

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: NA

Date of Final Audit Report: November 2, 2021

Auditor Information

Name: Kendra Prisk	Email: 2KConsultingLLC@gmail.com
Company Name: 2K Consulting, LLC.	
Mailing Address: PO Box 204	City, State, Zip: Malone, FL 32445
Telephone: 814-883-9766	Date of Facility Visit: September 21-23, 2021

Agency Information

Name of Agency: CoreCivic			
Governing Authority or Parent Agency (If Applicable):			
Physical Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, TN 37027	
Mailing Address: 5501 Virginia Way, Suite 110		City, State, Zip: Brentwood, TN 37027	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea			

Agency Chief Executive Officer

Name: Damon T. Hininger	
Email: Damon.Hiniger@corecivic.com	Telephone: 615-263-3000

Agency-Wide PREA Coordinator

Name: Eric S. Pierson	
Email: Eric.Pierson@corecivic.com	Telephone: 615-263-6915
PREA Coordinator Reports to: Steven Conry, Vice President	Number of Compliance Managers who report to the PREA Coordinator: 68

Facility Information			
Name of Facility: Lake Erie Correctional Institution			
Physical Address: 501 Thompson Road		City, State, Zip: Conneaut, OH 44030	
Mailing Address (if different from above):		City, State, Zip:	
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Prison	<input type="checkbox"/> Jail	
Facility Website with PREA Information: https://www.corecivic.com/facilities/coffee-correctional-facility			
Has the facility been accredited within the past 3 years? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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):			
<input checked="" type="checkbox"/> ACA <input type="checkbox"/> NCCHC <input type="checkbox"/> CALEA <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A			
If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:			
Warden/Jail Administrator/Sheriff/Director			
Name: Douglas Fender			
Email: Douglas.Fender@corecivic.com		Telephone: 440-599-4100	
Facility PREA Compliance Manager			
Name: Joann King			
Email: Joann.King@corecivic.com		Telephone: 440-599-4100	
Facility Health Service Administrator			
Name: Linda Witt			
Email: Linda.Witt@corecivic.com		Telephone: 440-599-4100	
Facility Characteristics			
Designated Facility Capacity:		1824	
Current Population of Facility:		1573	
Average daily population for the past 12 months:		1498	

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:	18-81	
Average length of stay or time under supervision:	4.12 Years	
Facility security levels/inmate custody levels:	Minimum and Medium	
Number of inmates admitted to facility during the past 12 months:	1561	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1561	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	1440	
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 checked="" type="checkbox"/> Yes <input 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 checked="" 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: <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	250	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	183	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	10	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	23	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	156	
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.		11
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.		15
Number of single cell housing units:		0
Number of multiple occupancy cell housing units:		3
Number of open bay/dorm housing units:		12
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):		50
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 type="checkbox"/> Yes <input checked="" 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>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe):</p>
<p align="center">Investigations</p>	
<p align="center">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 align="center">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>	<p><input type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input checked="" type="checkbox"/> An external investigative entity</p>
<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>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input checked="" type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe):</p> <p><input type="checkbox"/> N/A</p>
<p align="center">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 align="center">4</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>	<p><input checked="" type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input type="checkbox"/> An external investigative entity</p>
<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>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input type="checkbox"/> Other (please name or describe):</p> <p><input checked="" type="checkbox"/> N/A</p>

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for Lake Erie Correctional Institution (Lake Erie) in Conneaut, Ohio was conducted on September 21, 2021 through September 23, 2021 to determine the continued compliance of the Prison Rape Elimination Act Standards. Lake Erie is a private for profit prison under CoreCivic. The audit was conducted by Kendra Prisk, United States Department of Justice (DOJ) Prison Rape Elimination Act Certified Auditor.

The auditor conducted the audit through the agency directly and has a contract with CoreCivic. The auditor is personally accountable for complying with the DOJ certification requirements and audit findings. The contract described the specific work required according to the DOJ standards and PREA auditor handbook to include the pre-audit, on-site audit and post-audit. The auditor signed the contract on December 15, 2020.

The previous PREA audit was conducted by PREA auditor Jennifer Feicht on August 27-30, 2018. The previous auditor found that the facility exceeded six standards and met 39.

Pre-Audit

On February 5, 2021 the auditor provided her mailing address to the agency PREA Coordinator (PC) for the audit announcements. On August 10, 2021 the auditor was provided access to the facility's Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through a shared folder program. The auditor had correspondence with the PC and facility staff during the pre-audit phase. On August 17, 2021 the auditor sent the PC an issue log related to questions and concerns about the PAQ and supplemental documentation. The PCM provided responses to the issue log on August 18, 2021. On September 19, 2021 the auditor provided the PC with information on the listings that would be needed on the first day of the audit, as well as some of the supplemental documentation that would need to be reviewed on-site. The PCM ensured the audit announcement was placed throughout the facility prior to the audit. The facility uploaded twelve photos on August 10, 2021 illustrating the audit announcement was posted throughout the facility.

The facility utilizes Hillcrest Hospital for forensic medical examinations. A review of the hospital website confirmed that the hospital has a Forensic Nursing Department that provides 24/7 specialty care response for pediatric and adult sexual assault/abuse, domestic violence and other forms of maltreatment. The website further states that the forensic nurses, or Sexual Assault Nurse Examiners (SANE), are experts in obtaining and documenting history, medical legal examinations, crisis intervention and precise evidence collection. The Cleveland Rape Crisis Center (CRCC) was contacted on four separate occasions (September 19, 2021, September 28, 2021, October 4, 2021 and October 29, 2021) to provide information related to victim advocacy and the facility. At the time of this report the auditor had not received a response. The auditor also contacted Just Detention International (JDI), a national anti-sexual violence organization. JDI indicated that they did not have any correspondence with inmates at Lake Erie.

The auditor conducted a web-based search related to Lake Erie. The auditor located a few articles, however none pertained to sexual abuse or sexual harassment. The auditor confirmed that the agency website has the PREA policy, the annual report, a link to the PREA Resource Center and a method to report allegations. The facility website contains information on the PREA Compliance Manager, third party reporting methods and prior PREA audit reports.

On-Site

The auditor requested the below list of inmates to be available for interview selection on the first day of the on-site portion of the audit. Based on the population on the first day of the audit (1573) the PREA auditor handbook indicated that at least 40 inmates were required to be interviewed. From the provided lists, the auditor selected a representative sample of inmates for the targeted and random interviews. Inmates for the random interviews were chosen at random and varied across gender, race, ethnicity, housing assignments and time in custody. At least one inmate was selected from each of the housing units. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. There were no youthful inmates at the facility and no inmates in segregated housing for risk of victimization or reporting sexual abuse and as such no interviews were completed. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The auditor received one letter from an inmate at Lake Erie. The inmate was interviewed during the on-site portion of the audit and his concerns were addressed appropriately. The table following the inmate listings depicts the breakdown of inmate interviews.

1. Complete inmate roster (provided based on actual population on the first day of the on-site portion of the audit)
2. Youthful inmates (if any)
3. Inmates with disabilities (i.e. physical disabilities, blind, deaf, hard of hearing, cognitive disabilities)
4. Inmates who are Limited English Proficient (LEP)
5. Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) inmates
6. Inmates in segregated housing
7. Inmates who reported sexual abuse
8. Inmates who reported sexual victimization during risk screening

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	27
Total Inmates Interviewed	47 ¹
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Disability	4
• Inmates who are LEP	4
• Inmates with a Cognitive Disability	1
• Inmates who Identify as Lesbian, Gay or Bisexual	4
• Inmates who Identify as Transgender or Intersex	4
• Inmates in Segregated Housing for High Risk of Victimization	0

¹ Only 43 total inmates were interviewed. A few of the inmates were included in more than one targeted category.

• Inmates who Reported Sexual Abuse	7
• Inmates who Reported Sexual Victimization During Screening	3

The auditor requested the below listing of staff to be available for interview selection on the first day of the on-site portion of the audit. Staff interviews were conducted in accordance with the PREA auditor handbook. The handbook indicated that at least twelve randomly selected staff were required to be interviewed as well as specialized staff. From the provided lists, the auditor selected a representative sample of staff for the specialized and random interviews. Staff for the random interviews were chosen at random and varied across gender, race, ethnicity and post assignments. Random staff and intermediate-level or higher-level supervisors from both the day shift and the evening shift were interviewed (six evening shifts staff and eleven day shift staff). Staff selected for the specialized interviews were selected at random across varying factors, when possible. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*. The table following the staff listings depicts the breakdown of staff interviews.

1. Complete staff roster (indicating title, shift and post assignment)
2. Specialized staff which includes:
 - Agency contract administrator
 - Intermediate-level or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
 - Line staff who supervise youthful inmates, if any
 - Education staff who work with youthful inmates, if any
 - Program staff who work with youthful inmates, if any
 - Medical staff
 - Mental health staff
 - Non-medical staff involved in cross gender strip or visual searches
 - Administrative (Human Resource) staff
 - SAFE and/or SANE staff
 - Volunteers who have contact with inmates
 - Contractors who have contact with inmates
 - Criminal investigative staff
 - Administrative investigative staff
 - Staff who perform screening for risk of victimization and abusiveness
 - Staff who supervise inmates in segregated housing
 - Staff on the sexual abuse incident review team
 - Designated staff member charged with monitoring retaliation
 - First responders
 - Intake staff

Category of Staff	Number of Interviews
Random Staff	14

Specialized Staff	19
Total Staff Interviews	33
Specialized Staff Interviews	
• Agency Contract Administrator	0
• Intermediate or Higher-Level Facility Staff	3
• Line Staff who Supervise Youthful Inmates	0
• Education and Program Staff who Work with Youthful Inmates	0
• Medical and Mental Health Staff	4
• Human Resource Staff	1
• Volunteers and Contractors	2
• Investigative Staff	1
• Staff who Perform Screening for Risk of Victimization	1
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	3
• Intake Staff	1

The auditor also conducted interviews with the below leadership staff (not counted in table above):

- Mr. Steve Conroy (Agency Head Designee)
- Mr. Douglas Fender (Warden)
- Mr. Eric Pierson (PREA Coordinator “PC”)
- Ms. Joann King (PREA Compliance Manager “PCM”)

The on-site portion of the audit was conducted on September 21, 2021 through September 23, 2021. The auditor had an initial briefing with facility leadership and discussed the audit logistics. After the initial briefing, the auditor selected inmates and staff for interviews as well as documents to review. The auditor conducted a tour of the facility on September 21, 2021. The tours included all areas associated with Lake Erie including housing units, laundry, the warehouse, intake, education, maintenance, food service, health services, recreation, visitation, religious services, canteen, re-entry, recovery services, the recycling center and administration. During the tour the auditor was cognizant of staffing levels, video monitoring placement, blind spots, posted PREA information, privacy for inmates in housing units and other factors as indicated in the below standard findings. The audit announcement was observed in each housing unit and in common areas in red, blue and black writing. The reporting poster and the victim advocacy information was observed to be posted in each housing unit. During the tour the auditor observed the opposite gender announcement being made via a loud buzzer and a flashing light. The

auditor also tested the outside reporting mechanism and the Ohio Department of Rehabilitation and Corrections (DRC) hotlines. The DRC hotline requires an inmate pin number while the outside reporting mechanism did not require an inmate pin number. Confirmation was provided to the auditor the same day (September 21, 2021) via email that both calls were received. The victim advocacy phone number is reached through contacting a staff member and utilizing their office, which has an outside unrecorded line.

During the tour the auditor located a space in the warehouse that would benefit from an additional mirror. While the area was covered with video monitoring technology, the additional mirror would assist with monitoring while in the room. The auditor recommended that a mirror be added.

Interviews were conducted on September 22, 2021 and September 23, 2021. Evening shift staff were interviewed on September 22, 2021 while day shift staff and specialized staff were interviewed on September 22, 2021 and September 23, 2021. All interviews were conducted in a private office setting.

During the audit the auditor requested personnel and training files of staff, inmate files, medical and mental health records, grievances, incident reports and investigative files for review. A more detailed description of the documentation review is as follows:

Personnel and Training Files. The facility has 250 staff assigned. The auditor reviewed a random sample of 26 personnel and/or training records that included five individuals hired within the past twelve months and five staff with five year backgrounds. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for seven volunteers, six contractors and eight medical and mental health care staff were reviewed. Most security staff files reviewed were of those selected for interview. Medical and mental health care staff, volunteer and contractor files were selected at random from the listings.

Inmate Files. A total of 43 inmate files were reviewed although some files were only reviewed for a specific area the auditor was reviewing and some files fell into more than one category of the review. 27 inmate files were of those that arrived within the previous twelve months, four were disabled inmates, four were LEP inmates, five were transgender or intersex inmates and twelve were inmates who reported prior victimization during the risk screening or had a history of prior abusiveness. All inmate files reviewed were of those selected for interviews.

Medical and Mental Health Records. During the past year, there were fourteen inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of the fourteen inmate victims, as well as mental health documents for twelve inmates who disclosed victimization during the risk screening.

Grievances. In the past year, the facility had zero grievances of sexual abuse. The auditor reviewed the grievance log and a sample of fourteen grievances to confirm that none were sexual abuse. The facility indicated that they do not have a grievance process for sexual abuse allegation. Any allegation of sexual abuse is immediately forwarded for investigation and follows the facility's investigation policies and procedures.

Hotline Calls. The facility has a hotline number as well as an electronic way to report through JPay. The facility documented thirteen calls through the hotline within the previous twelve months. Only one of the thirteen calls was an allegation of sexual abuse or sexual harassment.

Incident Reports. The auditor reviewed the incident reports for the fourteen reviewed investigations. The auditor also reviewed the incident report log and a sample of seven additional incident reports.

Investigation Files. During the previous twelve months, there were fourteen allegations reported. All fourteen resulted in an administrative investigation. During the on-site portion of the audit, all fourteen

investigations were closed. The auditor reviewed all of the investigations to ensure all components were included from the investigating authority.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	2	0	0	0
Unsubstantiated	8	1	0	1
Unfounded	1	1	0	0
Ongoing	0	0	0	0
Total Allegations	11	2	0	1

Post-Audit

At the completion of the on-site portion of the audit, the auditor provided the PC with information related to corrective action for 115.41. During the on-site portion of the audit, the auditor observed that while the tool utilized for screening for risk of victimization and abusiveness included all the required elements under the standard, there was no objective determination of how inmates are classified as high risk of victimization or abusiveness. Conversation with the PCM and the agency's client PC indicated that the risk screening determinations are made based on the opinion of the staff member conducting the risk screening. Thus, there is no weighted factor or any numerical tallied factor to ensure that a designation is derived objectively based on the instrument. Further guidance from the PREA Resource Center confirmed that one of the frequently asked questions (FAQ) that was released in May 2021 confirms that the risk screening tool is required to have a scoring/weighted mechanism. The facility PCM indicated they were working with their client agency in order to determine action to take to correct the issue.

On September 24, 2021 the facility advised that in order to correct 115.41 they would be utilizing CoreCivic's risk screening instrument (CoreCivic 14-2B form) which has all the required questions under 115.41 and utilizes a tally system to objectively determine if inmates are deemed at high risk of victimization and abusiveness. The facility advised that they would complete the risk screening via paper and then they would enter those results into the Ohio Department of Rehabilitation and Corrections system. This method ensures that an objective tool is utilized and the risk level for housing, programming and other assignments are accurate in the DRC system (which the facility is required by contract to utilize for security and classification purposes).

