Litigation, Significant Incidents/Outcome Measures, Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up including the Compliance Tally and Exit Discussion coordinated by the ACA Chairperson.

Wednesday, March 11 – PREA Agenda

8:00 a.m. – continue the ACA audit and prepare for ACA closeout. Prepare for PREA visits on site at the Toledo CI and schedule the required number of interviews as outlined in the Auditor's Handbook. Inmate interviews, at least 30, including targeted inmates. Staff, at a minimum, 12 Random Staff and 16 Specialized Staff (including volunteers, contractors and visitors).

12:00 noon – begin the PREA audit. Discuss the Audit Instrument of the PREA Resource Center including: 1) the Pre-Audit Questionnaire, 2) the Auditor Compliance Tool, 3) the Instructions for the PREA Audit Tour, 4) the Interview Protocols, 5) the Auditor's Summary Report (PREA template Questionnaire), 6) the Process Map, and 7) the Checklist of Documentation with the Warden and the Institutional PREA Compliance Manager and discuss the schedule of revisits and interviews (such as Attend Shift Briefings – Review Post Assignments – Afternoon, Evening).

As necessary, review PREA "Instructions for PREA Audit Tour". Follow up as needed from ACA audit tour.

Schedule interviews with staff and inmates (facility staff assistance).

Review PREA Standards/justifications.

Review demographics of the facility.

Designated Capacity

Actual Capacity

Age Range/Youthful Offenders

Gender

Security Custody Levels

Number of staff: total, security, non-security, program, medical, contract, volunteers, other

SPECIAL NOTE: Lists of inmates including complete inmate roster.

Inmates with disabilities,

LGBTI inmates,

Inmates who are limited English proficient,

Inmates in segregated housing,

Inmates who reported sexual victimization during risk screening,

Inmates who reported sexual abuse,

Inmates placed in seg housing for protection from sexual victimization,

Complete staff roster,

Specialized staff (see Interview Protocols for Staff),

Contractors, and

Volunteers.

Information on pages 42 to 59 of the Auditor's Handbook outlining Interviews.

Review facility schematics - # of buildings, # of dorms, # of acres (inside, outside the compound), # of towers, fence (kind, height, length, security features, etc.). Review blind-spots.

Review Allegations - sexual abuse, harassment, retaliation, investigated-administrative, criminal indicted, prosecuted, referred, founded, unfounded, substantiated, unsubstantiated and "lists of such".

SPECIAL NOTE, lists are also critical in the following areas:

All grievances in the past 12 months.

All incident reports in the past 12 months.

All allegations of sexual abuse and sexual harassment reported for investigation in the past 12 months.

All hotline calls made during the past 12 months.

Again, this is in the Auditors Handbook.

View/review Offender Orientation/Admission/Intake

Thursday, March 12

8:00 a.m. Visit and revisit institutional operational areas. Review specialty program areas.

IMPORTANT! 3:00 p.m. Review PREA standards and PREA template Questionnaire with Warden and Key staff. This is tedious and labor intensive, but the auditor feels it demonstrates a significant commitment to PREA compliance.

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local MH.

Interviews with staff and inmates. Note: PREA "Interview Protocols" Make sure interviews include all staff "shifts". Make sure inmates from each housing unit are interviewed.

Friday, March 13

Appropriate to the PREA Auditor's Summary Report, begin "triangulation" of pre-audit, site visit and interviews, information and report.

9:00 a.m. Tour with Warden, Institutional PREA Compliance Manager

11:00 a.m. Review Auditor's Summary procedures (interim report/final report) with key staff

12:00 noon Depart Toledo Correctional Institution

The above agenda was accomplished making adjustments as necessary for visiting all areas of the facility and for reviewing the operations of the Toledo Correctional Institution.

Interviews were conducted with staff and inmates as outlined in the PREA Auditor Handbook and the PREA Compliance Audit Instrument, Interview Guidelines.

Specifically, 34 inmates were formally interviewed from scripted protocols. Additionally, numerous informal interviews and discussions were held with inmates. 38 staff were formally interviewed. This included 19 specialty staff and 19 random staff. Additionally, numerous informal interviews and discussions were held with staff, volunteers, contractors, and visitors.

These interviews with staff and inmates, both formal and informal, and the many discussions held with staff and inmates gave the auditor insight into the operations of ToCI and contributed to the auditor's assessment of PREA compliance for the PREA Standards reviewed.

The PREA auditor evaluated and assessed each standard listed in the template. The auditor assesses the Ohio DRC's Toledo Correctional Institution as compliant with PREA standards (please see summary of audit findings).

The auditor does wish to acknowledge the ODRC's support of the PREA. Audit process and the ODRC's and Toledo CI's commitment to helping eliminate sexual abuse and sexual harassment in prison.

Facility Characteristics

The Toledo Correctional Institution, subject of this PREA Audit, is located in northwest Ohio in the city of Toledo and about 45 miles southwest of Detroit, Michigan. The mailing address for the facility is 2001 E. Central Ave., Toledo, OH 43608. The institution itself sits on approximately 45 acres in the northeast corner of downtown Toledo. This maximum-security facility is composed of:

- a) an outside warehousing/garage/storage building (18,000 ft.² of space for warehousing/storage and 6000 ft.² for the garage),
- b) a front entry building that is part of the security perimeter (about 3900 ft.²) with a visitor and staff check-in station, restroom facilities, a Mail Department and security support facilities;
- and c) the very large (approximately 450,000 ft.²) maximum-security unit within the secured perimeter.

The maximum-security unit contains the following interconnected departments/units:

- an Administration building (including Administration/Personnel/Business Operations)
- a Master Control Center
- the inmate Food Services Department
- a Maintenance Department
- an Institutional Powerhouse
- a Master Chemical Distribution Department
- a Reception and Discharge Department and three Main Housing Blocks (A, B, and C) accounting for over 225,000 ft.² of space.
- a Programming Unit
- a Recreation Department (including inside gymnasium and outside recreational areas)
- an inmate Laundry
- an inmate Visitation Room
- Educational, Vocational and Library Services (including Law Library)

- Medical and Mental Health Department
- and Religious Services Department.

The ToCI is a large, 1000 bed capacity, mostly single cell, adult male, level IV maximum-security institution. The Toledo Correctional Institution was designed as a single cell facility in 2000 and had renovations as of 1/13/2020. The current population is around 850 and the average daily population for the past 12 months was 829. Staffing for the facility is 467, with 92 contractors and 196 volunteers.

The facility is climate controlled, with appropriate lighting (including natural lighting). Noise levels and air circulation were within the recommended ACA levels. This is a non-smoking facility. This is, again, a single cell facility all having commodes and sinks and some having individual showers or appropriate shower access. The facility was clean and orderly during the auditor’s visit.

Mission and Vision Statements:

ODRC Mission: “To reduce recidivism among those we touch”

ODRC Vision: “To reduce crime in Ohio.”

ToCI Operations Mission: “Unit Management and Security will work together to be responsive to staff concerns and the needs of the inmates.”

ToCI Operations Vision: “To provide clear direction in our methods and processes to ensure quality performances in our daily activities. Include employees in the development of processes and methods to stimulate employee growth and professional needs. Display effective levels of operational responsibilities to the citizens of Ohio.”

The Mission and Vision statements taken from the Welcome Booklet given to the PREA and ACA auditors.

Toledo Correctional Institution is an American Correctional Association accredited institution.

Toledo Correctional Institution was PREA certified three years previously.

The Ohio Department of Rehabilitation and Correction has had all of its facilities, including private facilities, PREA certified.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: Eight (8) Standards Exceeded

List of Standards Exceeded:

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment, PREA coordinator

Standard 115.21 Evidence protocol and forensic medical examinations

Standard 115.31 Employee training

Standard 115.41 Screening for risk of victimization and abusiveness

Standard 115.51 Inmate reporting

Standard 115.71 Criminal and administrative agency investigations

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

Standard 115.88 Data review for corrective action

Standards Met

Number of Standards Met: Thirty-seven (37) Standards Met

List of Standards Met:

- Standard 115.12 Contracting with other entities for the confinement of inmates.
- Standard 115.13 Supervision and monitoring.
- Standard 115.14 Youthful inmates.
- Standard 115.15 Limits to cross-gender viewing and searches.
- Standard 115.16 Inmates with disabilities and inmates who are limited English proficient.
- Standard 115.17 Hiring and promotion decisions.
- Standard 115.18 Upgrades to facilities and technologies.
- Standard 115.22 Policies to ensure referrals of allegations for investigations.
- Standard 115.32 Volunteer and contractor training.
- Standard 115.33 Inmate education.
- Standard 115.34 Specialized training: investigations.
- Standard 115.42 Use of screening information.
- Standard 115.43 Protective custody.
- Standard 115.52 Exhaustion of administrative remedies.
- Standard 115.53 Inmate access to outside confidential support services.
- Standard 115.54 Third-party reporting.
- Standard 115.61 Staff and agency reporting duties.
- Standard 115.62 Agency protection duties.
- Standard 115.63 Inmate reporting to other confinement facilities.
- Standard 115.64 Staff responder duties.
- Standard 115.65 Coordinated response.
- Standard 115.66 Preservation of ability to protect inmates from contact with abusers.
- Standard 115.67 Agency protection against retaliation.
- Standard 115.68 Post-allegation protective custody.
- Standard 115.72 Evidentiary area standard for administrative investigations.
- Standard 115.73 Reporting to inmates.
- Standard 115.76 Disciplinary sanctions for staff.
- Standard 115.77 Corrective action for contractors and volunteers.
- Standard 115.78 Disciplinary sanctions for staff.
- Standard 115.81 Medical and mental health screenings; history of sexual abuse.
- Standard 115.82 Access to emergency medical and mental health services.
- Standard 115.83 Ongoing medical and mental health care for sexual abuse victims & abusers.
- Standard 115.86 Sexual abuse and incident reviews.
- Standard 115.87 Data collection.
- Standard 115.89 Data storage, publication, and destruction.
- Add.
- Standard 115.401 Frequency and scope of audits.
- Standard 115.403 Audit contents and findings

Standards Not Met

Number of Standards Not Met: zero (0)

List of Standards Not Met: zero (0)

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Toledo Correctional Institution is a large maximum-security all-male correctional facility that has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The general policy was developed by the Ohio Department of Rehabilitation and Correction and addresses all institutions and this state agency. This policy clearly outlines the agency's approach to preventing detecting and responding to sexual abuse and sexual harassment. The policy is titled Prison Rape Elimination 79-ISA-01. The auditor had the opportunity to interview Ms. Annette Chambers-Smith Director Ohio DRC and the agency PREA Coordinator, Mr. Mark Stegemoller, who support the Prison

Rape Elimination Act. Further, the agency's PREA policies, and the staff's efforts to eliminate sexual abuse and sexual harassment in prison indicate their support for PREA compliance.