On October 5, 2021 the PCM provided an update and indicated that they had conducted risk assessments on 750 inmates at the facility utilizing the 14-2B form and would be working to complete all risk assessments prior to the issuance of the interim report. On October 19, 2021 the facility advised that they had completed all inmate risk assessments via the 14-2B form and that they were in the process of entering all the results into the DRC system. On October 25, 2021 the PCM provided the auditor with an assurance memo indicating that the facility had completed the risk screening on all inmates using the CoreCivic screening tool and that all inmates with a classification change (high risk of victimization or high risk of abusiveness) based on the screening had been entered into the DRC electronic system. In addition to the assurance memo, the facility provided the auditor with 35 examples of inmate's risk

screening, showing their prior classification and the new classification under the CoreCivic 14-2B. The examples showed inmates that had no classification under the DRC tool and remained the same under CoreCivic's 14-2B, inmates who had no classification under the DRC tool that changed to recommended victim under the CoreCivic 14-2B; inmates who had no classification under the DRC tool that changed to a recommended potential victim under the CoreCivic 14-2B and inmates with no classification under the DRC tool that changed to recommended potential abuser under the CoreCivic 14-2B. With the updated risk classifications, the facility reviewed all housing assignments for victims and abusers. The facility provided the auditor with the housing assignments for all inmates who were classified as high risk victims or high risk abusers. A review of the documentation determined that high risk victims were not placed in the same housing unit as high risk abusers.

Facility Characteristics

Lake Erie Correctional Facility is a privately operated state prison under the authority of CoreCivic, located at 501 Thompson Road, in Conneaut, Ohio. CoreCivic's purpose is to help government better the public good. The mission of CoreCivic is to help government better the public through: CoreCivic Safety, CoreCivic Community and CoreCivic Properties. CoreCivic Safety is described as operating safe, secure facilities that provide high quality services and effective reentry programs that enhance public safety. CoreCivic Community is described as delivering proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties is described as offering innovative and flexible real estate solutions that provide value to government and the people they serve. Lake Erie is a medium security facility that houses adult male inmates. The facility holds inmates for the Ohio Department of Rehabilitation and Corrections. Lake Erie is located in Ashtabula County, approximately 72 miles northeast of Cleveland, Ohio and less than ten miles from the Pennsylvania border. The facility has a total capacity of 1824. The average daily population over the previous twelve months was 1498. On the first day of the on-site portion of the audit the population at the facility was 1573. The age range of the facility's population is 18-81 years of age. The average length of time under supervision for inmates at the facility is 4.12 years.

The facility employs 250 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of staffing rosters indicates that each shift has a shift supervisor, an assistant shift supervisor and at least one officer per housing unit. Additional officers are assigned to other areas to include central control, utility, relief, recreation, yard, food service, visitation, intake and work detail to assist with monitoring. Each housing unit also has non-security unit management staff that assist with supervision and monitoring. The facility employs audit period due to COVID-19.

Facility Description

The facility comprises eleven building and is equipped with reflective mirrors and video monitoring throughout to alleviate blind spots and assist with supervision and monitoring. There is one building located outside the secure perimeter (a warehouse), however inmates do not have access to the building. PREA posters and painted information, including reporting information and advocacy information was observed throughout the facility. The audit announcement was observed in each housing unit in red, blue and black print. A buzzer and light system was observed to be utilized for the opposite gender announcement upon entry into each of the housing units. The below describes the basics of the facility.

Administration – This area contains numerous offices, including the business office, human resources, training and the Warden. PREA reporting information, including third party options, was observed in this area (which includes the front entrance and central control).

Canteen – Has a pickup area with lines and windows as well as an area that is warehouse style with goods and supplies. The back dock is located in this area where deliveries are made and the inmate restroom is equipped with a door containing privacy film.

Education – The space contains numerous classrooms with tables, desks and chairs. Additionally, the library and law library are located in this space. The library has shelves of books, tables, chairs and a computer lab.

Food Services – Consists of a two dining rooms, a staff dining and a kitchen. The staff dining is a smaller open area with a food line, tables and chairs. The inmate dining rooms are identical (one is currently used for serving while the other is used for inmates to sit and eat). Both are open with serving lines, tables and stools. The inmate restrooms are equipped with doors containing privacy film. The kitchen contains

kettles, grills, ovens, baking equipment, food preparation tables, coolers, freezers, a dish room and dry storage.

Health Services – The area contains medical and dental. Dental is chairs and work space while medical contains an x-ray room, pharmacy, a waiting room, a records room, exam rooms and observation areas. Medical records are mostly electronic but the older paper files are behind a locked door. The waiting room is open with chairs. The restroom has a door with privacy film. Exam rooms are private with a solid door containing a small security window. There are six observation rooms and two suicide observation cells located in health services. The observation rooms can be double bunked and contain a sink, toilet, desk, stool and shower. The entrance doors are solid with a raised small security window. Additionally, the showers are not visible from the entrance doors. The suicide observation cells are similar with the exception of the showers. Showers are behind a locked door and cannot be accessed by the inmate without a staff member.

Intake – Contains holding cells, offices and open space. Strip searches are conducted on the back wall. A large partition was constructed to be placed in front of the wall when conducting searches. Holding cells contain restrooms with wall barriers as well as benches/chairs. There are two rooms that may be utilized for the risk screening that are private, however it is usually completed in health services in a medical office. The PREA reporting information and advocacy information was posted on the board in intake and the staff member indicated that they provide the PREA information and briefly go over it upon arrival.

Laundry – The laundry consists of washers, dryers, tables, storage and a sewing repair space. The area is open with mirrors. The inmate restroom is equipped with a door containing privacy film.

Maintenance – Contains numerous small spaces for each trade, including carpentry, welding, plumbing and caustics. A locked tool room and a locked parts area is located in the space. The inmate restroom is equipped with a door containing privacy film.

Mental Health – Comprises staff offices with solid doors and windows.

Recreation – Both indoor and outdoor. There is one main outdoor recreation area which is open with activity and sports equipment. The indoor recreation area is a gymnasium with a basketball court and bleachers. There is also an enclosed weight area with equipment. The inmate restroom is equipped with raised half walls and curtain barriers.

Recovery Services/Mental Health – Both spaces contain offices and group rooms.

Recycling Center – Open area with recycling materials and storage.

Reentry Center – Is an open area with computers and tables.

Religious Services – There is a multipurpose room, a religious library, a chapel and storage spaces. The multipurpose room is open with chairs, tables and televisions and the library is small with shelves of books. The chapel is open and contains chairs and a podium/stage for a band and a religious leader.

Visitation – Contains both contact and no contact visitation. The contact area contains tables, chairs, vending machines and a reading room. The inmate restroom has a door with privacy film and strip searches are conducted in a room with a door and curtains. The PREA poster, which includes third party reporting information, was observed on the bulletin board.

Vocation – This area contains a drywall program and a culinary program. The majority of the space is open with equipment and material for each trade. A classroom with desks is contained in the space for

book work. A locked tool room was observed in the area and there were numerous locked storage areas as well. The inmate restroom has a door containing privacy film on the window.

Warehouse – Open area with shelves of supplies and goods.

All general population housing units are identical in physical layout. There are two units per building and while there are no separate doors for the two units, there are cut out entryways for each living area and a separate restroom for each living area. Each building has a shared dayroom space and multipurpose room. The dayroom has tables, chairs, kiosks, microwaves, coolers and televisions and the multipurpose room has tables, chairs and can be utilized for programs and leisure activities. Each building also has a shared laundry space with a few washers and dryers. The restrooms have an entryway and all showers, toilet and sinks are not visible directly from the entrance. In addition to the obstructed view the toilets have half walls and half curtain while the showers have full curtains. The living areas are open bay style with bunk beds. Huron A, B, C and D each had a wall down the center of the living area separating them into halves, while the rest of the housing units had been upgraded and contained cubicle style walls around 4 bunks to create more privacy.

The Segregated Housing Unit (SHU) is one building with three wings. The building contains holding cells, offices, storage space and a small kitchenette. Strip searches are conducted in the holding cells, which contain windows, and as such mobile privacy barriers were constructed to be placed in front of the cells during searches. Each wing has enclosed rooms that are utilized as indoor recreation areas. Outdoor recreation consists of enclosed areas with a basketball hoop. A rolling phone is provided to inmates in SHU. The rolling cart has the PREA reporting and advocacy information attached for reference. Additionally, an opposite gender announcement placard was observed at the entrance to each wing in the SHU. The living areas are double bunked cells with a sink, toilet and shower. Cell doors are solid with a raised window. The shower is located out of view of the cell door and small shield was added to the small window outside of the shower.

Unit	Capacity	Style	Inmate Population
Huron A	142	Open Bay	General Population
Huron B	142	Open Bay	General Population
Huron C	142	Open Bay	General Population
Huron D	142	Open Bay	General Population
Ontario A	142	Open Bay	General Population
Ontario B	142	Open Bay	General Population
Ontario C	142	Open Bay	General Population
Ontario D	142	Open Bay	General Population/Honor Dorm
Superior A	142	Open Bay	General Population
Superior B	142	Open Bay	General Population/Faith Based
Superior C	142	Open Bay	General Population
Superior D	142	Open Bay	General Population
Segregation A	36	Double Occupancy	Restrictive Housing

Segregation B	38	Double Occupancy	Restrictive Housing
Segregation C	22	Double Occupancy	Restrictive Housing

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.11 & 115.31

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: NA

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*)

Instructions for Overall Compliance Determination Narrative

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation

4. CoreCivic Lake Erie Correctional Institution – Institution Zero Tolerance Local Policy (Local Policy)
5. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
6. PREA Coordinator Position Description
7. CoreCivic Organizational Chart
8. Facility Organizational Chart

Interviews:

1. Interview with the PREA Coordinator
2. Interview with the PREA Compliance Manager

Findings (By Provision):

115.11 (a): The agency is required under contract to follow all of the client's policies and procedures. As such, while CoreCivic has a comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response, the facility follows the Ohio Department of Rehabilitation & Corrections policies. DRC has two policies, 79-ISA-01 and 79-ISA-02 that outline the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. 79-ISA-01, page 3 states that the DRC shall maintain zero tolerance for sexual misconduct in its institution and in any facilities with which it contracts for the confinement of inmates. 79-ISA-01 and 79-ISA-02 outline the strategies on preventing, detecting and responding to such sexual abuse. The policies address "preventing" sexual abuse and sexual harassment through, the designation of a PC, criminal history background checks (staff, volunteers and contractors), training (staff, volunteers and contractors), staffing, opposite gender privacy, opposite gender announcements, intake/risk screening, inmate education and posting of signage (PREA posters, etc.). The policies address "detecting" sexual abuse and sexual harassment through training (staff, volunteers, and contractors), staffing and intake/risk screening. The policies address "responding" to allegations of sexual abuse and sexual harassment through reporting, investigations, victim support services, medical and mental health services, monitoring for retaliation, disciplinary sanctions for staff and inmates, incident reviews and data collection. The two policies are consistent with the PREA standards and outline the agency's approach to sexual safety. Additionally, the agency has numerous policies that outlines the different components and requirements under PREA (all included under appropriate standards in this report), including 50-PAM-02, 310-SEC-01, 79-ISA-03, 79-ISA-04, 79-ISA-05, B-11, 64-DCM-02, 34-PRO-07, 39-TRN-10, 52-RCP-10, 31-SEM-02, 71-SOC-01 and 56-DSC-01.

115.11 (b): The agency's organizational chart reflects that the PC position is an upper-level position and is agency-wide. The PC is the Senior Director of PREA Programs and Compliance. The PC reports to the Vice President of Operations Administration. The PC's position description states that the Senior Director develops, implements and oversees company policies and procedures in complying with the standards of the Prison Rape Elimination Act (PREA). Additionally, it states that the Senior Director manages the company's compliance efforts, reporting requirements and audit processes related to PREA. The PC has 68 PREA Compliance Managers that report to him. The interview with the PC indicated that he has enough time to manage all of his PREA related responsibilities. He stated that at any given time there are approximately 68 PCM including those from Community Corrections. He stated that the PREA Office consists of two individuals, himself and a Director that coordinates PREA investigations. The PC indicated that they have quarterly training sessions with the PCMs via skype and that he travels to facilities for audits and training sessions. He further stated that the PREA staff are in contact with facilities daily on investigations and audit issues.

115.11 (c): The facility has designated the Assistant Warden as the staff member responsible for ensuring PREA compliance. The PAQ indicated that the PCM has sufficient authority and time to coordinate the facility's PREA efforts. The facility's organizational chart confirms that the Assistant Warden is

responsible for PREA compliance and that she reports to the Warden. The interview with the PREA Compliance Manager indicated she has sufficient time to coordinate the facility's PREA compliance. She stated that she has been handling PREA for a long time and that she is good at multitasking.

Based on a review of the PAQ, 79-ISA-01, 79-ISA-02, 50-PAM-02, 310-SEC-01, 79-ISA-03, 79-ISA-04, 79-ISA-05, B-11, 64-DCM-02, 34-PRO-07, 39-TRN-10, 52-RCP-10, 31-SEM-02, 71-SOC-01, 56-DSC-01, the local policy, CoreCivic 14-2, the PC position description, the agency organizational chart, the facility organizational chart and information from the interviews with the PC and PCM, the facility appears to exceed this standard. Both CoreCivic and DRC have numerous policies and procedures that ensure their facilities comply with PREA standards. The policies are very detailed and outline all the requirements under PREA. The agency PC as well as the client's PC were very involved with PREA compliance at the facility. Both were knowledgeable and had direct access to create, modify and implement policy, procedures and practices. The facility PCM was extremely knowledgeable and involved in all aspects of PREA compliance. The preparedness for the audit as well as the many duties she takes on to ensure PREA compliance confirms that the facility goes above and beyond and exceeds this standard.

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*)

Documents:

1. Pre-Audit Questionnaire

Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed a contract for the confinement of inmates on or after August 20, 2021, or since the last PREA audit, whichever is later. The PAQ further stated that the agency entered into or renewed three contracts since the last PREA audit. After discussing with the PC it was determined this information was related to DRC, not CoreCivic. CoreCivic is a private for profit corrections and detention management company and does not contract with other entities for the confinement of inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

115.12 (b): The PAQ indicated that all contracts require the agency to monitor the contractor's compliance with PREA standards. After discussing with the PC it was determined this information was related to DRC, not CoreCivic. CoreCivic is a private for profit corrections and detention management company and does not contract with other entities for the confinement of inmates. The agency does not have a Contract Administrator because it does not contract with other agencies for the confinement of its inmates and as such an interview was not conducted.

Based on the review of the PAQ and discussion with the PC this standard appears to be not applicable and as such compliant.

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? ☒ Yes ☐ No
- 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
- 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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 50-PAM-02 – Inmate Communication/Weekly Rounds
4. PREA Staffing Plan
5. Daily Shift Roster
6. Exception Reports (Deviations from Staffing Plan)
7. Annual PREA Staffing Plan Assessment (14-21)
8. Documentation of Unannounced Rounds (Employee Visit Record)

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with the PREA Coordinator
4. Interview with Intermediate-Level or Higher-Level Facility Staff

Site Review Observations:

1. Staffing Levels
2. Video Monitoring Technology or Other Monitoring Materials

Findings (By Provision):

115.13 (a): 79-ISA-01, page 6 states that in accordance with DRC Policy 23-BUD-01, Staffing Requirements and the PREA Staffing Plan (DRC1189) each institution shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and where applicable, video monitoring, to protect inmates against sexual misconduct. In calculating staffing levels and determining the need for video monitoring, the institutions shall consider: generally accepted detention practices, any judicial, federal investigative and internal/external oversight agency findings of inadequacy, the facility's physical plant including blind-spot or areas where staff or inmates may be isolated, the composition of the inmate population, the number and placement of supervisory staff, institution programs occurring on a particular shift, the prevalence of substantiated and unsubstantiated incidents of abuse and any applicable State or local laws, regulations or any other relevant factors. The PAQ indicated that the current staffing is based off of 1624 inmates. The facility employs 250 staff. Security staff mainly make up two shifts, day shift works from 6:00am-6:00pm and evening shift works from 6:00pm-6:00am. A review of staffing rosters indicates that each shift has a shift supervisor, an assistant shift supervisor and at least one officer per housing unit. Additional officers are assigned to other areas to include central control, utility, relief, recreation, yard, food service, visitation, intake and work detail to assist with monitoring. Each housing unit also has non-security unit management staff that assist with supervision and monitoring as well. During the tour the auditor observed that mirrors and video monitoring were installed throughout the facility to alleviate blind spots and supplement monitoring. Additionally, the auditor observed that at least four staff were present in each housing unit and additional

staff were assigned to work and program areas. Staffing levels appeared to be adequate to monitor and protect the inmate population from sexual abuse and sexual harassment. Interviews with the Warden and the PCM confirmed that the facility has a staffing plan and the plan provides adequate staffing levels to protect inmates from sexual abuse. The Warden stated that the staffing plan ensures there are enough staff in all areas that inmates have access to and that video monitoring is part of the staffing plan. The Warden indicated that the staffing plan is documented and that he and the PCM keep a copy of the plan in their offices. The Warden stated that the staffing plan is reviewed and they make sure there are mirrors to cover any blind spots, that there has not been any construction and that the current plan is based off of the physical layout. He stated that they have changed some of their staffing in certain locations and have requested additional cameras for certain areas. He indicated that there are additional staff on day shift when more inmate movement is conducted and that there are additional staff in higher security areas, such as segregation. The Warden confirmed that the facility checks for compliance with the staffing plan through rounds, video monitoring, random interviews, Duty Officer checks and roster reviews. The interview with the PCM indicated that the staffing plan has been consistent and that when reviewing staffing levels they review the roster to make sure all areas are covered and ensure that staff coverage based on the physical layout and number of buildings is adequate. She stated that they make sure video monitoring is appropriate and that there are more staff available on shifts where programs occur and in areas with higher security inmates. She confirmed that staffing is based on the security level of the inmate at the facility.

115.13 (b): 79-ISA-01, page 6 states that if circumstances arise where the staffing plan is not complied with, the managing officer's designees must document and justify all deviations on the staffing plan referenced in section VI.B.1 of this policy. The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PAQ stated that the six most common reasons for deviating from the staffing plan were hospital duty, constant watch, emergency transports, escorts, bus runs and call offs. A review of an exception report from February and two from May indicated that the date, shift and title of the post of the deviation was documented, along with the reason at the bottom of the form. Two of the reasons involved officers being pulled for another post that need covered and one involved an officer being reassigned to hospital duty. An additional review on-site of deviations from the staffing plan confirm that deviations are documented at the bottom of each form. The interview with the Warden indicated that any deviations would be documented through an exception report. He stated that he would have to approve any deviations and that the contract monitor (DRC) would also have to approve.

115.13 (c): The PAQ indicated that at least once a year the facility/agency, in collaboration with the PC, reviews the staffing plan to see whether adjustments are needed. 79-ISA-01, page 6 states that at least annually, the facility, in consultation with the agency PREA Coordinator, shall assess the staffing plan, the facility's deployment of video monitoring technologies, and the facility resources to determine if adjustments are needed. This assessment shall be documented on the PREA Staffing Plan and copies shall be forwarded to the agency PREA Coordinator, facility managing officer, appropriate regional director and representative from the Office of Administration. Policy further states that an annual PREA staffing plan assessment shall be completed by LAECI (Lake Erie) and NEOCC, whenever necessary, but no less frequently than once each year. The PREA Compliance Manager will complete the annual PREA Staffing Plan Assessment (form 14-21) and forward it to the warden/administrator for review. The staffing plan was most recently reviewed on May 19, 2021 by the PCM, Warden and PC. The plan was reviewed to ensure all required components under provision (a) were incorporated as well as was reviewed in order to assess, determine and document whether any adjustments were needed to the staffing plan, the deployment of video monitoring technologies and/or the resources available to commit to ensuring adherence to the staffing plan. The previous review of the staffing plan was completed on October 16, 2020. The PC confirmed he is consulted regarding any assessments of, or adjustment to the

staffing plan. He stated he is consulted annually or when there has been a significant change that would require re-evaluation of the plan.

115.13 (d): 50-PAM-02, pages 2-6, outline requirements for intermediate-level and higher-level staff unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Page 2 states that the Managing Officer and Deputy Wardens are required to visit housing units weekly and page 3 states that Security and Unit Management Chiefs are required to conduct unannounced rounds at least once per shift. Page 5 states that staff shall not alert other staff members that supervisory rounds are occurring unless such announcement is related to the legitimate operational function of the facility. Policy further states on page 6 that assigned staff shall sign in/sign out on the Employee Visit Record when entering/exiting the designated area and shall use red ink when signing and that when conducting unannounced rounds staff shall document "UAR" in the reason for visit column. A review of 51 Employee Visit Records from July through November confirms that unannounced rounds were typically conducted every day on each shift. Interviews with three intermediate-level or higher-level staff indicated that they make unannounced rounds daily and that they document the rounds. The staff stated that rounds are documented on the employee visitor log book. All three staff stated that unannounced rounds are done irregularly. One staff stated he does rounds randomly and that he may do some before chow and then some after. Another staff member stated that he goes at different times during the shift and does not go the same route each time.

Based on a review of the PAQ, 79-ISA-01, 50-PAM-02, the PREA Staffing Plan, Daily Shift Rosters, Exception Reports, Annual PREA Staffing Plan Assessment (14-21), documentation of unannounced rounds, observations made during the tour and interviews with the Warden, PC, PCM and intermediate-level or higher-level staff, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Memorandum from the PREA Compliance Manager
3. Population Reports

Findings (By Provision):

115.14 (a): The PAQ and the memo from the PCM indicated that Lake Erie Correctional Institution does not house inmates under the age of eighteen. A review of population reports confirmed that there have been no inmates under the age of eighteen at the facility.

115.14 (b): The PAQ and the memo from the PCM indicated that Lake Erie Correctional Institution does not house inmates under the age of eighteen. A review of population reports confirmed that there have been no inmates under the age of eighteen at the facility.

115.14 (c): The PAQ and the memo from the PCM indicated that Lake Erie Correctional Institution does not house inmates under the age of eighteen. A review of population reports confirmed that there have been no inmates under the age of eighteen at the facility.

Based on a review of the PAQ, the memo from the PCM and population reports, this standard appears to be not applicable and as such compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 310-SEC-01 – Incarcerated Individual and Physical Plant Searches
4. Ohio Department of Rehabilitation & Corrections 79-ISA-05 – Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
5. Search Logs
6. Ohio Department of Rehabilitation and Correction's Prison Rape Elimination Act (PREA) Training
7. Staff Training Records

Interviews:

1. Interview with Random Staff
2. Interview with Random Inmates
3. Interview with Transgender/Intersex Inmates

Site Review Observations:

1. Observations of Cross Gender Privacy
2. Observation of Cross Gender Announcement

Findings (By Provision):

115.15 (a): The PAQ indicated that the facility does not conduct cross gender visual body cavity searches of inmates and that there have been zero searches of this kind in the previous twelve months. 310-SEC-01, page 5 states that the institution shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

115.15 (b): 310-SEC-01, page 3 states employees must always display the highest degree of professionalism when conducting searches. The institution shall document all cross-gender strip searches, cross-gender visual body cavity searches and all cross-gender pat down searches of female incarcerated individuals on an incident report (DRC 1000). The PAQ indicated that there have been zero cross-gender pat searches of female inmates in the previous twelve months. The facility does not document same gender searches and as such there was no documentation to review as there were no documented instances of cross-gender pat searches of female inmates. The facility houses male inmates and transgender female inmates.

115.15 (c): The PAQ indicated that facility policy requires all cross gender strip searches and all cross gender visual body cavity searches be documented. Additionally, the PAQ indicated that the facility does not house female inmates and as such any documentation of cross gender pat down searches of female inmates would not apply. 310-SEC-01, page 3 states employees must always display the highest degree

of professionalism when conducting searches. The institution shall document all cross-gender strip searches, cross-gender visual body cavity searches and all cross-gender pat down searches of female incarcerated individuals on an incident report (DRC 1000). There were no searches of this kind and as such no documentation was available for review.

115.15 (d): The PAQ indicates that the facility has implemented policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. 79-ISA-01, page 10 states that all institutions shall ensure inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks, which includes viewing via video camera. Policy further states that all employees, contractors, and volunteers of the opposite gender, whether assigned to the unit or not, shall make the following announcement upon their arrival in a housing unit: "Male/Female in housing unit." If at any time the employee leaves and returns to the housing unit, the preceding announcement shall be repeated. Once the facility installs the PREA buzzer at the entrance of each housing unit, that when pushed, makes a unique sound, the verbal announcement of opposite gender staff will no longer be necessary. The interviews with fourteen staff confirm that all fourteen believed that inmates have privacy from opposite gender staff when showering, using the restroom and changing their clothes. Interviews with 43 inmates indicated that all 43 stated they have privacy from opposite gender staff when showering, using the restroom or changing clothes. During the tour the auditor observed that all housing units had privacy in the bathroom/shower areas through half walls, curtains and an enclave entrance. Additionally, restrooms in common areas were equipped with doors with privacy film. Thirteen of the fourteen staff interviewed stated that opposite gender staff announce prior to entering housing unit and 32 of the 43 inmates interviewed indicated opposite gender staff announce when entering housing units. During the tour the auditor observed that the facility utilizes a buzzer and flasher system for the opposite gender announcement. The female staff member initiates the flasher and buzzer upon entry into the housing unit. The auditor observed the buzzer and flasher system being utilized upon entry into each housing unit during the tour.

115.15 (e): The PAQ indicated that the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status and that no searches of this nature have occurred within the previous twelve months. 79-ISA-05, page 4 states that staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the genital status is unknown, it may be determined through conversation with the inmate or by reviewing medical records. If staff members are unable to determine the inmate's genital status, the inmate shall be referred to medical for a broader medical examination conducted in private by a medical practitioner. Interviews with fourteen staff indicated that thirteen were aware of a policy prohibiting searching a transgender or intersex inmate for the sole purpose of determining the inmates' genital status. Interviews with four transgender inmates confirmed that none believed they were ever searched for the sole purpose of determining their genital status.

115.15 (f): The PREA training states that transgender and intersex inmates are seen by the institutional PREA Accommodation Strategy Team shortly after arrival at reception centers and anytime they are transferred to another prison. During the team meeting, the members will determine the gender of staff who shall be permitted to pat down and strip search the inmate and how it will be conducted. Despite the option selected, the staff that conducts the search must do so in a professional and respectful manner, in the least intrusive manner possible, consistent with security needs. The training further includes a video on how to conduct searches and the training describes the appropriate method for conducting searches and states that transgender inmates should be searched similar to female inmates with regard to the breasts and groin areas. The PAQ indicated that 100% of staff had received training on conducting cross gender pat down searches and searches of transgender and intersex inmates. A review of fifteen staff

training records indicated that all fifteen had received the search training during the annual PREA training. All fourteen staff interviewed confirmed that they had received training on how to conduct cross gender pat searches and searches of transgender inmates.

Based on a review of the PAQ, 79-ISA-01, 79-ISA-05, 310-SEC-01, search logs, the PREA training, staff training records, observations made during the tour to include enclaves, half walls and curtains, the opposite gender flasher and buzzer as well as information from interviews with random staff, random inmates and transgender and intersex inmates indicate this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 64-DCM-02 – Inmates with Disabilities
4. Video Relay Services
5. Ohio Department of Rehabilitation and Correction's Prison Rape Elimination Act (PREA) Training
6. Language Line Service, Inc. Agreement
7. Staff Translator List
8. Inmate Handbook – Spanish
9. Staff Training Records

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Inmates with Disabilities
3. Interview with LEP Inmates
4. Interview with Random Staff

Site Review Observations:

1. Observations of Posted PREA Information

Findings (By Provision):

115.16 (a): The PAQ stated that the agency has established procedures to provide disabled inmates 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. 79-ISA-01, page 10 states that staff shall make appropriate provisions for inmates not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided. In accordance with 64-DMC-02, the agency PREA Coordinator shall ensure all inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of DRC's efforts to prevent, detect, and respond to sexual misconduct. 64-DCM-02, page 6 states that the agency will provide qualified interpreters/translators for programming. Interpreting services for those programs may be provided only by qualified non-correctional staff members or contract interpreters. If the deaf or hard of hearing inmate approves, a qualified correctional staff member or inmate may otherwise assist in the case of an emergency, when another interpreter is unavailable, if confidentiality will not be violated. Interpreters may be provided in person or through teleconferencing. Page 7 further states that inmates who need an accommodation shall complete the Inmate Reasonable Accommodation Request form and submit it to the institutional Americans with Disabilities Act (ADA) Coordinator for inmates. The facility has access to the Video Relay Services, which provides video services and a live person to sign on behalf of deaf or hard of hearing inmates. A review of the PREA training confirms that page 22 has information on inmates with disabilities and LEP inmates, including the requirements under this standard. All fifteen staff files reviewed were documented with the PREA training. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP 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. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with Language Line and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. Interviews with five disabled inmates indicated that four had received information in a format that they could understand. One inmate became uncomfortable during the interview and walked out prior to being asked about the format he received PREA information. During the tour the auditor observed that PREA information was posted in each housing unit and in common areas. The information was available in large print and bright colors. Additionally, the opposite gender announcement is made via a flashing light and buzzer system to ensure disabled and LEP inmates are aware of the opposite gender staff presence.

115.16 (b): The PAQ stated that the agency has established procedures to provide inmates with limited English proficiency 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. 79-ISA-01, page 10 states that staff shall make appropriate provisions for inmates not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided.

In accordance with 64-DMC-02, the agency PREA Coordinator shall ensure all inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of DRC's efforts to prevent, detect, and respond to sexual misconduct. 64-DCM-02, page 6 states that the agency will provide qualified interpreters/translators for programing. Interpreting services for those programs may be provided only by qualified non-correctional staff members or contract interpreters. If the deaf or hard of hearing inmate approves, a qualified correctional staff member or inmate may otherwise assist in the case of an emergency, when another interpreter is unavailable, if confidentiality will not be violated. Interpreters may be provided in person or through teleconferencing. The agency has a contract with Language Line Services, Inc. to provide translation services for inmates who are LEP. This is a service the facility can call that will translate information between the staff member and LEP inmate. The contract was signed on April 11, 2019. Additionally, the facility has a list of staff that can be utilized to translate when needed. A review of the inmate handbook confirmed that PREA information is available in Spanish. The interview with the Agency Head Designee indicated the agency has established procedures to provide inmates with disabilities and inmates who are LEP 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. He stated that the CoreCivic corporate office provides assistance to the facilities that enable them to locate potential vendors and/or agencies that would provide support services for inmates with disabilities. He stated that the agency maintains a comprehensive contract with Language Line and some facilities even have an MOU with organizations in the local communities to provide translation services when needed. He stated that TTY phones are provided and arrangements are made to assist those inmates who are blind. Interviews with four LEP inmates indicated that three received information in a format that they could understand. During the tour the auditor confirmed that PREA information was posted in each housing unit and in common areas. The information was posted in both English and Spanish. Additionally, the opposite gender announcement is made via a flashing light and buzzer system to ensure disabled and LEP inmates are aware of the opposite gender staff presence.