The PREA policy specifically states "It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by mandating a program of prevention, detection, response, investigation, and tracking. The DRC shall maintain zero tolerance for sexual misconduct in its institutions and in any facilities with which it contracts for the confinement of inmates." It was noted by the PREA auditor that not only is the DRC and specifically ToCI, committed to eliminating rape in prison, but also that they were committed to a cultural change. This commitment was obvious at ToCI. It was observed through the posters (the agency has posted information emphasizing "Break the Silence"), flyers, reporting systems, throughout the institution and the training of staff and inmates that the facility was committed to "breaking the silence". This cultural change advocates and supports the inmates' right to be free from sexual abuse and sexual harassment, and the inmates and employees have a right to be free from retaliation for reporting sexual abuse and sexual harassment. The agency posted information emphasizing "break the silence". Inmates and staff are required to report misconduct, and to work to keep both staff and inmates safe throughout DRC facilities.

The organizational charts of ToCI and the organizational charts for the agency reveal a Statewide and Institutional PREA Compliance Manager and an Agency PREA Coordinator that have direct access to the Warden of the facility and the Agency Director. Interviews with the Warden and the Agency Director, the Institutional PREA Compliance Manager, and the Agency PREA Coordinator all reflect their commitment to eliminating rape in prison and compliance with PREA standards. The auditor has reviewed several DRC facilities including Toledo Correctional Institution and is impressed with the zero-tolerance policy, the training and testing of staff, and the efforts for a cultural change. There is a commitment to safety and security of staff and inmates. Based on the interviews with key staff, the observation of operations at Toledo Correctional Institution, and based on the agency's efforts to "break the silence" and to eliminate rape in prison, this standard is assessed as "Exceeds Standard".

In addition to interviews of staff and inmates; observation of ToCI operations; and the observation of posters throughout the facility and in the reception area emphasizing PREA compliance/PREA reporting/PREA; a review of the following documents support this "Exceeds Standard" compliance determination:

- 1) Institutional zero-tolerance policy, the ToCI Zero-Tolerance 03E-01
- 2) Institutional organizational chart and agency organizational chart
- 3) Agency zero-tolerance policy, Prison Rape Elimination 79-ISA-01
- 4) Agency PREA Coordinator Responsibilities and information in agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation.

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

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.) 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*)

The Toledo Correctional Institution does not contract with other entities for the confinement of inmates.

The Ohio Department of Rehabilitation and Correction does contract for the housing of inmates and based on policy 79-ISA-01 Prison Rape Elimination, the following is required "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."

Contract information in the Department of Administration Services, Office of Procurement Services contract number CSP901412-3 effective 8/31/11 to 6/30/13 (*renewal through 06/30/19) was reviewed by the auditor which further stipulates PREA compliance (and renewed again).

Based on the interviews with agency staff and review of agency supporting documentation, this standard is assessed as compliant, "Meets Standard". Also used in this assessment were the following three PREA file folders for this standard 115.12 supporting compliance:

- 1) Policy 79-ISA-01 Prison Rape Elimination.
- 2) Memo to file (indicating the two private prisons, not ToCI, that have agency contracts).
- 3) Private Prison Contract.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
X Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?
 Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

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

115.13 (c)

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

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

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? Yes No

Auditor Overall Compliance Determination

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

The ODRC policy 79-ISA-01 Prison Rape Elimination, directs that each institution shall develop, document, and make its best efforts to comply with the staffing plan that provides for adequate levels of staff and, where applicable, supplement with video monitoring supervision, and monitoring efforts to protect inmates. The agency and the facility take into consideration those above factors so listed in section (a) of the policy which lists the following:

- Generally accepted detention and correctional practices.
- Any judicial findings of inadequacy. Any findings of inadequacy from Federal investigation agencies.
- Any findings of inadequacy from internal or external oversight bodies.
- All components of the facility's physical plant, including blind spots.
- The number and placement of supervisory staff.
- Institutional programs occurring on a particular shift.
- Any applicable state or local laws, regulations, or standards.
- The prevalence of substantiated and unsubstantiated incidents is a sexual abuse.
- Any other relevant factors.

Prison Rape Elimination policy 79-ISA-01 and policy 50-PAM-02 Inmate Communications/Weekly Rounds, and the ToCI staffing plan, specifically address supervision, monitoring, communications, and employee visits.

The auditor reviewed the ToCI staffing plan and discussed the plan with the Warden and her key staff throughout the on-site visit to the institution. The Warden specifically states that in the staffing plan, and because of the nature of this maximum-security facility, no deviations are made from the staffing plan. This is also documented in the Annual Review of the staffing plan and further documented in the Pre-Audit Questionnaire (PAQ 2/6/2020). The staffing plan is a key document and was discussed throughout the on-site visit to ToCI.

Two documents, the high-level staff unannounced rounds employee visit record and the Captain and Lieutenant unannounced rounds employee visit record, were reviewed by the auditor documenting unannounced rounds at the facility. Interviews with higher level staff and Captains and Lieutenants further documented unannounced rounds. Additionally, line staff acknowledged that unannounced rounds were made by higher and intermediate level staff.

During the tour of the facility and during the three-day on-site visit, the auditor reviewed the operations as well as the interaction between staff and inmates at ToCI. It was evident to the auditor that there was a very high level of custody care and control, and it was clear that safety and security of staff and inmates was a top priority at the institution.

There are internal and external cameras strategically placed throughout the ToCI (total 299 surveillance cameras: 269 inside and 30 outside. Cameras consist of fixed view, 360° view, and pan tilt zoom type). The Chief Correctional Officer and/or his staff are continually monitoring, through technology, the custody care and control of the inmates. It is noted that the facility is sensitive to the change-of-clothing/toilet/shower issues and complies with the PREA standards. This was observed by the auditor during the on-site visit paying particular attention to shower facilities, restroom facilities, living quarters, and with interviews of staff and inmates.

In addition to the interviews of staff and inmates; the above documents and information; and the official ToCI PREA Staffing Plan dated 10/29/19; the following five PREA file folders for this standard were used to help assess compliance:

- 1) Post orders and shift assignments daily logs on all shifts.
- 2) Higher-level employee visits log.
- 3) Captain and Lieutenants employee visits log.
- 4) Policy number 50-PAM-02 Inmate Communications/Weekly Rounds.
- 5) Policy number 79-ISA-01 Prison Rape Elimination.

Standard 115.14: Youthful inmates

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*)

Based on the auditor's review of the facility and the following PREA file folder:

Memo to file which states "This standard is not applicable as the Toledo Correctional Institution does not house youthful offenders."

The DRC does not house inmates under the age of 18 at the Toledo Correctional Institution. The facility does not have youthful inmates. Thus, this standard is assessed as compliant, "Meets Standard".

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)

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 if the facility does not have female inmates.) 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? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes 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*)

The auditor reviewed; during the preaudit phase; the following policies, procedures, training, video scripts, Pre-Audit Questionnaire (PAQ) ToCI, and the electronic PREA folders Standard 115.15:

- 1) Statement of Fact, ToCI has had no incidents of cross gender strip searches or cross gender body cavity searches during the audit period.
- 2) Statement of Status, Toledo Correctional Institution does not house female offenders.
- 3) Statement of Fact, Toledo Correctional Institution has not had any exigent circumstances where opposite gender viewing was conducted during the audit.
- 4) Roster documentation of staff training including names, times, and dates.
- 5) Policy 79-ISA-01 Prison Rape Elimination (including; viewing of showers, bodily functions, clothing change, and opposite gender announcements).
- 7) Policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy (section F, Privacy)
- 8) Policy 310-SEC-01 Inmate and Physical Plant Searches (including inmate searches, strip searches, and cross gender searches).
- 9) PREA Pat-down Video Script (staff training).
- 10) PREA update video (male staff member pat-down of female, transgender and intersex offenders during “exigent circumstances”).

ToCI is a maximum-security facility and has no female inmates housed or maintained at the institution.

The Ohio DRC policies 79-ISA-01 and the policy 310-SEC-01 referred to above, addresses and stipulates that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances. Note: there have been no exigent circumstances at Toledo CI. Note: the PAQ indicates that in the past 12 months there have been zero (0) number of cross gender strip or cross gender visual body cavity searches of inmates and there has been zero (0) number of pat-down searches of female inmates conducted by male staff.

All security staff received annual training, video training, online update training, and shift trainings covering policies and procedures, searches, and the inmates right not to be sexually abused or sexually harassed. As observed by the auditor, staff at ToCI are knowledgeable and professional in conducting searches and when interviewed, acknowledged their training and acknowledged PREA education concerning cross gender viewing and searches. All security staff have received training in conducting cross gender searches, pat-down searches, and searches of transgender and intersex inmates in a professional and respectful manner consistent with security needs. The PAQ indicates that 100% of the staff have been trained in conducting such searches.

The auditor visited all housing units and noted that this is generally a single cell facility with each inmate having his own cell (there are a few cases of lower custody inmates being a part of a two man cell) but for the most part inmates are single celled and have the opportunity to use the toilet and change clothes and shower without being viewed by a staff member of the opposite gender. In the case of two man cells this is also true when it comes to staff. If there are cells without showers, the individual showering takes place under appropriate supervision in specific housing areas with curtains to assist with privacy. Staff members of the opposite gender had an annunciator system at this facility that

sounds and lights during the waking hours to address shift and entrance announcements for privacy purposes. Based on the auditor's review of daily operations, it was noted by the auditor that there is privacy for the inmate population.