115.16 (c): The PAQ stated that agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances. 79-ISA-01, page 10 states that an inmate interpreter, inmate reader, or other inmate assistant shall not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first responder duties, or the investigation into the inmate's allegation. The PAQ indicated the facility documents the limited circumstances in individual cases where inmate interpreters, readers or other assistants are used. The PAQ expressed that there were zero instances where an inmate was utilized to interpret, read or provide other types of assistance. Interviews with fourteen staff indicated that nine were aware of a policy that prohibited the use of inmate interpreters, translator, readers or other types of assistants for sexual abuse allegations. All fourteen staff indicated that they were not aware of a time that an inmate was utilized for these purposes. Interviews with the nine disabled and LEP inmates indicated that none had an inmate assist them in any way related to sexual abuse or sexual harassment.

Based on a review of the PAQ, 79-ISA-01, 64-DCM-02, the PREA training, the Video Relay System, the agreement with Language Line Service, Inc., the inmate handbook in Spanish, observations made during the tour to include the PREA signage and the flashing light/buzzer opposite gender announcement system as well as interviews with the Agency Head Designee, random staff, inmates with a disability and LEP inmates indicates that this standard appears be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 34-PRO-07 – Background Investigations
3. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H)
6. Prison Rape Elimination Act (PREA) Questionnaire for Prior Institutional Employers
7. Personnel Files of Staff
8. Contractor Background Files

Interviews:

1. Interview with Human Resource Staff

Findings (By Provision):

115.17 (a): The PAQ indicated that agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the 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; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. 79-ISA-01, page 4 states that criminal background checks shall be conducted on all employees and contractors in accordance with DRC policy 34-PRO-07. 34-PRO-07, attachment, Permanent Exclusions, states that 28 CFR 115.17(a) the agency shall not hire anyone who may have contact with inmates, and shall not enlist the services of any contractor who may not have contact with inmates, who: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. 14-2 Sexual Abuse Prevention and Response, page 4 states that to the extent permitted by law, CoreCivic will decline to hire or promote any individuals, and decline to enlist the services of any contractor, who may have contact with inmates and who has: has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 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 when the victim did not consent or was unable to consent or refuse; or has been civilly or administratively adjudicated to have engaged in the activity described above. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; “Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?”, “Have you ever 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 when the victim did not consent or was unable to consent or refuse?”, “Have you even been civilly or administratively adjudicated to have engaged in the activity described above?”, and “Has a substantiated allegation of sexual harassment ever been made against you?”. A review of personnel files for five staff who were hired in the previous twelve months indicated that all had completed the Self-Declaration of Sexual Abuse/Sexual Harassment form. All five staff had a criminal background records check completed prior to being hired. Additionally, a review of six contractor files confirmed that all six had a criminal background check completed prior to enlisting their services and being granted entry into the facility.

115.17 (b): The PAQ indicated that agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. 34-PRO-07, attachment, Permanent Exclusions, states that the agency shall consider any incidents of sexual harassment in determining whether to hire anyone, or to enlist the services of any contractor, who may have contact with inmates. 14-2 Sexual Abuse Prevention and Response, page 5 states that any incident of sexual harassment shall be considered in determining whether to hire or promote any individual, or to enlist the services of any contractor, who may have contact with inmates. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form indicates that applicants, employees and contractors are asked to complete the form which includes the question “Has a substantiated allegation of sexual harassment ever been made against you?”. Human Resource

staff confirmed that sexual harassment is considered when hiring or promoting staff or enlisting services of any contractors. The staff member stated any sexual abuse or sexual harassment would result in the individual not being hired.

115.17 (c): The PAQ stated that agency policy requires that before it hires any new employees who may have contact with inmates, it conducts criminal background record checks and makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation. 79-ISA-01, page 4 states that criminal background checks shall be conducted on all employees and contractors in accordance with DRC policy 34-PRO-07. 34-PRO-07, page 3 describes the background investigation process. Applicants are required to complete the appropriate documentation and staff are required to complete general information, fingerprints, Law Enforcement Automated Database (LEADS) local law enforcement checks, education and references as outlined on the Background Investigation Checklist. 34-PRO-07, page 6 states that consistent with Federal, state and local laws, DRC shall make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignations during a pending investigation of all allegations of sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. The policy further indicates that Consistent with federal, state, and local law, the facility shall make its best effort 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 as defined by this policy. The CoreCivic 3-20-2B PREA Questionnaire for Prior Institutional Employers form, or contracting agency equivalent form, shall be used to obtain such prior employment information. (115.17 (c) (2)). The PAQ indicated that 211 people were hired in the previous twelve months and that 100% of those hired had a criminal background record check. Further communication with the PCM indicated there were actually 183 staff hired in the previous twelve months and all had a criminal background records check completed. A review of five personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background check completed and all five had prior institutional employers contacted. The interview with the Human Resource staff member confirmed that a criminal background records check is conducted on all CoreCivic staff and contractors. The staff member stated that the backgrounds are reviewed prior to hire and that all individuals are required to complete the form with the supplemental PREA questions as well.

115.17 (d): The PAQ stated that agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with inmates. 79-ISA-01, page 4 states that criminal background checks shall be conducted on all employees and contractors in accordance with DRC policy 34-PRO-07. 34-PRO-07, page 4 states that requests for background investigations on contractors shall be initiated and coordinated by the appointing authority with the centralized background checks unit. The contractor shall complete the appropriate forms and documents and the centralized background checks unit shall complete the required checks under the Background Investigation Checklist, including general information, LEADS and local law enforcement checks. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. The PAQ indicated that there have been ten contracts for services where criminal background record checks were conducted on all staff covered under the contract. A review of six contractor personnel files indicated that a criminal background records check had been conducted for all six. Human Resource

staff confirmed that contractors have a criminal background records check completed prior to enlisting their services. The staff member also stated that all contractors are fingerprinted as well.

115.17 (e): The PAQ indicated that agency policy requires either criminal background checks to be conducted at least every five years for current employees and contractors who may have contact with inmates or that a system is in place for otherwise capturing such information for current employees. 34-PRO-07, page 6 states that criminal background checks shall be conducted on all employees and contractors every five years or a system shall be in place for otherwise capturing such information, when available. 14-2 Sexual Abuse Prevention and Response, page 5 states that before hiring new employees or enlisting the service of any contractor who may have contact with inmates/detainees, CoreCivic shall ensure that a criminal history record check has been conducted. In addition, CoreCivic shall ensure that criminal history record checks are conducted at least every five years for current employees and contractors who may have contact with inmates/detainees, or, have in place a system for otherwise capturing such information. A review of five staff hired over five years and one contractor hired over five years indicated that all six had a criminal background records check completed at least every five years. Human Resource staff indicated that an initial criminal background records check is conducted prior to hire and then a criminal background records check is completed every five years. The staff member stated that the facility keeps a spreadsheet for the five year criminal background records checks data and they monitor this spreadsheet to ensure they are completed. The Human Resource staff stated that the facility utilizes First Advantage for criminal background records checks. The company queries an individual's driver license history, criminal history and contacts prior employers. The staff stated that all employees and contractors are also fingerprinted.

115.17 (f): The Permanent Exclusions attachment 34-PRO-07 states that the agency shall 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 interviewing for hiring. 14-2 Sexual Abuse Prevention and Response, page 5 states that all applicants, employees and contractors who may have direct contact with inmates, shall be asked about previous misconduct, as outlined in provision (a). Additionally it states that the CoreCivic 14-2H form, or equivalent contracting agency form, will be completed as part of the hiring process. The 14-2H form shall be completed by employees as part of the promotional process including both inner-facility promotions and intra-facility promotions. A review of the Self-Declaration of Sexual Abuse/Sexual Harassment form (14-2H) indicates that applicants, employees and contractors are asked to complete the form which includes the following questions; "Have you ever engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution?", "Have you ever 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 when the victim did not consent or was unable to consent or refuse?", "Have you even been civilly or administratively adjudicated to have engaged in the activity described above?", and "Has a substantiated allegation of sexual harassment ever been made against you?". A review of five staff hired in the previous twelve months confirmed that all five completed the 14-2H. The interview with Human Resource staff confirmed that all staff are required to complete the 14-2H form prior to hire and promotion and that these questions are included on the form.

115.17 (g): The PAQ indicated that agency policy states that material omissions regarding such misconduct or the provision of materially false information, shall be grounds for termination. 14-2 Sexual Abuse Prevention and Response, page 5 states that to the extent permitted by law, CoreCivic may decline to hire or promote, and may terminate employment based on material omissions regarding such misconduct, or the provision of materially false information. Human resource staff confirm that staff have a continuing duty to disclose any previous misconduct. The staff member stated that employees are required to report anything they are charged with and if they do not report it they can be terminated.

115.17 (h): 34-PRO-07, page 6 states that request from institutional employers for information on substantiated allegations of sexual abuse or sexual harassment involving former DRC employees shall be forwarded or referred to DRC legal services for response. 14-2 Sexual Abuse Prevention and Response, page 5 states that unless prohibited by law, CoreCivic shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Human resource staff indicated that this information is typically provided by the investigator.

Based on a review of the PAQ, 34-PRO-07, 79-ISA-01, 14-2 Sexual Abuse Prevention and Response, the Self-Declaration of Sexual Abuse/Sexual Harassment (14-2H) form, the PREA Questionnaire for Prior Institutional Employers, a review of personnel files for staff and contractors and information obtained from the Human Resource staff interview indicates that the facility appears to meet this 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*)

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Camera Listing
4. Form 7-1B PREA Physical Plant Considerations

Interviews:

1. Interview with the Agency Head Designee

2. Interview with the Warden

Site Review Observations:

1. Observations of Absence of Modification to the Physical Plant
2. Observations of Video Monitoring Technology

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has not acquired a new facility and/or made substantial expansion or modifications to existing facilities the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that when designing or acquiring any new facility and in planning substantial expansion or modification to existing facilities, CoreCivic will consider the effect of the design, acquisition, expansion, or modification on the ability of the facility and company to protect inmates/detainees from sexual abuse. Considerations from modifications and renovations shall be documented on form 7-1B PREA Physical Plan Considerations. During the tour, the auditor did not observe any renovations, modifications or expansions. The Warden stated that they have added partitions due to COVID-19, but there have been no substantial modifications. He further stated that mirrors and cameras have been deployed in the areas where partitioners have been added to cover any blind spots. The interview with the Agency Head Designee indicated that CoreCivic employs architects and other professionals who through experience, research and consulting have knowledge of the issues and needs presented by PREA. He said new builds and renovations, the design staff will consult with the PREA Coordinator for recommendations and work to ensure that PREA is addressed. Real estate and design staff receive information from the field on privacy concerns in areas such as showers, restrooms and any other areas where inmates may be in a state of undress. He indicated that blind spots are identified that can be corrected through video surveillance coverage. During acquisition, the staff making the site visit develop a preliminary assessment and the PREA Coordinator is involved in the review of physical plan issues. At existing facilities, a form 7-1B is used to ensure PREA is considered when initiating a renovation/new construction.

115.18 (b): The PAQ indicated that the agency/facility has installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. 14-2 Sexual Abuse Prevention and Response, page 9 states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, CoreCivic will consider how such technology may enhance the ability to protect inmates/detainees from sexual abuse. Such considerations shall be documented on 7-1B PREA Physical Plant Considerations. A review of camera listings indicated that the facility has many cameras strategically located throughout housing, work, program and common areas. During the tour, the auditor observed video monitoring technology and mirrors in housing units and common areas. The interview with the Agency Head Designee indicated that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration to optimal coverage is addressed at the time of these upgrades. He said that camera placement also takes into consideration the privacy needs for cross gender viewing in areas like restroom and showers areas. Technology is also discussed with the facility during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the PREA Coordinator. The Warden confirmed that when they update or install video monitoring technology they consider how the technology can be utilized to protect inmates from sexual abuse. He stated that video monitoring technology and mirrors were deployed to areas where COVID-19 partitioners were added in order to ensure any blind spots were covered for safety and security.

Based on a review of the PAQ, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, cameras listings, form 7-1B PREA Physical Plant Considerations, observations during the tour and information

from interviews with the Agency Head Designee and Warden indicates that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
3. Appendix A – Investigator Protocol
4. Memorandum of Understanding with Hillcrest Hospital

5. Memorandum of Understanding with Cleveland Rape Crisis Center
6. PREA Victim Support Person Training
7. PREA Victim Support Person Certificates
8. Memorandum of Understanding with the Ohio State Highway Patrol

Interviews:

1. Interview with Random Staff
2. Interview with SAFE/SANE
3. Interview with the PREA Compliance Manager
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.21 (a): The PAQ indicated that the agency/facility is responsible for conducting administrative and criminal investigations and the Ohio State Highway Patrol (OSHP) is also responsible for conducting criminal investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 79-ISA-01, page 11 states that if the alleged sexual abuse is recent (or if the alleged sexual abuse is not reported or discovered within a time frame to consider it recent), as defined in this policy, the requirements of Appendix A, unless directed otherwise by the OSHP, shall be followed. Page 10 states that if the OSHP is responsible for investigating allegations of sexual abuse, the DRC shall request that they follow the investigator protocol as listed in Appendix A. Interviews with staff indicate that all fourteen knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, all fourteen staff stated they knew who was responsible for conducting sexual abuse investigations. Most staff stated that the PREA staff would investigate and a few indicated that the facility investigator and/or OSHP would conduct the investigation.

115.21 (b): The PAQ indicated that the protocol is not developmentally appropriate for youth as they do not house youthful inmates. The PAQ did state that the protocol was adapted from or otherwise based on the most recent edition of the DOJ's Office of Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011. 79-ISA-01, page 7 states that the Sexual Abuse First Responder Checklist shall be used upon report of an allegation of inmate sexual abuse. The first security staff shall preserve and protect any crime scene until appropriate steps can be taken to collect any evidence pursuant to DRC policy 310-SEC-13, Protection of a Crime Scene, and Appendix A of this policy. A review of Appendix A indicates that evidence is collected in accordance with the OSHP Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection Kit Protocol and a National Protocol for Sexual Assault Medical Forensic Examination Adult/Adolescents. Appendix A describes evidence protocol including collection and crime scene.

115.21 (c): The PAQ indicated that the facility offers inmates who experience sexual abuse access to forensic medical examination at an outside hospital. It stated that forensic exams are offered without financial cost to the victim and that when possible, examinations are conducted by SAFE or SANE. The PAQ further states that when SAFE or SANE are not available that a qualified medical practitioner performs forensic examinations. 79-ISA-01, page 9 states that all victims of sexual abuse shall have access to forensic medical examinations at an outside facility without financial cost where evidentiary or medically appropriate. The MOU with Hillcrest Hospital states that the agency (Hillcrest Hospital) agrees to respond to request from the facility to provide a SANE for comprehensive care, prophylaxis treatment for sexually transmitted diseases, timely collection of forensic evidence, forensic photography and testimony, if necessary, in sexual assault cases of facility inmates. The MOU was signed and executed on August 20, 2015.

115.21 (d): The PAQ indicated that facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means. It further states that If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member. 79-ISA-01, page 8 states that upon notification of an allegation of abuse, the institution Victim Support Person (VSP) shall meet with the victim. If the designated local rape crisis center was contacted, the next available institution Victim Support Person shall contact the local rape crisis center to determine what services were provided to the victim. The MOU with Cleveland Rape Crisis Center (CRCC) confirms that CRCC agrees to accompany and support victims through the forensic medical examination process and accompany and support the victim through investigatory interviews at the hospital and institution. The MOU was signed and executed on February 7, 2020. In addition to CRCC, the facility provides certain staff with Victim Support Persons training to provide support and assistance to victims of sexual abuse. A review of the training curriculum confirms it covers PREA victim related definitions, the role of the PREA Victim Support Person, positive skills to use when working with survivors or sexual assault, PREA policies and the role of the SANE. The facility has nine staff who completed the training and are used as a PREA Victim Support Person. The PCM confirmed that inmates would be provided a victim advocate to accompany them during the forensic medical examination if he/she requested one. She stated that the facility has multiple victim support staff persons and the facility also has an MOU with the Cleveland Rape Crisis Center who would send an advocate to the hospital. Interviews with seven inmates who reported sexual abuse indicated that four were allowed to contact someone after they reported sexual abuse. One inmate stated he was told he could speak to a mental health doctor, one inmate stated he spoke to the PCM and two stated they knew they could contact someone but they didn't need to. None of the seven inmates interviewed had allegations that involved a forensic medical examination, as such none would have been provided an advocate under this provision.

115.21 (e): The PAQ indicated that as requested by the victim, a victim advocate, qualified agency staff member or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. 79-ISA-01, page 8 states that upon notification of an allegation of abuse, the institution Victim Support Person shall meet with the victim. If the designated local rape crisis center was contacted, the next available institution Victim Support Person shall contact the local rape crisis center to determine what services were provided to the victim. The MOU with Cleveland Rape Crisis Center confirms that CRCC agrees to accompany and support victims through the forensic medical examination process and accompany and support the victim through investigatory interviews at the hospital and institution. The MOU was signed and executed on February 7, 2020. In addition to CRCC, the facility provides certain staff with Victim Support Persons training to provide support and assistance to victims of sexual abuse. A review of the training curriculum confirms it covers PREA victim related definitions, the role of the PREA Victim Support Person, positive skills to use when working with survivors or sexual assault, PREA policies and the role of the SANE. The facility has nine staff who completed the training and are used as PREA Victim Support Person. The PCM confirmed that inmates would be provided a victim advocate to accompany them during the forensic medical examination if he/she requested one. She stated the facility has an MOU with the Cleveland Rape Crisis Center and that once they contacted CRCC they would send an advocate to the local hospital. The PCM confirmed that CRCC is the local rape crisis center for the area. Interviews with seven inmates who reported sexual abuse indicated that four were allowed to contact someone after they reported sexual abuse. One inmate stated he was told he could speak to a mental health doctor, one inmate stated he spoke to the PCM and two stated they knew they could contact someone but they didn't need to. None of the seven inmates interviewed had allegations that involved a forensic medical examination, as such none would have been provided an advocate under this provision.

115.21 (f): The PAQ indicated that the agency/facility is responsible for conducting administrative and criminal investigations and the Ohio State Highway Patrol is also responsible for conducting criminal

investigations. Additionally, the PAQ stated that when conducting sexual abuse investigations, the agency investigators follow a uniform evidence protocol. 79-ISA-01, page 11 states that if the alleged sexual abuse is recent (or if the alleged sexual abuse is not reported or discovered within a time frame to consider it recent), as defined in this policy, the requirements of Appendix A, unless directed otherwise by the OSHP, shall be followed. Page 10 states that if the OSHP is responsible for investigating allegations of sexual abuse, the DRC shall request that they follow the investigator protocol as listed in Appendix A. The MOU with the Ohio State Highway Patrol, executed on April 12, 2019, confirms that the OSHP is required to follow all requirements under standards 115.21, 115.34 and 115.71.

115.21 (g): The auditor is not required to audit this provision.

115.21 (h): The auditor is not required to audit this provision.

Based on a review of the PAQ, 79-ISA-02, Appendix A, the MOU with Hillcrest Hospital, the MOU with Cleveland Rape Crisis Center, the PREA VSP training, the VSP certifications, the MOU with the OSHP, documentation of forensic medical examinations and information from interviews with random staff, the SAFE/SANE, the PREA Compliance Manager and inmates who reported sexual abuse indicates that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
3. Ohio Administrative Code, Rule 5120-9-24 – Incident Reporting and Investigation
4. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with Investigative Staff

Findings (By Provision):

115.22 (a): The PAQ indicated that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. 79-ISA-02, page 4 states that all allegations of sexual abuse and/or retaliation shall be administratively and/or criminally investigated. Pages 9-10 further state that all reports of sexual abuse sexual abuse and retaliation shall be forwarded to the institutional investigator. The institutional investigator shall forward sexual harassment reports to the institution Operational Compliance Manager (OCM) for investigation only after reviewing the evidence and determining that the case is actually a sexual harassment case. All allegations of sexual misconduct shall be referred for investigations to the Ohio State Highway Patrol unless the allegation does not involve potentially criminal behavior. The PAQ indicated that there were ten allegations of sexual abuse and/or sexual harassment reported within the previous twelve months, all ten which resulted in an administrative investigation. Further communication with the PCM indicated there were twelve allegations of sexual abuse and/or sexual harassment reported over the previous twelve months, all twelve which resulted in an administrative investigation. A review of documentation indicated there were fourteen allegations reported during the previous twelve months, one sexual harassment and thirteen sexual abuse. Of the fourteen, all resulted in an administrative investigation and all were complete at the time of the on-site portion of the audit. The interview with the Agency Head Designee indicated it is CoreCivic policy to refer all allegations of sexual abuse that are criminal in nature to law enforcement agencies with the legal authority to conduct criminal investigations. He stated that all administrative investigations are conducted by CoreCivic investigators who have received the specialized PREA training and/or law enforcement officials. The Agency Head Designee indicated that all allegations are reported in the CoreCivic Incident Reporting Database (IRD) system which triggers an investigation. This system requires multiple levels of

administrative oversight and review. All allegations that could result, if substantiated, in criminal violations and referred to the appropriate law enforcement officials (or by contracted partner investigative entity). He stated that the staff work with outside law enforcement, upon request.

115.22 (b): The PAQ indicated that the agency has a policy that requires that all allegations of sexual abuse or sexual harassment be referred for investigations to an agency with the legal authority to conduct criminal investigations and that such policy is published on the agency website or make publicly available via other means. The PAQ also indicated that the agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation. 79-ISA-02, page 4 states that all allegations of sexual abuse and/or retaliation shall be administratively and/or criminally investigated. Pages 9-10 further state that all reports of sexual abuse sexual abuse and retaliation shall be forwarded to the institutional investigator. The institutional investigator shall forward sexual harassment reports to the institution OCM for investigation only after reviewing the evidence and determining that the case is actually a sexual harassment case. 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. A review of the DRC website (<https://drc.ohio.gov/prea>) confirmed that 79-ISA-01 is available for the public to review. A review of investigative reports and referrals indicated that all fourteen allegations were referred to the Ohio State Highway Patrol, however they declined to investigate in all fourteen instances. The interview with the facility investigator confirmed that all allegations of sexual abuse and sexual harassment are reported to an agency with the legal authority to conduct criminal investigations.

115.22 (c): Ohio Administrative Code, Rule 5120-9-24, states that incidents that may involve the commission of a criminal offense shall be reported to the Ohio State Highway Patrol for their review. 79-ISA-02, page 10 states 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. A review of the DRC website (<https://drc.ohio.gov/prea>) confirmed that 79-ISA-01 is available for the public to review.

115.22 (d): The auditor is not required to audit this provision.

115.22 (e): The auditor is not required to audit this provision.

Based on a review of the PAQ, 79-ISA-01, Rule 5120-9-24, investigative reports, the agency's website and information obtained via interviews with the Agency Head Designee and the facility investigator, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 39-TRN-10 – Employee Orientation Training
4. Prison Rape Elimination Act (PREA) Training
5. Staff Training Records

Interviews:

1. Interview with Random Staff

Findings (By Provision):

115.31 (a): The PAQ stated that the agency trains all employees who may have contact with inmates on the following matters: the agency's zero tolerance policy, how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures, the inmates' right to be free from sexual abuse and sexual harassment, the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting, the common reactions of sexual abuse and sexual harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates and how to comply with relevant laws related to mandatory reporting. 79-ISA-01, page 7 states that all new employees shall receive instructions related to the prevention, detention, response and investigation of sexual misconduct during New Employee Orientation (NEO) training at the Corrections Training Academy (CTA). The training shall include, but not be limited to the following: the DRC policies that address the agency's zero tolerance for sexual abuse, the employee's responsibilities for regarding sexual misconduct prevention, detention, reporting and response policies and procedures, the inmate's right to be free from sexual misconduct, the inmate's and employee's right to be free from retaliation for reporting sexual misconduct, the dynamics misconduct victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates, effective and professional communication with inmates including lesbian, gay, bisexual, transgender, intersex or gender non-conforming inmates and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Policy further states that each institution shall provide training on sexual misconduct annually during staff in-service and such training shall be tailored to the gender of the inmates at the facility. 39-TRN-10, page 5 states that written policy, procedure and practice provide that all new full-time employees must minimally complete a formalized 40-hour orientation program before undertaking their assignment. At minimum the orientation program shall include the Prison Rape Elimination Act (PREA). A review of the PREA Training confirmed that it includes information on: the agency's zero tolerance policy (page 21), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 17, 26, 31, 42), the inmates' right to be free from sexual abuse and sexual harassment (page 39), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 39, 41), the dynamics

of sexual abuse and sexual harassment in a confinement setting (pages 8-9), the common reactions of sexual abuse and sexual harassment victims (page 14), how to detect and respond to signs of threatened and actual sexual abuse (pages 13, 32), how to avoid inappropriate relationship with inmates (pages 43-44), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (page 25, 40) and how to comply with relevant laws related to mandatory reporting (page 29). A review of sixteen staff training records indicated that 100% of those reviewed received PREA training. Interviews with fourteen random staff confirmed that all fourteen have received PREA training. Staff confirmed all required topics were covered in the training. Staff stated that the training covered first responder duties, different scenarios of sexual abuse and sexual harassment, videos on sexual abuse and sexual harassment, searches, LGBTI topics, reporting and confidentiality. All fourteen staff were knowledgeable on preventing, detecting and responding to sexual abuse.

115.31 (b): The PAQ indicated that training is tailored to the gender of the inmate at the facility and that employees who are reassigned to facilities with opposite gender are given additional training. 79-ISA-01, page 7 states each institution shall provide training on sexual misconduct annually during staff in-service and such training shall be tailored to the gender of the inmates at the facility. 39-TRN-10, page 6 states that employees who transfer to an institution that houses inmates of a different gender shall receive training tailored to the gender of inmate as part of their orientation training and in accordance with PREA standard 115.31b. The memo from the PCM indicated that there have been no staff at Lake Erie who transferred from a female facility and as such they were only provided the PREA training which mainly covers information for male inmates.

115.31 (c): The PAQ indicated that 250 or 100% of the staff have been trained or retrained in PREA requirements. The PAQ stated that staff are trained annually and that in between trainings staff are provided information during staff recalls, staff briefings and staff meetings. 79-ISA-01, page 7 states each institution shall provide training on sexual misconduct annually during staff in-service. A review of documentation confirmed that eight of the sixteen staff had received training the previous two years. Seven of the staff were new hires and received training initial upon hire and then during their annual training in 2021. One staff member only received training in 2020 as he was gone in 2021 on military leave.

115.31 (d): The PAQ stated that the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. Staff complete in-service PREA training via E-learning. Staff are required to click an acknowledgement button once completed that states "I do hereby document that I have received training on the Prison Rape Elimination Act (PREA) in accordance with PREA Standards 115.31 (a)(1)-(10) and I understand the training that I have received. A review of a sample of sixteen staff training records indicated that all sixteen had completed the online training which requires them to click an acknowledgment button.

Based on a review of the PAQ, 79-ISA-01, 39-TRN-10, the PREA training, a review of a sample of staff training records as well as interviews with random staff indicate that the facility exceeds this standard. The facility conducts PREA training upon hire and then annually for all staff. Staff are additionally provided information via emails, posters and informal information during shift briefings. Interviews with fourteen staff confirm that they receive training annually. Staff were very knowledgeable on their duties in preventing, detecting and responding to sexual abuse.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Contractor/Volunteer Training Script
3. Sample of Contractor Training Records (DRC 1173 Form)
4. Sample of Volunteer Training Records (DRC 1173 Form)

Interviews:

1. Interview with Volunteers or Contractors who have Contact with Inmates

Findings (By Provision):

115.32 (a): The PAQ indicated that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/sexual harassment prevention, detection and response. A review of the Prison Rape Elimination Act Contractor/Volunteer Training Script confirmed that it contains information on the agency's zero tolerance policy, definitions of sexual abuse and sexual harassment and other key terminology, policies and procedures related to sexual abuse and sexual harassment, characteristics of potential victims and abusers, reporting methods, how to avoid inappropriate relationships with inmates, the opposite gender announcement and dealing with LGBTI inmates. The PAQ indicated that 179 volunteers and contractors had received PREA training, which is equivalent to 100%. The facility indicated that there are currently zero active volunteers due to COVID-19. A review of a sample of six contractor and seven volunteer training records indicated that all thirteen had received PREA training. The interviews with the contractors confirmed that they both received information on the facility's sexual abuse and sexual harassment policies.

115.32 (b): The PAQ indicated that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. Additionally, the PAQ indicates that all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. A review of the Prison Rape Elimination Act Contractor/Volunteer Training Script confirmed that it contains information on the agency's zero tolerance policy, definitions of sexual abuse and sexual harassment and other key terminology, policies and procedures related to sexual abuse and sexual harassment, characteristics of potential victims and abusers, reporting methods, how to avoid inappropriate relationships with inmates, the opposite gender announcement and dealing with LGBTI inmates. A review of a sample of six contractor and seven volunteer training records indicated that all thirteen had received PREA training. The interviews with the contractors confirmed they received PREA training annually and the training covers steps for security and non-security first responders, how to preserve evidence, signs of sexual abuse and who to report to/contact regarding an incident.

115.32 (c): The PAQ stated that the agency maintains documentation confirming that volunteers/contractors understand the training they have received. Volunteers and Contractors sign DRC 1173 Form – Department of Rehabilitation and Corrections Prison Rape Elimination Act Contractor/Volunteer/Intern Training Acknowledgment Form. The form includes an acknowledgment statement that indicates that the person acknowledges that they have received and understand the training on their responsibilities under the Ohio Department of Rehabilitation and Correction's Prison Rape Elimination Act Policies (79-ISA-01, 02, 03, 04, 05). A review of a sample of thirteen training documents for contractors and volunteers indicated that 100% of those reviewed had signed the acknowledgement form.

Based on a review of the PAQ, PREA Training, a review of a sample of contractor and volunteer training records as well as the interviews with contractors indicates that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 52-RCP-10 – Inmate Orientation
4. Ohio Department of Rehabilitation & Corrections 64-DCM-02 – Inmates with Disabilities
5. PREA Education Video
6. Inmate Handbook (English and Spanish)
7. PREA Posters (English and Spanish)
8. Jpay PREA Continuous Education Announcement
9. Inmate Training Records (DRC 4141 E Form)

Interviews:

1. Interview with Intake Staff
2. Interview with Random Inmates

Site Review Observations:

1. Observations of Intake Area
2. Observations of PREA Signs in English and Spanish

Findings (By Provision):

115.33 (a): The PAQ stated that inmates receive information at the time of intake about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. 79-ISA-01, page 9 states that oral and written information (inmate handbook) shall be given to all inmates upon their arrival at a reception center or parent institution which explains DRC's zero tolerance policy regarding sexual misconduct and shall include: prevention, self-protection, reporting and treatment and counseling. A review of the inmate handbook confirmed that pages 38-41 describes PREA information, including information on the zero tolerance policy, inmate's rights, reporting mechanisms, prevention methods, the opposite gender announcement requirement, response to an allegation, medical and mental health treatment and investigations. The PREA posters also contain information on ways to report an incident of sexual abuse or sexual harassment. The PAQ indicated that 1402 inmates received information on the zero tolerance policy and how to report at intake. Further communication with the PCM indicated that this number was incorrect and that 1561 inmates received information on the zero tolerance policy and how to report incidents of sexual abuse. This is equivalent to 100% of inmates that arrived in the previous twelve months. A review of 27 inmate files of those received within the previous twelve months indicated that all 27 received PREA information at intake. During the tour, the auditor observed the intake area and was provided an overview of the intake process. Inmates are provided the inmate handbook upon arrival, which includes the zero tolerance policy and the reporting mechanisms. The interview with the intake staff confirmed that inmates receive information on the agency's zero tolerance policy and how to report an allegation of sexual abuse and sexual harassment during intake. The staff stated that inmates are provided a brief synopsis of the information and given the handbook during orientation. 41 of the 43 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies.