Agency policy 79-ISA-05 prohibits staff from searching or physically examining a transgender or intersex inmate for determining that inmate's genital status. Determinations on genital status are made by medical.

Based on the review of agency policy, the procedures outlined in the policies, the review of housing and daily operations at the institution and based on staff and inmate interviews, this standard is assessed as compliant, "Meets Standard".

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

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*)

This standard 115.16, referencing inmates with disabilities and inmates who are Limited English Proficient (LEP) was reviewed by the auditor assessing the following:

- all inmates at ToCI.
- benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

- have meaningful access to information to prevent, detect, and respond to sexual abuse and sexual harassment, including providing interpretation.
- inmates do not rely on inmate interpreters/readers except in limited circumstances; and it was determined that the inmates receive such benefits.
- inmates with disabilities and inmates who are Limited English Proficient included those categories mentioned above and other disabilities such as wheelchair, amputees, and those who stuttered or had difficulties communicating.

The agency policy 64-DCM-02, titled Inmates with Disabilities and the policy 79-ISA-01 Prison Rape Elimination address inmates with disabilities, low literacy levels, and those who are not fluent in English such that they may benefit from the Ohio DRC’s efforts to eliminate rape in prison and to change the culture such that reporting is a positive and not a negative. Policy 64-DCM-02 states that Ohio DRC does not discriminate against individuals on the basis of disabilities and that programs and services are available as with the general population. This policy also covers special accommodations and along with the accommodation policy assists in making sure all inmates are treated appropriately.

Upon admission to the Ohio DRC inmates receive a health evaluation and screening to include help to assess intellectual and developmental disabilities. Inmates receive both oral and written instructions not only about zero tolerance but also about the prevention of sexual abuse, self protection, reporting, treatment, and counseling. Inmates with disabilities and LEP inmates are also instructed about reasonable accommodations for individual needs. The auditor reviewed these classification documents.

The auditor also reviewed inmate videos upon reception to ToCI and noted that video scripts included “signing” and “captioned” presentations in the video. The contract for translation service was also reviewed. The tour provided observation of many Spanish-language posters assisting with PREA information.

The auditor reviewed Electronic files detailing policy and procedures, training/education videos for staff and inmates and the Inmate Handbook.

Interviews with staff and inmates and with disabled inmates support compliance. Based on the above information, the observation of operations, and the reception process, the auditor assesses this standard as compliant, “Meets Standard”.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with 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 who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? Yes 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*)

Hiring and promotion decisions at the Ohio DRC and specifically at ToCI are crucial to the safety of the public, staff, and the inmates, and affect the operations, management, and conditions of confinement. ToCI's Human Resources/Personnel Department coordinates with the ODRC Central Office in Columbus, Ohio for background information, background checks, and personal history checks required to employ staff and to approve volunteers, contractors, and interns.

There are numerous subsections for this standard 115.17 (a-h) addressing hiring, promotion, and background checks all of which were reviewed by the auditor and discussed with key staff including the Human Resource Manager. The discussion centered around the Civil Service applications, law enforcement checks, and personal disclosures.

The Ohio DRC policy 31-SEM-02 Standards of Employee Conduct, policy 34-PRO-07 Background Investigations, and policy 79-ISA-01 Prison Rape Elimination outline procedures for employment. The procedures prohibit hiring or promoting anyone who may have contact with inmates who has engaged in sexual abuse in a jail, in a lockup, in a community confinement facility, in a juvenile facility, or other institution. Also prohibited from hiring is anyone who has been convicted of engaging in or attempting to engage in sexual activity in the community, facilitated by force or who has been criminally or administratively adjudicated to have engaged in sexual abuse. The procedures further outline directions

on how to appropriately complete background checks by using the agency "Background Checklist" form and the "Contractor Background Spreadsheet" for contractors and interns.

Employee Standards of Conduct requires employees to self-report any criminal, sexual abuse, and/or sexual harassment behavior or activity. Acknowledgment PREA forms concerning background checks are also signed by volunteers, contractors, interns, and staff.

In the past 12 months 85 criminal record background checks were accomplished for prospective staff, and seven background checks were conducted for contract staff. This information obtained from the Pre-Audit Questionnaire (PAQ).

Based on the above information and based on interviews with staff, and the Human Resource Manager, this standard is assessed as compliant, "Meets Standard".

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

Electronic file folders for this standard 115.18 were sent to the PREA auditor prior to the on-site visit. There were two folders which were carefully reviewed:

1) Statement of Fact, “The Toledo Correctional Institution underwent an entire camera renovation project beginning in May 2019 and completing in September 2019.”

2) Camera Project. (Including: camera project outline; facility cameras and post plans; location/area/type of camera identified; and staffing plan).

During the on-site visit, the auditor reviewed camera locations and camera operations on all three shifts, and it was noted that there are 299 cameras at the facility which helped ensure the safety and security of staff and inmates. Cameras were also reviewed for PREA privacy concerns and were assessed as compliant with standard 115.15. Of these 299 cameras, 269 were inside the facility and 30 cameras were on the outside of the facility. Cameras have varying capabilities including pan-tilt-zoom qualities for many of the cameras. It was obvious to the auditor that the facility and their new camera project worked hard to provide public safety, staff safety, and inmate safety.

The auditor also reviewed the 17 pages of specific camera operations and locations as well as the general overview of camera locations and capabilities. This was included in the electronic file folder documentation.

Based on the auditors review of policies and procedures in conjunction with standard 115.15 and based on the daily operations and review of security monitoring on all three shifts, and finally based on interviews with staff and auditor’s own review of operations, this standard is assessed as compliant, “Meets Standard”.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA
- 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 agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes 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 *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

The following electronic file folders were sent to the auditor prior to the on-site audit. These file folders were reviewed and triangulated with the on-site visit (including interviews and further documentation review) and the post audit follow-up and review of all the standards, finding this standard compliant, "exceeds". Please note the following:

- 1) Offender information summary – investigation.
- 2) Toledo CI Victim Support Persons (list; nine persons including schedules and working hours, 24/7 availability).
- 3) Investigation review.
- 4) Investigation review.
- 5) Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation. (Including, preservation of the crime scene; Ohio State Highway Patrol responsibilities, and procedures - Investigator Protocol).
- 6) Healthcare Review and Procedures; (policy 68-MED-15 Co-Payment, local hospital information, Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, and the ODRC and Ohio State University Medical Services Agreement).
- 7) Memorandum of Understanding (MOU) Ohio DRC with the Ohio State Highway Patrol (OSHP). Also, PREA Victim Support Lesson Plan.
- 8) Policy 79-ISA-01 Prison Rape Elimination; OSHP Evidence Protocol; OSHP Investigation Policy.

Evidence Protocol and Forensic Medical Examinations standard compliance assessment began with the review of the following key documents:

- Memorandum of Understanding with the OSHP
- Memorandum of Understanding between Toledo Correctional Institution and the YWCA-Hope Center (victim assistant program) Lucas County
- OSHP Evidence Protocol
- The Agreement with Ohio DRC and the Ohio State University Medical Services. These documents and the above supporting documents mentioned, cover all aspects of Standard 115.21.

Moreover, the agreements protocols and MOUs supported a thorough and comprehensive effort by Ohio DRC and Toledo Correctional Institution to ensure the most appropriate investigation and

attention to sexual abuse and sexual harassment in the state prisons. There is a real cultural change in Ohio DRC to eliminate rape in prison. (Issues are not “swept under the rug”, issues are not considered “more trouble than they’re worth”, and report, report, report is emphasized.)

Every allegation of sexual abuse and sexual harassment is investigated. The OSHP is involved from the beginning and detailed follow-up is assured by law enforcement and medical protocols. It is noted that Toledo CI had four (4) forensic medical examinations conducted in the past 12 months. All four (4) of these exams were accomplished by SANEs/SAFEs qualified medical practitioners.

Services are provided to victims of sexual abuse or sexual harassment without cost.

The auditor interviewed numerous specialized staff, including the SANE/SAFE Supervisor for St. Vincent’s Medical Center, the Ohio State Highway Patrol trooper assigned to ToCI, medical staff and security staff at the facility. All interviews were very positive in the overview of the efforts by the institution to eliminate rape in prison. Staff and inmates both, during interviews, indicated efforts are made to eliminate rape in prison.

Based on the information above in the protocols, procedures, memorandums, and agreements, the auditor assesses this standard as compliant, “Exceeds Standard”.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes 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*)

As with the previous standard, the auditor reviewed a significant amount of information during the preaudit stage and the on-site visit to the stage of compliance assessment for this standard 115.22. Included in the review was the following:

- 1) Investigations, (offender summary information and investigative reports)
- 2) Incident Reports, Use of Force Reports, Voluntary Statements.
- 3) Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation
- 4) Ohio DRC Investigator Evidence Protocol.
- 5) OSHP Evidence Protocol
- 6) Agency Website Information (www.drc.ohio.gov/policies/sexual-assaults)
- 7) Ohio Administrative Code (OAC)-5120-9-24 Incident Reporting and Investigation.

Policy 79-ISA-02 directs that “All allegations of sexual misconduct and/or retaliation shall be administratively and/or criminally investigated.” This quote taken from the policy. Further, this policy directs that all allegations of sexual misconduct shall be referred for investigation to the Ohio State Highway Patrol unless the allegation does not involve potentially criminal behavior. An Appendix A Investigation Protocol is included as an attachment to the policy directing that “evidence is collected in accordance with the Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection Kit Protocol (revised, February 2011) and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition-April 2013).”

All allegations of sexual abuse and sexual harassment at ToCI are investigated. Moreover, all staff have a “Duty to Report” and all allegations are investigated according to law.

In the past 12 months the number of allegations of sexual abuse and sexual harassment that were received were eight (8). During the past 12 months the number of allegations resulting in an administrative investigation were eight (8). (One was investigated and referred for criminal investigation). This information taken from the Pre-Audit Questionnaire and reviewed on-site at the facility by the PREA auditor.

Based on the above information, and based on the auditor's interviews, both formal and informal, with staff and inmates and based on the review of operations at the facility, the auditor assesses this standard as compliant, "Meets Standard".