115.33 (b): 79-ISA-01, page 9 states that within seven calendar days of arrival at a reception center or parent institution, all inmates shall be provided comprehensive PREA education through the viewing of the PREA education video. The PREA education video shall inform the inmates of their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents. The PREA education video shall also include the DRC policies and procedures for responding to such incidents. A review of the PREA video confirms that it is agency specific and that it provides inmates with general information about PREA, the agency's zero tolerance policy, how to report, inmate's right to be free from sexual abuse and

sexual harassment, rights to be free from retaliation from reporting, definitions, risk screening information, self-protective measures, medical and mental health services after reporting an incident and information on the investigation. The video contains an individual who is translating the information through American Sign Language and also has subtitles. Additionally, the last five minutes of the video are the Spanish translation of the key points of the video, including the information required under this provision. A review of the inmate handbook confirmed that pages 38-41 describes PREA information, including information on the zero tolerance policy, inmate's rights, reporting mechanisms, prevention methods, the opposite gender announcement requirement, response to an allegation, medical and mental health treatment and investigations. The PREA posters also contain information on ways to report an incident or sexual abuse or sexual harassment. The PAQ indicated that 1320 inmates received comprehensive PREA education within 30 days of intake. This is equivalent to 100% of those that arrived in the previous twelve months and stayed over 30 days. The auditor was provided an overview of the comprehensive education process. Staff indicated that education is completed in each housing unit in the program area. Inmates are provided information and watch the PREA video. A review of 27 inmate files indicated that 26 had received comprehensive PREA education within 30 days of intake. The one inmate who was not documented with comprehensive PREA education had not been at the facility for 30 days and as such the education was not yet due. The interview with the intake staff member confirmed that inmates are shown the PREA video and staff go over the information contained in the video as well. The staff member stated that the video is provided during orientation which is typically two days after they arrive at the facility. 39 of the 43 inmates interviewed indicated that they were informed of their right to be free from sexual abuse, their right to be free from retaliation for reporting sexual abuse and ways to report sexual abuse. Most inmates indicated they received the information pretty quick within a few days. A few inmates stated they received the information about two weeks after they arrived at the facility.

115.33 (c): The PAQ indicated that all current inmates at the facility had been educated on PREA. Additionally, it stated that agency policy requires that inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation from reporting such incidents and on any agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility. 79-ISA-01, page 9 states that within seven calendar days of arrival at a reception center or parent institution, all inmates shall be provide comprehensive PREA education through the viewing of the PREA education video. The PREA education video shall inform the inmates of their rights to be free from sexual abuse, sexual harassment and retaliation for reporting such incidents. When an inmate arrives at a reception center, which is also their parent institution, the inmate is only required to receive the education outlined in VI.D.1 and VI.D.2 above as a reception inmate. The education is not required to be provided again once the reception center becomes the inmate's parent institution. The interview with the intake staff member confirmed that inmates are shown the PREA video and staff go over the information contained in the video as well. The staff member stated that the video is provided during orientation which is typically two days after they arrive at the facility. A review of the PREA video confirms that it is agency specific and that it provides inmates with general information about PREA, the agency's zero tolerance policy, how to report, inmate's right to be free from sexual abuse and sexual harassment, rights to be free from retaliation from reporting, definitions, risk screening information, self-protective measures, medical and mental health services after reporting an incident and information on the investigation. The video contains an individual who is translating the information through American Sign Language and also has subtitles. Additionally, the last five minutes of the video are the Spanish translation of the key points of the video, including the information required under this provision. During documentation review the auditor identified one inmate that arrived at the facility prior to 2013. The inmate was not documented with PREA education after 2013, however prior to the conclusion of the on-site portion of the audit the facility staff ensures the inmate received the current PREA education (PREA video). A review of 42 total inmate files indicated that with the completion of the one inmate prior to 2013, all 42 had received comprehensive PREA education.

115.33 (d): The PAQ indicated that PREA education is available in accessible formats for inmates who are LEP, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. 79-ISA-01, page 10 states that staff shall make appropriate provisions for inmates not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided pursuant to section VI.D.1-3 of this policy. In accordance with DRC Policy 64-DMC-02, Inmates with Disabilities, the agency PREA Coordinator shall ensure all inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the DRC's efforts to prevent, detect and respond to sexual misconduct. 52-RCP-10, page 2 states that facility orientation handbooks shall be translated into the inmate's native language, where possible. Staff shall explain the information to inmates where obvious barriers to comprehension exists and document this assistance on the Inmate Orientation Checklist (DRC 4141). Page 5 further states that when a literacy or language problem prevents them from understanding any of the information provided during this period, a staff member or translator shall assist the inmate. 64-DCM-02, page 5 indicates that the inmate orientation package and inmate handbook shall include an explanation of services available to inmates with disabilities. This shall include the procedures necessary to receive accommodations and shall be in a form understandable to the inmate, regardless of any disability. A review of the PREA video confirms that it is agency specific and that it provides inmates with general information about PREA, the agency's zero tolerance policy, how to report, inmate's right to be free from sexual abuse and sexual harassment, rights to be free from retaliation from reporting, definitions, risk screening information, self-protective measures, medical and mental health services after reporting an incident and information on the investigation. The video contains an individual who is translating the information through American Sign Language and also has subtitles. Additionally, the last five minutes of the video are the Spanish translation of the key points of the video, including the information required under this provision. The inmate handbook and PREA posters were also provided in both English and Spanish. The PREA posters contained large font and bright colors. A review of four disabled inmate training records indicated that all four had received comprehensive PREA training and signed that they understood the training. Interviews with five disabled inmates indicated that four had received information in a format that they could understand. One inmate became uncomfortable during the interview and walked out prior to being asked about the format he received PREA information. A review of documentation for four LEP inmates indicated that two had signed that they understood the training while two did not have a signature. During the on-site portion of the audit the facility ensured the two identified LEP inmates received the education a second time and signed the appropriate acknowledgment form. It should be noted that one LEP inmate was the inmate that arrived prior to 2013 and the second LEP inmate arrived prior to the current audit cycle. As such the inmates may have arrived prior to the update of the facilities PREA process. Interviews with four LEP inmates indicated that three received information in a format that they could understand. The one inmate stated he did not receive any information (the inmate that arrived prior to 2013).

115.33 (e): The PAQ indicated that the agency maintains documentation of inmate participation in PREA education sessions. 79-ISA-10, page 9 states that the inmate's participation in the orientation and education sessions listed in the above sections of this policy shall be documented on the Inmate Orientation Checklist (DRC 4141). A review of 27 inmate files of those received in the previous twelve months indicate that 26 were documented to have received PREA education. The one inmate who did not have documentation arrived recently and the comprehensive education was not yet due.

115.33 (f): The PAQ indicated that the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks or other written formats. 79-ISA-10, pages 9-10 states that the institution Compliance Manager shall ensure that information is continuously and readily available using materials such as posters, handbooks, etc. At a minimum, the inmate reporting posters identifying the hotline numbers and the local rape crisis center posters shall be posted in all housing units, restrictive housing units, receiving and discharge department, medical and mental health and the library. Posters for third party reporting shall be posted in all visitation

areas and front entry buildings. A review of documentation indicates that the facility had PREA information via the inmate handbook, PREA posters and through announcements on Jpay. The facility provided the auditor with an announcement that was sent to the inmate population through Jpay that discussed rights under PREA, reporting mechanisms and the agency's zero tolerance policy. During the tour, the auditor observed the PREA signage in each housing unit and in common areas. Each housing unit also had reporting information painted above the inmate telephones.

Based on a review of the PAQ, 79-ISA-10, 52-RCP-10, 64-DCM-02, the inmate handbook, the PREA posters, the PREA video, a review of inmate records, observations made during the tour to include the availability of PREA information as well information obtained during interviews with intake staff and random inmates indicate that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting
4. Investigator Training Certificates

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.34 (a): The PAQ indicated that agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. 79-ISA-01, page 7 states that prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include, but not be limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training may be received through the NIC. Completion of the training shall be documented with a certificate of completion. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. A review of documentation indicated that four facility staff are documented with the NIC specialized investigator training. The interview with the facility investigator indicated she received the specialized training through the NIC training curriculum. She stated the training was completed online and that she went through the regular and advanced. The investigator indicated the training included interviewing techniques, remaining sensitive when speaking to the inmate and how to take notes and write an investigative report.

115.34 (b): 79-ISA-01, page 7 states that prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include, but not be limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training may be received through the NIC. Completion of the training shall be documented with a certificate of completion. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations

in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. The PAQ indicated there are four facility staff that conduct investigations and that all four have received specialized training. A review of documentation indicated that four facility staff are documented with the NIC specialized investigator training. The interview with the facility investigator confirmed that the NIC training included all the required components under this provision, including; interviewing techniques for sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria to substantiate an allegation of sexual abuse.

115.34 (c): The PAQ indicated that the agency maintains documentation showing that investigators have completed the required training and that four investigators or 100% have completed the required training. A review of documentation indicated that four facility staff are documented with the NIC specialized investigator training.

115.34 (d): The auditor is not required to audit this provision.

Based on a review of the PAQ, 79-ISA-10, the NIC training curriculum, investigator training records as well as the interview with the facility investigator, indicates that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Prison Rape Elimination Act Specialized Medical and Mental Health Training
4. Medical and Mental Health Staff Specialized Training Records
5. Medical and Mental Health Training Staff or Contractor PREA Training
6. Memorandum from the PREA Compliance Manager

Interviews:

1. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.35 (a): The PAQ stated that the agency has a policy related to training medical and mental health practitioners who work regularly in its facilities. 79-ISA-01, page 8 states that all full and part-time medical and mental health staff and contractors shall receive specialized training to include, but not limited to: how to detect and assess signs of sexual misconduct; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual misconduct; and how and whom to report allegations or suspicion of sexual misconduct. A review of the Prison Rape Elimination Act Specialized Medical and Mental Health Training confirmed that it includes the following topics: how to detect and assess signs of sexual abuse and sexual harassment (pages 9-10), how to preserve physical evidence of sexual abuse (pages 27-28), how to respond effectively and professionally to victims of

sexual abuse and sexual harassment (page 12) and how and whom to report allegations or suspicion of sexual abuse and sexual harassment (page 16). The PAQ indicated that 43 medical and mental health staff (100%) have received the specialized training. A review of eight medical and mental health training records indicated that all eight had received the specialized training. The interviews with medical and mental health care staff indicated that all four received specialized training. Staff indicated that they receive PREA training annually as well as other trainings. The staff indicated that the trainings go over characteristics of potential victims and predators, first responder duties, evidence management, Gender Dysphoria, mental health treatment services, privacy, limitation of confidentiality and reporting. All four staff confirm that the required topics under this provision were included in the trainings.

115.35 (b): The PAQ indicated that agency medical staff do not perform forensic exams and as such this provision does not apply. Forensic exams are conducted at the local hospital. The memo from the PCM confirmed that facility medical staff do not conduct forensic examinations. Interviews with medical and mental health care staff confirm that they do not perform forensic medical examinations.

115.35 (c): The PAQ indicated that the agency maintains documentation showing that medical and mental health practitioners have completed the required training. 79-ISA-01, page 8 states that full-time and part-time medical and mental health staff shall complete the Specialized Medical and Mental Health Training on the PREA Training Session Report. Medical and mental health contractors taking the training are also required to complete and pass the test for the training. A review of eight medical and mental health training records indicated that all eight were documented with the specialized training.

115.35 (d): A review of eight medical and mental health staff training documents indicated that six of those reviewed completed the staff PREA training the last two years and two had completed the contractor PREA training.

Based on a review of the PAQ, 79-ISA-01, the PREA Specialized Medical and Mental Health Training, a review of medical and mental health care staff training records, the memo from the PCM as well as interviews with medical and mental health care staff indicates that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-04 – PREA Risk Assessment and Accommodation Strategies
3. PREA Assessment (DRC-6076 E)
4. Inmate Assessment and Reassessment Documents

Documents During Corrective Action Period

1. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
2. 14-2B Sexual Abuse Screening Tool
3. Memorandum from the PREA Compliance Manager
4. Inmate Reassessments Utilizing 14-2B Tool

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Random Inmates
3. Interview with the PREA Coordinator
4. Interview with the PREA Compliance Manager

Site Review Observations:

1. Observations of Risk Screening Area
2. Observations of Where Inmate Files are Located

Findings (By Provision):

115.41 (a): The PAQ stated that the agency has a policy that requires screening upon admission to a facility or transfer to another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. 79-ISA-04, page 4 states that all inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. These screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings conducted pursuant to DRC policy 52-RCP-06. Unit management shall complete the screening within 72 hours of the inmate's arrival at the facility. Policy further states that inmates returning from out to court or another criminal justice entity shall be taken to inmate health services upon arrival at the institution. Medical staff shall initiate a 72 hour risk assessment and select the box signifying the risk assessment is being conducted for an inmate return from out to court or another criminal justice entity. Interviews with 26 inmates that arrived within the previous twelve months indicated that 22 were asked the risk screening questions the same day they arrived. The interview with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and/or abusiveness upon intake. During the tour, the auditor observed the intake area. The risk screening is conducted in the property room of intake or in an office in medical. Both locations have a door and allow for privacy when completing the risk screening.

115.41 (b): The PAQ indicated that the policy requires that inmates be screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake. 79-ISA-04, page 4 states that all inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. These screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings conducted pursuant to DRC policy 52-RCP-06. Unit management shall complete the screening within 72 hours of the inmate's arrival at the facility. The PAQ stated that 1328 inmates that arrived in the previous twelve months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours. Further communication with the PCM indicated this number was inaccurate and that 1561 inmates were screened within 72 hours for their risk of victimization and abusiveness. This is equivalent to 100% of the inmates

that arrived within the previous twelve months and stayed for longer than 72 hours. A review of 27 inmate files of those that arrived within the previous twelve months confirmed that all 27 were screened within 72 hours of their arrival to the facility. Interviews with 26 inmates that arrived within the previous twelve months indicated that 22 were asked the risk screening questions the same day they arrived. The interviews with the staff responsible for the risk screening confirmed that inmates are screened for their risk of victimization and/or abusiveness within 72 hours of arrival at the facility.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 79-ISA-04, page 4 states that all inmates shall be assessed for risk of sexual victimization or abusiveness upon arrival of intake and upon transfer to another institution. These screenings shall be initiated in the PREA risk assessment system by medical personnel during intake medical screenings conducted pursuant to DRC policy 52-RCP-06. A review of the PREA Assessment indicated that there are thirteen questions related to victimization and seven questions related to abusiveness. All questions are yes or no and at the end of the screening the staff conducting the screening looks at the responses and determines if the inmate will be classified as high risk of victimization and/or abusiveness. Further communication with the PCM and the facility's client (DRC) PC confirmed that the high risk determinations are made by the staff performing the risk screening and there is not a mechanism for tallying or weighting any of the responses to make that determination. While reviewing the risk screening assessments for this standard, the auditor noticed that there were inmates that had numerous victimization factors that were not coded as high risk for victimization while there were others who only met one or two of the criteria that were coded as high risk of victimization. The auditor determined that based on the information provided the screening tool was not objective, rather it was subjective based on that staff members opinion of the answers provided during the risk screening. There was no consistency in determinations and as such the auditor determined that the current tool and process did not meet the standard. On September 24, 2021 the facility advised that in order to correct 115.41 they would be utilizing CoreCivic's risk screening instrument (CoreCivic 14-2B form) which has all the required questions under 115.41 and utilizes a tally system to objectively determine if inmates are deemed at high risk of victimization and abusiveness. The facility advised that they would complete the risk screening via paper and then they would enter those results into the Ohio Department of Rehabilitation and Corrections system. This method would ensure that an objective tool is utilized and the risk level for housing, programming and other assignments are accurate in the DRC system (which the facility is required by contract to utilize for security and classification purposes). On October 5, 2021 the PCM provided an update and indicated that they had conducted risk assessments on 750 inmates at the facility utilizing the 14-2B form and would be working to complete all risk assessments prior to the issuance of the interim report. On October 19, 2021 the facility advised that they had completed all inmate risk assessments via the 14-2B form and that they were in the process of entering all the results into the DRC system. On October 25, 2021 the PCM provided the auditor with an assurance memo indicating that the facility had completed the risk screening on all inmates using the CoreCivic screening tool and that all inmates with a classification change (high risk of victimization or high risk of abusiveness) based on the screening had been entered into the DRC electronic system. In addition to the assurance memo, the facility provided the auditor with 35 examples of inmate's risk screening, showing their prior classification and the new classification under the CoreCivic 14-2B. The examples showed inmates who had no classification under the DRC tool and remained the same under CoreCivic's 14-2B, inmates who had no classification under the DRC tool that changed to recommended victim under the CoreCivic 14-2B; inmates who had no classification under the DRC tool that changed to a recommended potential victim under the CoreCivic 14-2B and inmates with no classification under the DRC tool that changed to recommended potential abuser under the CoreCivic 14-2B.

115.41 (d): A review of the PREA Assessment confirmed that it included thirteen victimization questions, including: previously experienced sexual victimization; whether the inmate has a mental, physical or developmental disability; the age of the inmate; the physical build of the inmate; lesbian, gay bisexual or transgender, intersex and/or gender nonconforming identity/preference, the screeners perception of

LGBTI identify/preference, the inmate's perception of vulnerability, whether it is the inmate's first incarceration; exclusively non-violent criminal history, prior conviction of a sexual offense and any additional information that may be in the inmates file that contradicts the responses given. During the on-site portion of the audit, the auditor determined that while the current tool included the necessary requirements under this provision, the tool was not objective and as such the facility elected to utilize their agency's risk screening tool as part of corrective action. A review of 14-2B (agency's risk screening tool) indicates that the assessment includes fifteen questions for sexual victimization factors, including; prior victimization, threats or if ever approached for sex/sexual assault while incarcerated, perception of vulnerability, LGBTI preference/identity, disabilities, prior sex offense, prior incarcerations, prior criminal history (including if only non-violent offenses) and the staff's opinion of the inmate's appearance including stature, LGBTI, vulnerability and age. The interview with the staff responsible for risk screening indicated that the risk screening consists of yes and no questions as well as certain biographical information including stature, age, prior incarcerations, prior criminal history, sexual preference, gender identity, whether they feel vulnerable, whether they have any prior sexual victimization and whether they had any prior sexual rule violations or sexual abuse committed in prison. The staff member stated that risk screening staff would conduct a file review, complete and review the social history and complete and review the sexual victimization and abusiveness risk screening questions.

115.41 (e): A review of the PREA Assessment confirmed that it includes seven questions related to risk of abusiveness, including: prior institutional violence; prior institutional sexual abuse; prior conviction of a sexual offense, prior violent offenses, current conviction of a sexual offense, current conviction for a violent offense and a review of the inmates file. During the on-site portion of the audit, the auditor determined that while the current tool included the necessary requirements under this provision, the tool was not objective and as such the facility elected to utilize their agency's risk screening tool as part of corrective action. A review of 14-2B (agency's risk screening tool) indicates that the questions related to predatory history/risk include prior conviction of sexual assault, disciplinary sanctions for prior sexual assault, current or prior sex convictions, current or prior violence offenses and gang affiliation. The interview with the staff responsible for risk screening indicated that the risk screening consists of yes and no questions as well as certain biographical information including stature, age, prior incarcerations, prior criminal history, sexual preference, gender identity, whether they feel vulnerable, whether they have any prior sexual victimization and whether they had any prior sexual rule violations or sexual abuse committed in prison. The staff member stated that risk screening staff would conduct a file review, complete and review the social history and complete and review the sexual victimization and abusiveness risk screening questions.

115.41 (f): The PAQ indicated that policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. 79-ISA-04, page 5 states that no sooner than fifteen calendar days, but no later than thirty calendar days from the inmate's arrival at any institution, the inmate shall be reassessed (30 Day Review) regarding their risk of victimization or abusiveness based upon any additional, relevant information received since that institution's intake screening of the inmate. Unit management shall complete this reassessment. The inmate shall be present during the 30 day reassessment. The PAQ indicated that 1320 inmates entering the facility were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility. This is equivalent to 100% of the inmates who arrived during the previous twelve months who stayed longer than 30 days. The interview with the staff responsible for risk screening confirmed that inmates are reassessed between fifteen and 30 days. Interviews with 26 inmates who arrived in the previous twelve months indicated that six were asked the risk screening questions on more than one occasion. A review of a sample of 27 inmate files of those that arrived within the previous twelve months indicated that 26 were reassessed within the 30-day timeframe. The one inmate who was not documented with a reassessed was not yet at the facility for 30 days and as such the reassessment was not yet due.

115.41 (g): The PAQ indicated that policy requires that an inmate's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. 79-ISA-04, page 5 states that no sooner than fifteen calendar days, but no later than thirty calendar days from the inmate's arrival at any institution, the inmate shall be reassessed (30 Day Review) regarding their risk of victimization or abusiveness based upon any additional, relevant information received since that institution's intake screening of the inmate. Unit management shall complete this reassessment. The inmate shall be present during the 30 day reassessment. Page 6 states that all inmates who were identified as being involved in an allegation of sexual abuse shall be reassessed in the PREA risk assessment system within 72 hours of the completion of the final investigation. Page 6 further states that if it is determined that an inmate is in substantiated risk of imminent abuse, a special screening shall be completed within 72 hours of the final decision. A review of the documentation for inmates who alleged sexual abuse indicated that two allegations were substantiated and required a reassessment for the victim and perpetrator. A review of documentation confirmed that both the inmate victim and inmate perpetrator of the two substantiated cases were reassessed after the incident. The interview with the staff responsible for risk screening confirmed that inmates are reassessed when warranted due to referral, request or incident of sexual abuse. The staff member further stated that she would go speak to the inmate for the reassessment within fifteen and 30 days. Interviews with 26 inmates who arrived in the previous twelve months indicated that six were asked the risk screening questions on more than one occasion.

115.41 (h): The PAQ indicated that policy prohibits disciplining inmates for refusing to answer whether or not the inmate has mental, physical or developmental disability; whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether or not the inmate has previously experienced sexual victimization; and the inmate's own perception of vulnerability. 79-ISA-04, page 4 states that inmates shall not be disciplined for refusing to answer or for not disclosing complete information in response to questions concerning: mental, physical, or developmental disabilities; whether the inmate is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming; whether the inmate has previously experienced sexual victimization or the inmate's perception of his/her own vulnerability. The interview with the staff responsible for the risk screening confirmed that inmates are not disciplined for refusing to answer the risk screening questions. The staff stated she would just indicate they refused to answer.

115.41 (i): 79-ISA-04, page 4 states that staff shall ensure the sensitive assessment information is not exploited and that any documents obtained from the assessment are secured. The information shall be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those inmates at high risk of being sexual victimized from those that high risk of being sexually abusive. The interview with the PC confirmed that there is a policy that outlines who should have access to the inmate's risk screening assessment within the facility in order to protect sensitive information from exploitation. He stated that the risk assessment (14-B) or the partner agency risk assessment is secured in the inmate's file in the records office where it is controlled to only those who have a need to know, such as Case Managers and treatment personnel. He further stated that the assessments on the computers are protected by passwords that are not accessible by all staff. The PCM confirmed that the agency has outlined who has access to the risk screening information in order to ensure sensitive information is not exploited. She stated that the information is available to case managers and the facility PCM.

Based on a review of the PAQ, 79-ISA-04, the PREA Assessment, a review of inmate files and information from interviews with the PREA Coordinator, PREA Compliance Manager, staff responsible for conducting the risk screenings and random inmates indicate that this standard appeared to require corrective action. During the interim report period the facility utilized agency policy and the agency screening tool (14-2 Sexual Abuse Prevention and Response and 14-2B Sexual Abuse Assessment Tool) to correct this standard. The facility re-screened all inmates utilizing the agency's screening tool, which

includes a tallied and weighted electronic system for designation for high risk inmates. The facility will continue to utilize the agency's screening tool, until the client's tool is reassessed and updated to be objective. Thus, based on a review of the agency's policy, screening tool, the assurance memo related to inmate risk assessments and a sample of risk assessments for the inmate population this standard appears to be corrected during the interim report period and is as such compliant.

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

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-04 – PREA Risk Assessment and Accommodation Strategies
3. Ohio Department of Rehabilitation & Corrections 79-ISA-05 – Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
4. Sample of Housing Determination Documents (PREA Assessment)
5. 14-9A Transgender/Intersex Assessment and Treatment Plan Form
6. Memorandum from the PREA Compliance Manager
7. Transgender/Intersex Inmate Biannual Reviews
8. LGBTI Inmate Housing Documents

Documents During Interim Report

1. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
2. Sample of Updated Housing Determination Documents Based on CoreCivic's 14-2B
3. High Risk Inmate Housing Assignments

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with PREA Coordinator
3. Interview with PREA Compliance Manager
4. Interview with Transgender/Intersex Inmates
5. Interview with Gay, Lesbian and Bisexual Inmates

Site Review Observations:

1. Location of Inmate Records.
2. Housing Assignments of LGBTI Inmates
3. Shower Area in Housing Units

Findings (By Provision):

115.42 (a): The PAQ stated that the agency/facility uses information from the risk screening to inform housing, bed, work, education and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. 79-ISA-04, page 4 states that the information shall be used to inform housing, bed, work, education and programming assignments with the goal of keeping separate those inmates at high risk of being sexual victimized from those that high risk of being sexually abusive. A review of the PREA Assessment indicated that there are thirteen questions related to victimization and seven questions related to abusiveness. All questions are yes or no and at the end of the screening the staff conducting the screening looks at the responses and determines if the inmate will be classified as high risk of victimization and/or abusiveness. Further communication with the PCM and the facility's client (DRC) PC confirmed that the high risk determinations are made by the staff performing the risk screening and there is not a mechanism for tallying or weighting any of the responses to make that determination. While reviewing the risk screening assessments for this standard, the auditor noticed that there were inmates that had numerous victimization factors that were not coded as high risk for victimization while there were others who only met one or two of the criteria that were coded as high risk of victimization. The auditor determined that based on the information provided the screening tool was not objective, rather it was subjective based on that staff members opinion of the answers provided during the risk screening. There was no consistency in determinations and as such the auditor determined that designations and as such housing may be inaccurate due to the subjective screening tool. During the interim report period the facility advised that they were going to utilize the current risk screening tool for their agency (the DRS requires their client to utilize their policies and procedures and as such the facility was not utilizing the agency's policy and procedure on risk screening). 14-2 Sexual Abuse Prevention and Response, page 10 states that screenings will be completed and documented using an objective screening instrument. The CoreCivic 14-2B Sexual Abuse Screening Tool shall be utilized for this purpose unless the contracting agency requires usage of another form or computerized screening process. A review of 14-2B indicates that the assessment includes fifteen questions for victimization history/risk and six questions for predatory history/risk. The bottom of the form also has a section where staff can indicate whether there are any discrepancies between the interview and the file review. The electronic system tallies the yes and no responses and produces an output related to risk of victimization and abusiveness as determined by pre-weighted factors. The facility provided documentation to the auditor confirming that they screened all of their current inmate population with the 14-2B. All inmates were then classified as high risk of victimization or abusiveness through the 14-2B. With the updated risk classifications the facility reviewed all housing assignments for victims and abusers. The facility provided the auditor with the housing assignments for all inmates who were classified as high risk victims or high risk abusers. A review of the documentation determined that high risk victims were not placed in the same housing unit as high risk abusers. The interview with the PREA Compliance

Manager indicated that information is utilized to compile a list of high risk inmates and that list is sent out to the department heads and job supervisors to make sure that inmates at high risk of victimization and inmates at high risk of abusiveness are not housed together, not scheduled on a job assignment on the same shift, and to the extent possible, kept apart during any programming. The interview with the staff responsible for the risk screening indicated that the risk screening information is utilized to determine if the inmate is at risk of victimization or abusiveness and then that information is used to determine specific housing units. She stated the goal is to keep the high risk victimization inmates separated from the high risk abusiveness inmates.

115.42 (b): The PAQ indicated that the agency/facility makes individualized determinations about how to ensure the safety of each inmate. 79-ISA-04, page 7 states that based on the information obtained in the PREA Risk Assessment System, assigned PREA classification and good correctional judgment, the Unit Management Chief (UMC) or in his/her absence the acting UMC, shall complete a PREA accommodation strategy to make individualized determination about how to ensure the safety of each inmate. Inmates assigned no classification in the PREA Risk Assessment System shall not require a PREA accommodation strategy. The interview with the staff responsible for the risk screening indicated that the risk screening information is utilized to determine if the inmate is at risk of victimization or abusiveness and then that information is used to determine specific housing units. She stated the goal is to keep the high risk victimization inmates separated from the high risk abusiveness inmates.

115.42 (c): The PAQ stated that the agency/facility makes housing and program assignments for transgender or intersex inmates in the facility on a case by case basis. 79-ISA-05, page 3 states that in addition to the criteria in DRC Policies 53-CLS-01, Inmate Security Classification Levels 1 through 4; 53-CLS-04, Extended Restrictive Housing; and 52-RCP-07, Reception Center Housing Assignment, staff shall consider on a case-by-case basis whether the housing assignment for a transgender or intersex inmate would ensure the inmate's health and safety and whether the placement would present management or security problems. A review of the memo from the PCM as well as 14-9A forms indicate that the five transgender inmates at the facility were reviewed on a case-by-case basis and based on safety and security they were determined to remain housed at a male institution. The interview with the PCM indicated that the facility has as committee that meets with transgender and intersex inmates when they first arrive and then every six months. She stated that they review the inmate's history and have them answer questions and then they determine their housing based on how they feel about their safety. The PCM confirmed that housing determinations take into consideration the safety of the inmate as well as any security or management problems the housing may cause. Interviews with four transgender inmates indicated that all four were asked about how they felt about their safety. None of the four felt they were housed in a facility, unit or wing based on their gender identity.

115.42 (d): 79-ISA-05, page 3 states that it is the responsibility of the PREA Accommodation Strategy Team to reassess (special screening) all transgender and intersex inmates housed at their facility at least every six months regarding their placement and programming assignments using the PREA Assessment Strategy. Specific attention shall be given to any threats to safety experienced by the inmate. A review of five transgender inmate files indicated that two had arrived in 2021 and had their initial risk screening and 30 day reassessment completed. The other three were documented with biannual reviews in 2021 and 2020. The interview with the PCM indicated that transgender and intersex inmates are reviewed every six months. The interview with the staff responsible for risk screening confirmed transgender and/or intersex inmates are screened biannually for any threats to their safety.