TRAINING AND EDUCATION

Standard 115.31: Employee training

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*)

The auditor carefully reviewed this standard and its subsections. Random interviews of security staff on each shift and non-security staff addressed each of the 10 bullets in subsection (a). The auditor reviewed the annual training that all employees receive, which includes testing on PREA. The answers and test results were impressive. This and the agency's efforts to communicate, train and educate reflected a knowledgeable, well-trained, and professional staff. Based on these interviews and responses to the scripted questions; test results; video training and Internet training; and the policies and procedures of Ohio DRC and ToCI, the auditor assesses this standard as compliant, "Exceeds Standard".

The PAQ indicates that, since the last audit, all staff who are employed by the facility and have contact with inmates were trained or retrained on PREA requirements. The PAQ states 414 staff are trained. This training is provided in the form of both annual specialized training, and dedicated segments of the annual in-service training. Further, this is supplemented by specialized video training and reviewing updates and pertinent information.

In addition to the annual training, the auditor also reviewed orientation training, Ohio DRC's goals and objectives of its Annual PREA Review (see standard 115.88), staff training as outlined in policy 79-ISA-01 Prison Rape Elimination, posters and bulletins displayed in staff areas, and importantly, the interactions and communications between staff and inmates while visiting the facility.

Interviews with key staff including the Warden, the Agency PREA Coordinator, the Regional PREA Coordinator, and the Institutional PREA Coordinator were all supportive of the training as provided

within the Ohio DRC. Inmates were also interviewed and were aware of their ability to communicate with staff, the institution, the agency and if need be outside of the agency in order to report sexual abuse and sexual harassment.

Many informal interviews were conducted with both staff and inmates while on site at the facility. Although this is a maximum-security facility, staff and inmates were asked about whether they felt this was a “safe” place referencing incarceration and the comments were generally positive and many of the inmate population appreciated the safeness and security at this maximum-security facility.

Based on the auditor’s review and especially the comments received from many of the formal and informal interviews, the auditor assesses employee training standard as compliant, “Exceeds Standard”.

Standard 115.32: Volunteer and contractor training

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*)

All volunteers, interns, and contractors who have contact with inmates have been trained in their responsibilities regarding PREA. They have also been trained in the Ohio DRC policy regarding sexual abuse, sexual harassment, prevention, detection, and response. This training was reviewed by the auditor and was found as

- appropriate in covering PREA

- including how to report an incident of sexual abuse
- training logs acknowledging the training (maintained by the facility).

Further, the training acknowledgment form detailed this training including: zero tolerance for abuse and sexual harassment training; sexual harassment prevention and protection training; how to respond to sexual abuse and sexual harassment; the identifiers of possible sexual assault victims; and the legal prohibition on any sexual activity with inmates.

The acknowledgment form is signed by the contractor/volunteer/intern, dated and confirmed by a staff witness signature. It is noted that a test is required of volunteers and contractors regarding sexual abuse/sexual harassment prevention, detection, and response.

The PAQ documents that in the past 12 months 103 volunteers and contractors have been trained regarding PREA.

Based on interviews with volunteers and contractors and based on the review of the training materials this standard is assessed as compliant, "Meets Standard".

Standard 115.33: Inmate education

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 the comprehensive education referenced in 115.33(b)? 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*)

Inmate education is directed such that at intake all inmates are made aware of the zero-tolerance policy of the Ohio DRC. Further, all inmates are directed on how to report incidents or suspicions of sexual abuse or sexual harassment. This information is disseminated immediately upon arrival at ToCI.

The auditor also carefully reviewed this standard 115.33 and its subsections that direct training of inmates within 30 days of intake. Inmates are given information regarding zero-tolerance and how to report and additionally, within these first 30 days, educated on their rights to be free from sexual abuse and retaliation for reporting sexual abuse and sexual harassment; how important the zero-tolerance policy is in helping eliminate rape in prison, and how important it is to report sexual abuse. The Pre-Audit Questionnaire (PAQ) indicates that in the past 12 months, 486 inmates at ToCI were educated on this information at intake. This information is also available in formats accessible to all inmates

including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and have limited reading skills.

The auditor reviewed the policies and procedures, interviewed staff and inmates concerning the above PREA education, and based on that review, finds this standard compliant, "Meets Standard".

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) Yes 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*)

Specialized training for those investigators that handle investigations is accomplished by the Ohio DRC, using training from the National Institute of Corrections (NIC); specialized Ohio DRC PREA investigative training; and specialized consultant training. Training, in the three areas mentioned above is extended to the Institutional Investigators and the Ohio State Highway Patrol. The OSHP has an office and a trooper stationed at the Toledo Correctional Institution to assist with criminal investigations. The PAQ indicates two ToCI staff have been trained and completed the required training. Documentation is shown for both the Institutional Investigators and the Ohio State Highway Patrol.

The auditor reviewed training logs, training certificates, and the Memorandum of Understanding (MOU) between the Ohio DRC and the Ohio State Highway Patrol concerning the cooperative effort in helping eliminate rape in prison.

The auditor interviewed the OSHP Criminal Investigator assigned to Toledo Correctional Institution. His remarks and review concerning ToCI and its compliance with PREA was very positive.

Based on the auditor's review of training records, training curriculum, investigations, and based on the interview with the OSHP and administrative staff, the auditor assesses this standard as compliant, "Meets Standard".

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

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 or the agency does not employ medical staff.)
 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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes 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*)

To establish overall compliance for specialized training of medical staff, the auditor reviewed policy 79-ISA-01 Prison Rape Elimination; reviewed contractor orientation; infirmary and mental health training; and the PREA medical/mental health supplemental video. Other documents included:

- Medical and Mental Health Excel sheets; documenting course name, employee name, job title and course completion date.
- PREA Training Session Report
- Memo indicating that Toledo Correctional Institution utilizes St. Vincent Mercy Medical Center in the event of an inmate sexual abuse incident. And that “forensic exams are conducted by SAFE/SANEs nurses at the center”.
- Specialized training Medical and Mental Health Roster fiscal year 2019
- PREA Medical and Mental Health Test (including pre-test information)
- All staff PREA training roster

- Contractor/volunteer/intern training acknowledgment form

The above bullet points were electronic file folders concerning this standard 115.35 and were reviewed by the auditor to help assess compliance for this standard.

During the on-site audit, the auditor reviewed health care operations and interviewed staff and inmates about healthcare that was extended to the inmate population. One of the scripted questions asked of staff included whether or not health care was comparable to the local community and without exception all interviewed indicated that the health care was comparable to the community or better.

Staff were knowledgeable, professional, and impressive when discussing PREA with the auditor.

Based on the above information, review of documents (electronic files) and interviews with staff and inmates, the auditor assesses this standard as compliant, "Meets Standard".

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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, as 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, as 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, as 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 an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes 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*)

The PREA Assessment Process for the Ohio DRC is described in a memo to the PREA auditors, from the Agency PREA Coordinator which is quoted as follows: "Upon admission to any facility, all inmates are immediately assessed by our Medical Department. The assigned nurse initiates the assessment and completes the first screen. The assessment is then put into a queue for the Case Managers. The Case Managers check their "in progress" assessments and complete the second screen. The assessment then goes into the Unit Manager queue. The Unit Managers check their "Pending UM" cases and determine if the inmate does not need a PREA Classification or they recommend a classification listed below to the Unit Management Chief:

Victim (high risk)
Abuser (high risk)
Potential Victim
Potential Abuser

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 will address housing, programs, work and education with the goal of keeping the inmates safe.

All transgender and intersex inmates are referred to the PREA Accommodation Strategy Team. This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health, this team will meet with the inmate to discuss his/her views and develop a PREA Accommodation Strategy.” (The auditor knows this is a long quote but this supplemental information clearly influenced the auditor in making an “exceeds” determination for Standard 115.41).

The PREA auditor reviewed the Ohio DRC assessment process and believes that the agency and Toledo Correctional Institution have made significant strides in helping eliminate rape in prison and to change the prison culture that so long ignored/denied or overlooked sexual abuse in many of its facilities.

During the preaudit and on-site visit, the auditor used the following electronic files to help assess compliance for this standard:

- 1) Inmate Transfer List (noting admission and/or reception)
 - 2) PREA Assessment Process (documentation of 72 hour reviews/notification)
 - 3) PREA Assessment Process (noting history of institutional violence, history of institutional sexual abuse, and conviction for violent felony)
 - 4) Inmate Transfer List (noting 30 day assessment timeframes)
 - 5) Incident Report (notification and information of sexual assault)
 - 6) Statement of Fact (ToCI, “did not have any substantiated sexual abuse cases during the audit cycle January 1, 2019 to December 31, 2019”)
 - 7) policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies (addressing sensitive assessment information, prohibiting discipline for not answering or not disclosing complete information reference disabilities, gender perception, and previous sexual victimization).
- This information further emphasized the thoroughness which Ohio DRC assesses and classifies its inmate population.

The auditor also reviewed policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies that directs inmates be screened by medical personnel during the reception process and that 72 hour time frames are established to complete the screening by Unit Management upon arrival at the inmates assigned facility. Further, no sooner than 15 calendar days but no later than 30 calendar days an inmate shall be reassessed under certain conditions (additional, relevant information). The inmate will be present at this reassessment. Special screenings are also addressed in this policy (i.e. substantial risk of imminent abuse).

The Pre-Audit Questionnaire (PAQ) indicated that within the past 12 months, 486 inmates whose length of stay was for 72 hours or more were screened within 72 hours of their entry into the facility for the risk of sexual victimization or risk of sexually abusing other inmates.

The auditor interviewed numerous staff and inmates concerning this assessment process and it is obvious that there is individual treatment of the inmate population, and that the Unit Management Teams and all staff work hard, not only to assess the inmates but to assist with the goal of eliminating rape in prison. Ohio DRC does timely assessments.

Based on the interviews with staff and inmates, based on the quality of the screening instrument, based on the fact that the instrument is a multidisciplinary format beginning with the review by Medical and Mental Health staff, followed by Unit Management staff, and appropriate Security staff, and based on the Ohio DRC Departmental Offender Tracking System (DOTS) the auditor assesses this standard as compliant “Exceeds Standard”.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) Yes 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*)

Prior to the on-site visit, the auditor reviewed the Pre-Audit Questionnaire, institutional information and the following electronic file folders to help with the assessment of compliance for this standard:

1) PREA Assessment Process (assessment reports)

- 2) PREA Accommodation Strategy (PAS written reports)
- 3) PREA Accommodation Strategy Team (team accommodation strategy/Accommodation Plan)
- 4) PREA list of LGBTI Inmates (confidential reports and/or strategies)
- 5) policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies (addressing strategies)
- 6) policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy (addressing screening and initial placement)

The assessment tools, as developed by the Ohio DRC and addressed in standard 115.41, is used to prevent, detect, report, and eliminate rape in prison. This key document used by selected staff and prepared by the Unit Management Teams in conjunction with Healthcare Programs and Security Departments helps ensure individualized treatment and individualized security of each and every inmate within Toledo Correctional Institution.

The information obtained in the assessment process is used by only authorized individuals (security is maintained through password-protected computer information). These authorized individuals assist in screening inmates for proper placement in the housing locations, work locations, and program assignments. Unit Management is also assisted by Medical and Mental Health who work together to identify special needs of the inmates, and Special Accommodations that are required. It is noted that although this is a maximum-security facility, inmates are given appropriate attention and properly secured for their safety and individualized treatment.

The auditor noted that Unit Management Teams were professional, were well-trained and worked closely with the Security Department for safety and security and individualized treatment of the individual inmate.

Based on the auditor's review of the above policies, procedures, and documents and interviews with Unit Management staff, and Intake and assessment staff, as well as the random interviews with inmates, this standard is assessed as compliant, "Meets Standard".

Standard 115.43: Protective Custody

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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

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*)

Toledo Correctional Institution is a maximum-security facility and generally most of the facility inmate housing cells are single cells accommodating only one inmate per cell, thus affording maximum safety and security.

The following electronic file folders were reviewed by the auditor to assist with assessment of compliance for this facility:

- 1) Statement of Fact, "The Toledo Correctional Institution did not place any inmates into Involuntary Segregation for the audit of January 1, 2019-December 31, 2019." (Quote taken from file folder/PAQ)
- 2) PREA Accommodation Strategy Team (report, inmate housing, requested protective custody)
- 3) List of LGBTI Inmates (review of unit/dorm)
- 4) policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies (PREA accommodations)
- 5) policy 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy (screening and placement)

By Ohio DRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation directs; "Inmates at high risk for victimization shall not be placed in involuntary restricted housing or limited privilege housing, unless an assessment of all available alternatives have been made and a determination has been made that there is no available alternative means of separation from likely abusers." It is noted that transfers can be accomplished to help assist with restricted housing, limited restricting housing, and protective custody among facilities at the Ohio DRC.

In the past 12 months there have been zero (0) of inmates at risk of sexual victimization who were held in involuntary segregated housing.

Based on the review of policies and procedures, review of cell assignments, review of restricted and limited restrictive housing, and each of the housing areas of ToCI, and based on interviews with staff and inmates this standard is assessed as compliant, "Meets Standard".

REPORTING

Standard 115.51: Inmate reporting

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? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

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*)

The Ohio DRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation outlines the procedures for reporting. Specifically, part four, Procedure (A) Reporting of Sexual Misconduct and Retaliation, directs inmate reporting. The Inmate Handbook, posters, the inmate education video, and the video script all of which was reviewed by the auditor detailed ways to report. The Handbook indicates that the inmate has the right not to be sexually abused or harassed and is quoted “you have the right not to be sexually abused or harassed”. This is followed by information on how to report that includes reporting to any staff member, reporting in writing to any staff member; reporting to the Operational Support Center/Central Office at a no-cost phone number of 614-996-3584; and reporting to an outside agency hotline * 89. The auditor was impressed with the * 89 which is at no-cost and has the option to report anonymously. Reporting can also be accomplished in writing outside the agency to the Ohio Bureau Chief of the Office of Quality Assurance and Improvement, Department of Youth Services. These are the multiple ways to report.

To further emphasize this changing culture, which is to report, report, report; the auditor observed kiosk machines, pamphlets, intake materials, and posters with hotline phone numbers advertised throughout

the facility. It was clear to the auditor that Ohio DRC is committed to working with staff and inmates to eliminate rape in prison. The auditor also reviewed the following preaudit and on-site at ToCI:

- pictures of PREA posters
- departmental policy 52-RCP-10 Appendix A (information for Inmate Handbook)
- Incident Report Form
- actual incident reports
- MOU between Ohio DRC and the Ohio Department of Youth Services (DYS) for reporting anonymously and outside agency reporting
- the inmate video training script
- staff training
- Intranet Staff Training Handbook (for staff and inmate reporting options)

Based on the above information, documents, posters, and interviews with staff and inmates at the facility, this standard is assessed as compliant “Exceeds Standard”.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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

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*)

The Ohio DRC does not use an inmate grievance process for reports or allegations of sexual abuse or sexual harassment.

A memo from the Agency PREA Coordinator details the process for reporting, and the timeframes required to comply with PREA. The Ohio DRC does educate the inmate that grievance forms filled out will immediately be channeled to the Institutional Investigator for proper handling if the form references PREA violations.

If a grievance form is completed alleging sexual abuse or sexual harassment, the forms immediately forward to the Institutional Investigator and is not handled by the grievance process.

Based on interviews with the Agency PREA Coordinator and interviews with the Institutional PREA Compliance Manager, and interviews with inmates, this standard is assessed as compliant “Meets Standard”.

Standard 115.53: Inmate access to outside confidential support services

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? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- 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*)

The PREA auditor reviewed the following preaudit information:

- 1) Memorandum of Understanding effective date December 8, 2019 to December 2, 2022 involving Toledo Correctional Institution and YWCA-HOPE Center Victim Assistance Program, Lucas County, Ohio.
- 2) policy 79-ISA-01 Prison Rape Elimination (victim assistance and outside reporting options).
- 3) policy 52-RCP-10 Appendix A (information for Inmate Handbook)
- 4) Posters and Rape Crisis List
- 5) National, State, and Local Rape Crisis Centers.

Concerning this standard related to inmate access to outside confidential support services, the Inmate Handbook instructs that inmates may report outside the facility incidents or suspicions of sexual abuse, sexual harassment and retaliation to:

“Operations Support Center 614-995-3584
Outside agency hotline * 89
anonymously to Bureau Chief of the Office of Quality Assurance and Improvement Ohio DYS”

Family and friends may report allegations of sexual abuse, sexual harassment and retaliation on an inmate’s behalf by calling 614-995-3584 or by emailing
DRCReportSexualMisconduct@odrc.state.oh.us.

While on-site, the auditor reviewed Confidential Support Services, with Healthcare staff, Unit Management staff, the Institutional PREA Compliance Manager, and with Victim Support Persons (VSPs).

The PREA auditor also tested the * 89 hotline for confidential reporting (it was a successful test).

Based on the above information and based on interviews with inmates and staff concerning confidential reporting the auditor assesses this standard as compliant, “Meets Standard”.

Standard 115.54: Third-party reporting

115.54 (a)

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

In conjunction with standard 115.51 Inmate Reporting and standard 115.53 Inmate Access to Outside Confidential Support Services, inmates can accomplish third-party reporting simply by having a friend or family member contact the agency through the phone number 614-995-3584 or by emailing the Ohio DRC.

To email the Ohio DRC the address is contained in published documents, in the Inmate Handbook, and on posters throughout Ohio DRC facilities. The address is:
<DRC.ReportSexualMisconduct@odrc.state.oh.us>.

Based on the above, and after review of policy and procedures, the Inmate Handbook, the agency website, the observation of posters throughout the facility, and interviews with staff and inmates the auditor assesses this standard as compliant, “Meets Standard”.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against 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*)

The Ohio DRC and the Toledo Correctional Institution (as with all Ohio DRC facilities) requires all staff to report immediately and according to policy 79-ISA-01 Prison Rape Elimination and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at the ToCI.

This duty to report must be made immediately. The policies of the Ohio DRC also stipulate that retaliation and third-party and anonymous reports shall be reported to the Institutional Investigator.

Toledo Correctional Institution has zero tolerance for sexual abuse and sexual harassment. It is committed to zero tolerance and this is outlined, not only in the Ohio DRC policy and procedures mentioned above but also outlined in the other PREA standards including training standards, investigation standards, screening standards, discipline standards, and medical standards.

Employee training includes reporting, information use, legal reporting, youthful reporting, third-party reporting, and anonymous reports. Staff training and the curriculum for training and the online training scripts for staff, volunteers, contractors, and interns were reviewed by the auditor and further supported the duty and responsibility for staff and agency reporting.

Formal interviews with random staff from each shift, included the question, does the agency “require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility?” This question was asked directly in each of the formal interviews and without fail all staff answered affirmatively.

Electronic files were reviewed prior to the on-site visit and included the following:

- 1) information from the facility concerning an actual allegation of sexual abuse
- 2) policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (referencing staff reporting)
- 3) policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies (referencing under 18 years of age and “vulnerable adult”).

Based on the auditor’s on-site visit and observation of operations, information and policies mentioned above, and based on interviews with random staff, specialized staff, and volunteers/contractors, this standard is assessed as compliant, “Meets Standard”.

Standard 115.62: Agency protection duties

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*)

The auditor reviewed the following electronic file folders reference this standard:

- 1) Statement of Information (“The Toledo Correctional Institution did not have any cases of imminent risk of sexual abuse for the audit period of January 1, 2019-December 31, 2019”)
- 2) Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (referencing Section F. Reports of a Substantial Risk of Imminent Sexual Abuse)

The PREA auditor also reviewed the Pre-Audit Questionnaire which indicated that in the past 12 months the facility had zero (0) times that it determined an inmate was subject to a substantial risk of imminent sexual abuse. Again, it is noted that there was a memo to the file that indicated no substantial risk of imminent sexual abuse.

Based on the Ohio DRC policy and information above and based on the interviews with key staff at the facility including the Warden and PREA Compliance Manager, this standard is assessed as compliant, “Meets Standard”.

Standard 115.63: Reporting to other confinement facilities

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*)

The auditor reviewed the following electronic file folders received concerning this standard:

- 1) Statement (“The Toledo Correctional Institution did not receive any reports from inmates that they were abused while housed at another facility during the audit cycle of January 1, 2019-December 31, 2019”)
- 2) Statement of Status (“The Toledo Correctional Institution has not had any reports from other facilities in which the investigation was completed during the audit cycle of January 1, 2019-December 31, 2019”)
- 3) policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (Routing of Reports)

The policy 79-ISA-02 states that “Upon receiving an allegation that an inmate was sexually abused while confined at another institution/facility, the managing officer of the institution that received the allegation shall notify the managing officer of the institution/facility or appropriate office of the agency where the allegation of abuse occurred.” The policy further indicates, as with all allegations, it will be investigated. Additionally, the time limit of 72 hours for notification is stipulated. ToCI has had zero (0) allegations that an inmate was abused while confined at another facility. ToCI was notified of an allegation (one) by another facility and the allegation was appropriately handled. This information taken from the Pre-Audit Questionnaire.

Based on the policy and procedures, review of investigations/documents and interviews with the Institutional Investigator, the PREA Compliance Manager, and the Warden, this standard is assessed as compliant, “Meets Standard”.

Standard 115.64: Staff first responder duties

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*)

Ohio DRC policy 79-ISA-01 Prison Rape Elimination and policy ToCI 03E-02 Coordinated Response, directs first responder duties for the staff of the Ohio DRC and the staff at Toledo Correctional Institution.

When random staff were interviewed formally on all shifts, and when staff throughout the facility were informally asked about first responder duties, the interviews revealed knowledge and understanding of PREA and the requirements needed to comply with first responder duties. The staff were well-trained. Staff had first responder cards and detailed information that assisted them in knowing and understanding their duties and responsibilities. Specifically, the staff responded indicating that - 1) the first responder, non-security, separate victim and abuser, advise victim not to destroy any evidence, and complete the incident report (notification); 2) if the first responder is security, the responder will separate the victim and abuser, preserve and protect the crime scene, review the time for evidence collection, contact medical services, notify the Investigator/OSHP, the PREA Compliance Manager, Victim Support Services; and complete the PREA incident reports (these steps taken from the policy 79-ISA-02, Appendix D).

The auditor reviewed the electronic file information reference this standard including the following:

- 1) policy ToCI 03E--02 Coordinated Response
- 2) Appendix D Sexual Abuse-First Responder Checklist and Incident Report
- 3) Allegation Report
- 4) Incident Report
- 5) Information Management Report (packet, including 3, 4, information)
- 6) policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (Section B. Initial Response and Protection)

Toledo Correctional Institution is a maximum-security facility with maximum supervision, custody, care, and control. In the past 12 months there have been seven (7) allegations that an inmate was sexually abused. Of these allegations, the number of times the first security staff member to respond to the report and one preserve and protect the crime scene; two request the alleged victim not take any actions that could destroy physical evidence and three insured that the alleged abuser did not take any actions that could destroy physical evidence was seven (7) times. This information taken from the Pre-Audit Questionnaire.

Based on the above information and policy and procedures and based on interviews with staff and inmates, the auditor assesses this standard as compliant, "Meets Standard".

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

Toledo Correctional Institution has a policy 03E- 02 ToCI Coordinated Response with its purpose to "establish the facilities coordinated actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health staff, investigators, and institutional leadership." This institutional policy supplements the agency departmental policy 79-ISA-02 Prison Sexual Misconduct... This plan details the following:

- I. Authority
- II. Purpose
- III. Applicability
- IV. Definitions
- V. Policy
- VI. Initial Response (A. first responders, B. medical responsibilities, C. mental health responsibilities, D. investigator, and E. facility leadership).

The Institutional PREA Compliance Manager is responsible for documenting and overseeing the institutional prevention, detection, and response to sexual abuse and sexual harassment. The PREA Compliance Manager is also the Chair of the Sexual Abuse Response Team (SART - standard 115.86) reviewing sexual abuse cases, thus helping ensure a coordinated response and a comprehensive and timely review.

Based on the above information outlined in the policies, and based on interviews with the Warden, the Institutional PREA Compliance Manager, institutional leadership, the Sexual Abuse Response Team, and the Agency PREA Coordinator, this standard is assessed as compliant, "Meets Standard".

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any 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*)

The PREA auditor was furnished preaudit information, electronic file folders highlighting the agency's bargaining agreements that ensure the preservation of their ability to protect inmates from contact with abusers.

Ohio Civil Service Employees Association OCSEA/AFSCME (civil service employees)
Ohio State Council of Professional Educators SCOPE, OEA, NEA
Ohio Service Employees International Union, Healthcare and Social Service Union, all presented agreements/contracts that allowed for the preservation of the ability of the Ohio DRC to protect inmates from contact with abusers. Specifically, in the area of Management Rights which addresses hiring, transferring, and work assignments, there is language that allows management the ability to protect inmates. The PREA auditor reviewed these contracts.

Based on the above contracts and discussions and interviews with the Warden, the Agency PREA Coordinator, the Regional PREA Coordinator, and the Institutional PREA Compliance Manager, the auditor assesses this standard as compliant, "Meets Standard".

Standard 115.67: Agency protection against retaliation

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*)

The preaudit review of electronic file folders for this standard included the following:

- 1) Report (sexual abuse allegation/no retaliation)
- 2) Statement of Status (“The Toledo Correctional Institution did not receive any staff or inmate reports of retaliation during the audit cycle of January 1, 2019-December 31, 2019”)
- 3) policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (Section D Retaliation)

The above policy 79-ISA-02 protects 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. Furthermore, the federal PREA law, state law, and the staff Standards of Conduct prohibit sexual abuse and sexual harassment.

The Pre-Audit Questionnaire (PAQ) indicates that there have been zero (0) incidents of retaliation that occurred in the past 12 months

The Institutional Investigator is responsible for monitoring retaliation resulting from cases of sexual abuse and the Institutional PREA Compliance Manager is responsible for monitoring retaliation resulting from cases of sexual harassment.

Based on the above, and based on interviews with the Warden, the Agency PREA Coordinator, the Institutional PREA Compliance Manager, and the Institutional Investigator, this standard is assessed as compliant, "Meets Standard"

Standard 115.68: Post-allegation protective custody

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*)

The Ohio DRC uses involuntary segregation of the inmates only as a last resort for protection from sexual abuse. Toledo Correctional Institution is one of the last resorts as it is one of three maximum-security facilities in the agency. Agency policy prohibits the placement of inmates, who allege to have suffered sexual abuse, in involuntary segregated housing unless an assessment of all available alternatives has been made. The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months at ToCI is zero (0). This information taken from the Pre-Audit Questionnaire.

The PREA auditor reviewed two preaudit documents concerning this standard:

- 1) Statement of Status ("The Toledo Correctional Institution did not place any inmates into Involuntary Segregation for the audit period of January 1, 2019-December 31, 2019").
- 2) policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies (Section H. PREA Accommodation Strategies, inmates at high risk for victimization).

The policy 79-ISA-04 indicates that inmates at high risk for victimization will not be placed in involuntary restrictive housing unless forms and information are filled out detailing that there is no available alternative means of separation. Again, this is a maximum-security, generally single cell facility that affords maximum custody care and control which has not had an incident of required involuntary segregation.

Based on the above policy, classification information, and based on the fact that no inmates have been placed in involuntary segregated housing at ToCI this standard is assessed as compliant, "Meets Standard".

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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*)

The PREA auditor assessed this standard as “exceeds” knowing a couple of very important things:

1) As indicated in several of the standards, and will be indicated in this standard, is the fact that the Ohio State Highway Patrol works very closely with the Ohio DRC in investigations, moreover, corrections staff have the OSHP assisting when needed. The OSHP has an office at each of the agency's facilities in which they can work on criminal cases or the determination of criminal cases as need be.

2) Investigators at ToCI are very well trained as outlined in standard 115.34, and in conjunction with that, the Chief Correctional Officer of the facility and the PREA Compliance Manager of the facility were both Institutional Investigators, had excellent training, and now are in the position to make sure that not only is every allegation investigated but it is investigated well (trained leadership in action as observed by the auditor).

Electronic files were reviewed to assist with assessment of this standard; please note the following:

- 1) PREA Incident Report Application (case summary screen)
- 2) PREA Incident Report Application (harassment, investigation)
- 3) National Institute of Corrections (NIC) training (certificates of completion)
- 4) Offender Information Summary (Incident Report, Medical Exam, First Responder Checklist, and other appropriate information)
- 5) Statement of Status ("The Toledo Correctional Institution did not have any cases of indictment or referred for prosecution during the audit cycle January 1, 2019-December 31, 2019')
- 6) PREA Incident Report Application (administrative investigation)
- 7) Statement of Status ("The Toledo Correctional Institution does not have any cases of sexual abuse where the inmate has been released in the audit cycle January 1, 2019-December 31, 2019")
- 8) policy number 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (Investigation General Provisions; addressing the above subsections)
- 9) Statement from the OSHP ("currently all criminal investigation records are held *indefinitely*.")
- 10) Memorandum of Understanding (Ohio DRC and OSHP, addressing investigations and standards 115.21 and 115.71)
- 11) Ohio Department of Rehabilitation and Correction, Record Retention Schedule (case files-retained 10 years after an inmate has reached final release expiration of sentence, death, or 10 years after an employee is no longer employed by the agency)

Ohio DRC has policies related to criminal and administrative investigations and has a MOU between the Ohio DRC and the OSHP concerning the investigative process. The policies and the MOU accent the excellent communications, cooperation, and teamwork between the OSHP and the Ohio DRC Institutional Investigative Services.

The OSHP has an office and a trooper assigned to ToCI who assists the Institutional Investigator with investigations. The policies and MOU outlined procedural details for PREA incident investigations. These details include the following:

- Victims of sexual abuse medical examinations
- Victim advocate/rape crisis center assistance
- Specialized training
- Investigator evidence collection
- Investigator interviews
- Credibility of victims, witnesses
- Documentation
- Substantiated allegation referral, and
- Departure of victim or abuser from employment or control of the facility

The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit were zero (0). This information taken from the PAQ.

The Ohio State Records Retention Schedule, as mentioned in the above electronic files, directs timely retention consistent with PREA.

The auditor had a telephonic interview with the OSHP trooper assigned to ToCI and used the formal scripted questions prepared by the PRC for the interview. The interview was very positive and reflected PREA compliance.

Based on the above information including the electronic file folders, and interviews held during the on-site visit, this standard is assessed as compliant, "Exceeds Standard".

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

The Ohio DRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigations, and Prevention of Retaliation, states that the agency "imposes a standard no higher than a preponderance of the evidence for administrative investigations".

The agency policy and interviews with the Agency PREA Coordinator, Warden, Institutional PREA Compliance Manager, and the Institutional Investigator support compliance for this evidentiary standard.

Based on the auditor's review of policy and procedure and interviews mentioned above, this standard is assessed as compliant, "Meets Standard".

Standard 115.73: Reporting to inmates

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*)

The Ohio DRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requires that when an inmate makes an allegation of sexual abuse, he is informed verbally or in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded, following an investigation. This is the agency policy requiring that an inmate is to be informed.

In the past 12 months there have been seven (7) criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged number of criminal and/or administrative investigations in the past 12 months, seven (7) inmates were notified verbally or in writing of the result of the investigation. The auditor reviewed these investigations and notifications, and found the policy was followed. This information taken from the Pre-Audit Questionnaire (PAQ).

Based on the above information and review of the agency policy and documentation of notifications, this standard is assessed as compliant, "Meets Standard".

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

The following electronic files were reviewed by the auditor to assist in assessment of compliance for this standard:

- 1) Incident Report (incident report information)
- 2) Enterprise Information Management Incident Reporting (staff investigation)
- 3) Statement of Status (“The Toledo Correctional Institution did not have any substantiated cases during the audit cycle of January 1, 2019-December 31, 2019 that resulted in disciplinary actions against staff”).
- 4) Separation Notifications/Acknowledgment (staff disciplinary action)
- 5) policy 31-SEM-07 Unauthorized Relationships (terminations)
- 6) policy 79-ISA-01 Prison Rape Elimination (zero-tolerance policy)
- 7) policy 79-ISA-01 Prison Rape Elimination (Standards of Employee Conduct)

The Ohio DRC policy 79-ISA-01 and the personnel policy 31-SEM-02 Standards of Employee Conduct all stipulate that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse and sexual harassment policy.

The Ohio DRC takes sexual abuse and sexual harassment seriously as documented by the PREA training of staff, inmates, contractors, and volunteers. Further, the State of Ohio in its Ohio Revised Code stipulates that sexual contact with an inmate or anyone under the correctional supervision of the Ohio DRC is considered criminal. It also outlines, that the Ohio DRC will refer and pursue all cases of such sexual contact and abuse for criminal prosecution.

All staff are trained annually concerning PREA and PREA compliance. Duties and responsibilities for staff are clearly outlined

In the past 12 months there was one (1) staff member from the facility who was terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. This was reported to law enforcement or licensing boards following their termination (or resignation prior to termination). This information taken from the Pre-Audit Questionnaire (PAQ).

Based on the above information and review of personnel and agency policies, and interviews with the Warden, and the investigative staff, this standard is assessed as compliant, "Meets Standard".

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with 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*)

Corrective action and discipline for contractors and volunteers is defined by policy 79-ISA-01 Prison Rape Elimination and policy 71-SOC-01 Standards of Conduct for contractors and volunteers. The Ohio Revised Code also may apply as noted in standard 115.76.

Specifically, in accordance with policy 79-ISA-01, Ohio DRC policy 71-SOC-01, and Contractor Orientation "any contractor or volunteer who engages in sexual conduct is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing boards." Contractors, volunteers and others who fall under the standard had been trained in and alerted to, these policies, rules, and regulations."

The auditor reviewed the "Acknowledgment of Receipt of the Standards of Conduct for Contractors, Volunteers and Interns". This form indicates that the volunteer, contractor, or intern has read and understands the rules and regulations in the Standards of Conduct and that they are entering a correctional institution that carries a responsibility to ensure safety and security.

A Statement of Status indicates "The Toledo Correctional Institution did not have any cases of sexual abuse involving contractors or volunteers in the audit cycle January 1, 2019-December 31, 2019". The

PAQ also indicated that in the past 12 months there were zero (0) number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates.

Based on the Standards of Conduct, policy and procedures discussed above and interviews with contractors, volunteers and interns, this standard is assessed as compliant, "Meets Standard".

Standard 115.78: Disciplinary sanctions for inmates

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)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) Yes 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*)

Disciplinary sanctions for inmates are guided by the Ohio DRC using the Inmate Rules of Conduct 5120-9-06 by the State of Ohio Administrative Code, the Rules Violations/Disciplinary Violations, and by the Inmate Disciplinary Process.

Administrative Code 5120-9-07, and Administrative Code 5120-9-08 define and list the Disposition of Rule Violations. This information is available to the inmates in the Inmate Manual, Handouts, and the Law Library.

Inmates are subject to sexual abuse criminal prosecution after an investigation and referral by the Ohio State Highway Patrol. Referral is made to the appropriate state prosecutors/judicial authorities; or administratively subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding.

In the past 12 months there have been zero (0) number of administrative findings of inmate on inmate sexual abuse that have occurred at the facility. In the past 12 months there have been zero (0) number of criminal findings of guilt for an inmate on inmate sexual abuse that occurred at the facility. It is noted that this is a maximum-security facility with generally single celled (one-man per cell) housing. The agency prohibits all sexual activity between inmates. This information taken from the PAQ. Management and security of the facility is observed to foster safety and security of staff and inmates.

Based on the auditor's review of the PREA information, disciplinary policies, observation of the actual disciplinary process, and based on reviews with staff and inmates, this standard is assessed as compliant, "Meets Standard".

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison 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*)

Electronic file folders reviewed in conjunction with the PAQ include the following:

- 1) the PREA Assessment Process (example and details of the question “Has the inmate previously experienced sexual victimization in the community”).
- 2) Memo Statement Status (inmate’s disclosure not requesting to be seen by mental health).
- 3) Abuser 72-hour notice (PREA Assessment Process, example of potential abuser requesting mental health referral).
- 4) Progress Notes (example mental health screening).
- 5) PREA Classifications (classifications report including abusers, potential abusers; victims, potential victims).
- 6) PREA Assessment Process (example of a specific inmate, accommodation strategy).
- 7) Memo Statement of Status (no inmate self-reported “victimization that did not occur in an institutional setting in which informed consent was to be obtained prior to reporting to the Ohio State Patrol.”)

8) policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (routing of reports, reference sexual victimization or abusiveness that occurred in an institutional setting).

9) policy 79-ISA-04 PREA Risk Assessments and Accommodation Strategies (procedures for mental health practitioners - concerning inmates at risk for sexual victimization or who have experienced sexual victimization; and for inmates who are at risk to perpetrate or have previously perpetrated sexual abuse. Informed consent is also discussed).

Of special interest to the auditor in reviewing this standard were the policies on PREA risk assessment and accommodation strategies and prison sexual misconduct, reporting, response, investigation, and prevention of retaliation. The first policy directs that all inmates that have disclosed any prior sexual victimization during assessment screening, pursuant standard 115.41 are offered a follow-up meeting with a medical or mental health practitioner. This follow-up is offered within 14 days of intake screening at ToCI. It is noted that 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a mental health or medical practitioner. Additionally, 100% of the inmates who previously perpetrated sexual abuse as indicated in the same screening were offered a follow-up meeting with a mental health practitioner. This information taken from the PAQ and reviewed with medical and mental health staff during the on-site visit and confirmed by documentation review.

The second policy on Prison Sexual Misconduct, states that “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.”

With the above direction outlined in the above two policies, ToCI and its staff emphasize individualized treatment. The auditor noted that risk assessment, follow-up health care, and mental health care for the victim as well as the abuser is seriously changing the culture of prison incarceration in the Ohio DRC. Issues are not ignored but are addressed. This very secure maximum-security institution has dangerous criminal inmates, but it is clear to the auditor that the health care staff is committed to individualized treatment in assisting the inmate in preparation for return to society. There is a team effort in a multidisciplinary approach to treat victims and abusers at ToCI.

Based on review of the information and documentation above and based on the interviews with specialized staff and the operations of the Toledo Correctional Institution, this standard is assessed as compliant, “Exceeds Standard”.

Standard 115.82: Access to emergency medical and mental health services

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*)

Electronic records were submitted for review prior to the on-site visit. The auditor reviewed these following records:

- 1) form DRC 1000 (Incident Report, example, including identifying data, item identification subject, description of incident, action taken, and distribution)
- 2) form DRC 5251 (Medical Exam Report, example, including subjective evaluation, objective physical findings, vital signs, treatment, and disposition)
- 3) Mental Health Support, PREA Victim Support Persons (VSPs; nine persons/staff with working hours and schedules covering all shifts). Included in this folder was the Memorandum of Understanding (MOU) effective December 8, 2019 to December 7, 2022 between Toledo Correctional Institution and YWCA HOPE Center Lucas County, Ohio.
- 4) Medical Roster and Mental Health Support Roster.
- 5) Medical progress note. (Including chief complaint, history of present illness, vital signs, assessment, treatment, follow-up, and status.)
- 6) policy 67-MNH-09 Suicide Prevention (including Intervention section H)
- 7) policy 79-ISA-02 Prison Sexual Misconduct (including access to medical examinations)
- 8) protocol-Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11 (the directive that "All inmates who report sexual conduct and/or recent sexual abuse shall be escorted to inmate health services as soon as possible...")

Inmates receive unimpeded access to medical and mental health treatment and crisis intervention at Toledo correctional institution.

Medical services are available on-site at the institution 24/7. Mental Health services are available daily, and for late evening, nights and holidays, services are available on-call. Emergency medical services are accomplished at the local Toledo hospital, St. Vincent's or through Ohio State University Hospital. On-site or off-site services are offered to inmate victims of sexual abuse. Inmates receive timely,

unimpeded access to emergency medical treatment and crisis intervention. This is directed by the above mentioned policies. Staff who were interviewed were asked the question of whether or not health care at the facility is consistent and comparable to the health care in the community and without fail staff informed the auditor that health care “is as good as or better than the community”.

The nature and scope of services are determined by medical and mental health practitioners. Treatment services are provided for every victim without financial cost regardless of whether the victim names the abuser or cooperates with an investigation. This is directed by policy and stipulated in the PAQ.

Based on the above information, and based on interviews with staff and inmates, the auditor assesses this standard as compliant, “Meets Standard”.

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) 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*)

The PAQ and electronic PREA audit files submitted by the facility were reviewed by the auditor to assist in a compliance determination. The following files were reviewed:

- 1) Inmate Medical Record (including; subjective mental health referral, SOAP notes, medical history, objective, assessment, plan, and summary view).
- 2) Medical Exam Report (including treatment and disposition)
- 3) Statement of Status (“The Toledo Correctional Institution does not house female offenders. Pregnancy related medical services are not offered at this facility...”).
- 4) Mental Health Notes (including; mental health screening, and calendar contacts, mental health history, violence/trauma/behavior history, current medical problems, medications and treatment, appearance, orientation, motor behavior, speech, attention and concentration, insight, judgment, sleeping pattern, suicide potential screening, document summary, and assessment.)
- 5) policy 67-MNH-04 Transfer and Discharge of the Mental Health Caseload (including policy procedures)
- 6) policy 67-MNH-02 Mental Health Screening and Mental Health Classification (including; a detailed Mental Health Screening to be completed on all inmates within seven calendar days of their arrival at any institution and if it becomes known the inmate received mental health services in the community, every effort is made to obtain such information).
- 7) policy 67-MNH-15 Mental Health Treatment (including treatment planning for inmates preparing to reenter the community).
- 8) policy number 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (including Medical Services Responsibilities).
- 9) Medical Protocol B-11 Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse.

The PREA auditor reviewed the above policies concerning mental health treatment, and all offering direct medical and mental health evaluations and care to inmates who have been victimized by sexual abuse in any prison, jail, or lockup. These policies also direct follow-up services, treatment plans, and referrals, following transfer or placement in other facilities or when released from custody.

Ongoing medical and mental health care for those victimized by sexual abuse is available for inmates at ToCI. Ongoing mental health treatment and evaluation of all inmate on inmate abusers is also available at the facility. Abusers are evaluated upon learning of such abuse, and all are offered treatment as deemed appropriate by a mental health practitioner.

The PREA auditor after discussions/interviews with staff and inmates and after review of policies, documents, and medical records, assesses this standard as compliant, "Meets Standard".

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

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

Auditor Overall Compliance Determination

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

The Toledo Correctional Institution in accordance with the Ohio DRC policy 79-ISA-03 Sexual Abuse Review Team, requires that its key staff review all sexual abuse incidents within 30 days of the conclusion of the investigation unless the incident was determined to be unfounded. The policy is clear and the facilities Sexual Abuse Review Team (SART) has reviewed investigations of alleged sexual abuse. The auditor reviewed an actual Sexual Abuse Case Review including the following information:

- date review by the committee including identifying data
- inmate concerns
- committee considerations including:
 - a) change in policy/procedure
 - b) motivation (race, ethnicity, gender identity, LGBTI/perceived, gang, or other)
 - c) physical barriers
 - d) inadequate staffing levels
 - e) monitoring technology
- committee recommendations
- additional recommended committee referrals
- committee member signatures/title
- Warden's comments/actions ordered
- committee recommendations approved

this all completed on DRC-1183E form titled Sexual Abuse Case Review

In the past 12 months, there have been two investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. SART has reviewed both cases within 30 days as required by policy.

Based on the review of the PAQ, documents, policies, the SART reports, and interviews with specialized staff (including SART members), and the Warden, the auditor assesses this standard as compliant, "Meets Standard".

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its 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*)

The PREA auditor reviewed and triangulated the pre-audit questionnaire, the on-site visit, and the materials obtained for post audit review during the on-site visit and while at the institution. The preaudit questionnaire contained four electronic file folders identifying and referencing the following:

- 1) policy 79-ISA-01 Prison Rape Elimination, Definitions (from Abuser to Voyeurism).
- 2) policy 79-ISA-01 Prison Rape Elimination, section F. Data Collection and Monitoring.
- 3) 2018 PREA Annual Report.
- 4) Packets and Areas of Responsibility (examples; addressing incident packets completed on allegations).

The 2019 Annual Internal Report on Sexual Assault Data (draft) was also reviewed.

The Ohio DRC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using PREA incident packets addressing:

- Reports of allegations by Institutional Investigators.
- Accurate reporting modules.
- Review of aggregated data, identifying problems, taking corrective action, and preparing an Annual Report.
- Review and compare the annual data of previous years.
- Ensure aggregate data from private facilities.
- Remove/redact personal identifiers.
- Make sure certain appropriate information is entered into the Department of Offender Tracking System (DOTS).
- Maintain and secure records as outlined in the Ohio DRC Retention Schedule.

This information is the basis for the Ohio DRC Annual Report on Sexual Assault Data.

This data is also the basis for completion of the Survey of Sexual Victimization (SSV) prepared for the federal government. The SSV is completed annually (the auditor reviewed the latest annual SSV).

Based on the above information, the PAQ electronic files, and with the interviews of the Warden and Institutional PREA Manager, the Regional PREA Compliance Manager, the Agency PREA Coordinator, and the Agency Director, the auditor assesses this standard as compliant, "Meets Standard".

Standard 115.88: Data review for corrective action

r 115.88 (a)

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

practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

The auditor reviewed the agency 2017, 2018 and draft 2019 Annual Internal Report (s) on sexual assault data. These reports are prepared by the Ohio DRC Agency PREA Coordinator and approved by the Agency Director. The Annual Report serves to review, assess and improve the effectiveness of sexual abuse prevention and is used "to identify problem areas and formulate corrective measures in efforts to reduce future incidents of sexual abuse."

The auditor believes that the Annual Report information and the insights compiled by the Ohio DRC and its Compliance Office is impressive. It has identified problem areas, assisted in the formulation of corrective measures, and worked to change the "prison culture". Sexual misconduct by staff and inmates is reported and immediate action is taken. Education and training are continually being presented and improved for staff and inmate populations.

There is a commitment to the safety and security of staff and inmates. This is the emphasis of reporting sexual abuse and sexual harassment and the agency's strict compliance to the Prison Rape Elimination Act.

Based on the auditor's review of the Annual Report (including the report's section titled "Conclusion: Continued Monitoring, Improvements, and Looking Forward"), observation of the operations of Toledo Correctional Institution, and based on the interviews with the Agency Director, the Agency PREA

Coordinator, the Warden, and the Institutional PREA Manager, this standard is assessed as compliant, "Exceeds Standard".

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The auditor began his analysis, assessment and compliance reasoning with the review of three electronic file folders on this standard 115.89 which were presented in the Pre-Audit questionnaire prior to the on-site visit. The file folders included the following:

- 1) DRC policy 79-ISA-01 Prison Rape Elimination.
- 2) Agency website information (including the Agency Annual Reports and the Institutional Three-year Reports).
- 3) DRC Record Retention (including retention schedule).

The Ohio DRC outlines and directs in its policy 79-ISA-01 Prison Rape Elimination in the section on data collection and monitoring that all documents will be securely retained in accordance with the Ohio DRC retention schedule. The Record Retention Schedule refers to records including the following:

- Administrative/executive
- Adult parole authority
- Bureau of Adult Detention
- Education
- Fiscal
- Food Service
- Human Resources
- Legal
- Medical/Mental Health
- Nursery
- O. P. I.
- Property
- Records-offender
- Safety
- Security
- Social Services.

The Schedule also addresses the Record Number, the Record Title, the Record Description, the Record Period, and the Destructive Method.

The records concerning PREA are retained 10 years after an inmate has reached final release, expiration of sentence, death, or 10 years after an employee is no longer employed by the agency. Further agency reports produced from within the Ohio DRC are maintained permanently. Complying with the Prison Rape Elimination Act.

The DRC makes this information available through its public website, www.drc.ohio.gov/prea.

Based on the auditor's review of the above policy, website information, the Retention Schedule, and interviews with agency and institutional staff, this standard is assessed as compliant, "Meets Standard".

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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*)

The PREA auditor reviewed the frequency and scope of audits for the agency's last three years cycle. The Ohio DRC website was used to obtain much of the information and reports concerning PREA. The Ohio DRC is noted to have received the Lucy Hayes award by the American Correctional Association for having all of its adult correctional facilities assessed as PREA compliant during the first three years cycle.

The methodology used by the PREA auditor included access to all areas of the facility during the on-site visit, a triangulation of pertinent preaudit information; on-site visit observations; and post audit information and assessment. Information included access to all areas of the institution and the ability to

observe day-to-day operations and interviews with staff and inmates. Additionally, the auditor was permitted to receive copies of all relevant documents including electronically stored documents concerning PREA.

Based on the above information, and the auditor’s review of the subsections listed above and interviews with the Agency Director, the Agency PREA Coordinator, and the Warden of Toledo Correctional Institution, this standard is assessed as compliant, “Meets Standard”.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies 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*)

The Ohio Department of Rehabilitation and Correction has a public website on which it publishes Prison Rape Elimination Act audit reports for each of its facilities and contracted facilities.

The website is <http://www.drc.ohio.gov/prea>.

The PREA auditor reviewed this above website, reviewed the previous PREA audit, and reviewed a draft copy of the 2019 Annual Internal Report on Sexual Assault Data by Mr. Mark Stegemoller Agency PREA Coordinator Bureau of Operational Compliance. This report serves to improve the effectiveness of sexual abuse prevention, detection, and response for the Ohio DRC. The report indicates “DRC continues to progress in addressing sexual abuse by continually monitoring all allegations of sexual misconduct by staff and inmates.” It was the auditor’s observation that the Ohio DRC continues to make a “cultural change” to protect and keep safe staff and inmates within its facilities.

Based on the information above and based on interviews with the Agency Director, the Agency PREA Coordinator, and based on interviews with staff and inmates at this facility, the auditor assesses this standard as compliant, “Meets Standard”.

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.

James Curington

April 21, 2020

Auditor Signature

Date