115.42 (e): 79-ISA-05, page 3 states that the transgender or intersex inmate's own views shall be given serious consideration during the classification process and shall be documented. The interview with the PCM and staff responsible for the risk screening indicated that transgender and intersex inmates' views with respect to their safety are given serious consideration. Interviews with four transgender inmates indicated that all four were asked about how they felt about their safety.

115.42 (f): 79-ISA-05, page 4 states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM stated transgender and/or intersex inmates are able to shower in medical. She indicated that they would be placed on the pill call out list and then they would go to medical and shower alone at that time. The interviews with the four transgender inmates indicated that all four have been afforded the opportunity to shower separately. Two of the inmates stated they were told they can shower at a separate time from the other inmates or they can shower in medical. During the tour it was observed that all showers are single person showers with a curtain.

115.42 (g): 79-ISA-05, page 3 states that LGBTI inmates shall not be placed in dedicated facilities, units, or wings solely on the basis of such identification unless placement in a dedicated facility, unit, or wing has been established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protection such inmates. A review of housing assignments for LGBTI inmates confirmed that they were not assigned to one housing unit based on their sexual preference or gender identity. The documentation showed that LGBTI inmates were placed in numerous housing units across the facility. The interviews with the PC and PCM confirmed that the agency does not have a consent decree. The PC stated that is contrary to CoreCivic policy to place LGBTI inmates together in one dedicated unit. He stated that housing decision are made at the facility level using the screening forms to assess risk. The interviews with four gay or bisexual inmates and four transgender inmates indicated that all eight did not feel that they were placed in any specific housing unit based on their sexual preference and/or gender identity.

Based on a review of the PAQ, 79-ISA-04, 79-ISA-05, high risk inmate housing determinations/assignments, transgender and intersex inmate housing determinations, transgender and intersex inmate's biannual reviews, LGBTI inmate housing documents, observations during the tour and information from interviews with the PC, PCM, staff responsible for the risk screenings and LGBTI inmates, indicates that this standard requires corrective action. During the interim report period the facility utilized agency policy and the agency screening tool (14-2 Sexual Abuse Prevention and Response and 14-2B Sexual Abuse Assessment Tool) to ensure that all inmates were assessed using an objective risk screening tool that utilizes a tally/weighted mechanism to determine high risk of victimization and/or abusiveness. The facility re-screened all inmates utilizing the agency's screening tool, which includes a tallied and weighted electronic system for designation for high risk inmates. The facility will continue to utilize the agency's screening tool, until the client's tool is reassessed and updated to be objective. The facility then reviewed housing for all high risk inmates to confirm appropriate housing for keeping the inmates separate. Thus, based on a review of the agency's policy, screening tool, the assurance memo related to inmate risk assessments and housing assignments for inmates at high risk for victimization and/or abusiveness, this standard appears to be corrected during the interim report period and is as such compliant

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
3. Housing Assignments of Inmates at High Risk of Victimization

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interviews with Inmates in Segregation for their Risk of Victimization

Site Review Observations:

1. Observations in the Segregation Unit

Findings (By Provision):

115.43 (a): The PAQ indicated that the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregation 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. 79-ISA-02, page 16 states that inmates at high risk for victimization shall not be placed in involuntary RH (Restrictive Housing) or LPH (Limited Privilege Housing) unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse (DRC 1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than 24 hours while completing the assessment. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. A review of housing assignments for inmates at high risk of victimization indicated that none were placed in segregation due to their risk of victimization. The Warden confirmed that the agency has a policy that prohibits placing inmates at high risk of 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. During the tour the auditor did not observe any inmates in restrictive housing due to their risk of victimization.

115.43 (b): 79-ISA-02, page 16 states inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, staff shall document: opportunities that have been limited; duration of limitations and reasons for such limitations. The interview with the staff who supervise inmates in segregated housing indicated that any inmate who is at high risk of sexual victimization that is placed in involuntary segregated housing would be provided access to programs, privileges, education and work opportunities to the extent possible. The staff member confirmed that if the facility restricts any programs or privileges that the restrictions would be documented by Unit Management and investigator. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (c): 79-ISA-02, page 16 states that involuntary TPU (Transitional Program Unit) assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days. The PAQ indicated there have been zero instances where inmates have been placed in involuntary segregated housing due to their risk of sexual victimization. The interview with the Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. He stated that they try to keep inmate victims in involuntary segregated housing less than a day. The Warden indicated if they have to do an emergency transport to ensure he/she does not remain in involuntary segregated housing, they can do that. The interview with the staff member who supervise inmates in segregated housing indicated that the inmate would only be involuntarily segregated until they could find alternative means of separation from likely abusers. The staff member stated that they have not ever placed an inmate at high risk of victimization in involuntary segregated housing and as such he was unable to provide an estimated time. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed.

115.43 (d): 79-ISA-02, page 16 states that the PREA Involuntary Placement in RH/LPH shall be completed if an involuntary TPU assignment is made pursuant to this section. Staff shall clearly document the basis for the concern for the inmate's safety and the reason why no alternative means could be arranged. There were no inmates at high risk of victimization that were involuntarily segregated over the previous twelve months.

115.43 (e): The PAQ indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. 79-ISA-02, page 16 states that every 30 calendar days, unit management shall afford each inmate a review to determine whether there is a continuing need for separation from general population. The interview with the staff member who supervise inmates in segregated housing confirmed that any inmates placed in involuntary segregated housing would be reviewed at least every 30 days for their continued placement in involuntary segregation.

Based on a review of the PAQ, 79-ISA-02, housing assignments for inmates at high risk of victimization, observations from the facility tour related to segregation areas as well as information from the interviews with the Warden and staff who supervise inmates in segregated housing indicates that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
3. Inmate Handbook
4. PREA Posters
5. PREA Video Script
6. Prison Rape Elimination Act Reporting Memorandum of Understanding
7. Incident Reports/Investigative Reports

Interviews:

1. Interview with the PREA Compliance Manager

2. Interview with Random Staff
3. Interview with Random Inmates

Site Review Observations:

1. Observation of PREA Reporting Information in all Housings Units

Findings (By Provision):

115.51 (a): The PAQ stated that the agency has established procedures for allowing for multiple internal ways for inmates to report privately to agency official abuse sexual abuse or sexual harassment; retaliation by other inmates or staff for reporting sexual abuse or sexual harassment; and staff neglect or violation of responsibilities that may have contributed to such incidents. 79-ISA-02, page 4 states that an inmate may report allegations of sexual misconduct or retaliation by other inmates or staff verbally or in writing. In addition, inmates may report staff neglect or violations of responsibilities that may have contributed to incidents of sexual misconduct. Allegations may be reported to any staff member, volunteer or independent contractor. A review of additional documentation to include the inmate handbook (page 39), the PREA video script and PREA posters confirm that inmates are advised that they can report verbally to any staff member, in writing to any staff member, to the operation support center (614-995-3584 – no cost to call from the inmate phone), the outside agency hotline (*89 – no cost to call from the inmate phone); in writing to the Division of Quality Control – Ohio Department of Youth Services (4545 Fisher Road, Suite D, Columbus, Ohio 43222 – can remain anonymous upon request) and through family and friends. During the tour, it was observed that information pertaining to how to report PREA allegations was posted in all housing units on posters and the information was painted above the phones. The auditor tested the hotline and reached the DRC. The hotline requires inmates to enter their pin and leave a message. The auditor was advised the same day that the call was received by DRC. The hotline was accessible in all housing units while the auditor was on-site. The auditor also tested the outside reporting mechanism while on-site. The phone line did not require a pin number but did require the inmate to leave a message. The auditor received confirmation the same day that the call was received. Interviews with 43 inmates confirm that all were aware of at least one method to report sexual abuse and/or sexual harassment. Most inmates indicated that they would report through the phone numbers that are posted, through a kite, to staff, through Jpay or through other inmates. The fourteen staff interviewed stated that inmates can report in writing, through the phone or verbally to staff.

115.51 (b): The PAQ stated that the agency provides at least one way for inmates to report abuse or harassment to a public entity or office that is not part of the agency. 79-ISA-02, page 4 states that inmates may also report allegations to an outside entity that is not part of the DRC by using the phone number and/or address provided. The outside entity shall then report the allegations to the agency PREA Coordinator/designee. Inmates shall be given the opportunity to remain anonymous upon request to the outside entity. The MOU with the Ohio Department of Youth Services (DYS) indicates that DYS will maintain a phone number and voicemail box where inmates held at any DRC facility can call, free of charge, to report sexual abuse, sexual harassment and/or retaliation and where the inmate may remain anonymous upon request. Additionally, the MOU states that inmates housed in restrictive housing shall be permitted to anonymously report allegations of sexual abuse and harassing in writing to DYS. A review of the inmate handbook (page 39), the PREA video script and PREA posters confirm that inmates are provided information on how to report to the outside agency via a hotline (*89 – no cost to call from the inmate phone) and in writing to DYS. The inmate handbook and the PREA video script advises the inmates that they can remain anonymous upon request to the outside reporting agency. During the tour, it was observed that information pertaining on how to report PREA allegations was posted in all housing units, including the outside reporting mechanism *89. The auditor tested the outside reporting mechanism while on-site. The phone line did not require a pin number but did require the inmate to leave a message. The auditor received confirmation the same day that the call was received. The interview with the PCM

indicated that inmates can utilize the outside reporting hotline which goes to the Division of Youth Services. She confirmed that once they receive the call they forward the information to the PCM, Warden and facility investigator. Interviews with 43 inmates indicates that 31 were aware of an outside reporting mechanism. Most of the inmates indicated that they could report through the number that is posted around the facility. 34 of the 43 stated they were aware they could report anonymously. The PAQ indicated that inmates are not detained solely for civil immigration purpose.

115.51 (c): The PAQ indicated that the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. The PAQ also indicated that staff document verbal reports immediately. 79-ISA-02, page 6 states that any staff member that observes incidents or behaviors that cause a reasonable concern that an inmate may be at significant risk of sexual victimization shall document this incident or observation on an Incident Report (DRC 1000), marked confidential. Page 6 further states that any employee that receives a verbal or written report from an inmate, an anonymous source, or a third party of sexual misconduct or retaliation shall immediately notify the shift supervisor and complete an incident report, marked confidential, with a copy to the PCM and institutional investigator. A review of additional documentation to include the inmate handbook (page 39), the PREA video script and PREA posters confirm that inmates are advised that they can report verbally to any staff member, in writing to any staff member, to the operation support center (614-995-3584 – no cost to call from the inmate phone), the outside agency hotline (*89 – no cost to call from the inmate phone); in writing to the Division of Quality Control – Ohio Department of Youth Services (4545 Fisher Road, Suite D, Columbus, Ohio 43222 – can remain anonymous upon request) and through family and friends. Interviews with 43 inmates confirmed that 43 knew they could report verbally or in writing to staff and 42 knew they could report through a third party such as their family, friends or an attorney. Interviews with fourteen staff indicated that inmates can report sexual abuse and sexual harassment verbally, in writing, anonymously and through a third party. All fourteen staff stated that they would document any verbal allegations of sexual abuse or sexual harassment in a written report immediately. A review of fourteen investigations indicated that eleven allegations were verbally reported to staff, one was reported via the hotline and two were reported via a Warden to Warden notification.

115.51 (d): The PAQ indicated that the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ stated that staff can submit an incident report to the OCM PREA Coordinator. 79-ISA-02, page 5 states that staff may privately report sexual misconduct by completing an incident report marked confidential and submitting it directly to the institutional PCM or agency PC. Interviews with fourteen staff indicate thirteen were aware that they can privately report sexual abuse and sexual harassment of inmates. Most staff stated they can report privately to a supervisor, the PCM, through the hotline or via a confidential report.

Based on a review of the PAQ, 79-ISA-02, the inmate handbook, PREA posters, the PREA video script, observations from the facility tour related to PREA posters and other posted information and interviews with the PCM, random inmates and random staff, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire

2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

Findings (By Provision):

115.52 (a): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (b): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (c): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (d): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (e): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (f): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative

procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

115.52 (g): The PAQ indicated that the agency is exempt from this standard. 14-2 Sexual Abuse Prevention and Response, page 19 states that CoreCivic facilities do not maintain administrative procedures to address inmate/detainee grievances regarding sexual abuse unless specifically mandated by contract. Allegations of sexual abuse and/or sexual harassment are not processed through the facility inmate/detainee grievance process. It states that should a report of sexual abuse or sexual harassment be submitted and received as an inmate/detainee grievance, whether inadvertently or due to contracting agency requirements, it will immediately be referred to the facility investigator or Administrative Duty Officer for investigation and reporting in accordance with this policy.

Based on a review of the PAQ and 14-2 Sexual Abuse Prevention and Response indicates that this provision is not applicable and as such compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Memorandum of Understanding with the Cleveland Rape Crisis Center
4. Memorandum Related to Calls to the Cleveland Rape Crisis Center
5. Inmate Handbook
6. PREA Poster

Interviews:

1. Interview with Random Inmates
2. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.53 (a): The PAQ indicated the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by; giving inmates mailing addresses and phone numbers for local, state or national victim advocacy or rape crisis organizations; giving inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose; and enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. 79-ISA-01, page 11 states that the institutional PCM and the victim support person shall compile mailing addresses and telephone numbers including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations. In addition, the agency PREA Coordinator, with assistance from the OVS, shall maintain or attempt to enter into memoranda of understandings or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The inmate handbook states that victims shall be given access to victim advocates for emotional support, if needed, by providing them with mailing addresses and telephone numbers, including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations. This information shall be provided to the unit staff for communication to the inmates. Telephone calls to outside support services shall be provided in as confidential a manner as possible. A review of the PREA poster confirmed that inmates are provided the mailing address to the Cleveland Rape Crisis Center. Inmates are advised that they can contact the Cleveland Rape Crisis Center via phone through unit staff. The memo related to calls to the Cleveland Rape Crisis Center stated that staff will dial the number, step out of the office and visually observe the inmate while they are on the phone through the window. Interviews with 43 inmates indicated 35 were provided a telephone number and a mailing address to a local rape crisis center. Four of the inmates indicated they may have been provided the information but that they didn't pay attention to stuff like that because they do not need it. Most of the inmates who were aware of the victim advocacy information advised they could contact them for free anytime the phones are available. Most inmates stated that the call would be confidential. Interviews with inmates who reported sexual abuse indicated that four of the seven were provided a mailing address and telephone numbers but that they did not contact them.

Inmates are not detained solely for civil immigration purposes at the facility, therefore that part of the provision does not apply. The auditor contacted the Cleveland Rape Crisis Center on four separate occasions but did not receive a response.

115.53 (b): The PAQ stated that the facility informs inmates, prior to giving them access to outside support services, the extent to which such communication will be monitored. It also states that the facility informs inmates about mandatory reporting rules governing privacy, confidentiality and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates. 79-ISA-01, page 11 states that Calls made by the inmate to community services providers may be subject to monitoring. Community service providers shall follow mandatory reporting rules governing privacy, confidentiality, and/or privileges that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state or local laws. The inmate handbook states that victims shall be given access to victim advocates for emotional support, if needed, by providing them with mailing addresses and telephone numbers, including toll-free hotline numbers of local, state or national victim advocacy or rape crisis organizations. This information shall be provided to the unit staff for communication to the inmates. Telephone calls to outside support services shall be provided in as confidential a manner as possible. A review of the PREA poster confirmed that inmates are provided the mailing address to the Cleveland Rape Crisis Center. Inmates are advised that they can contact the Cleveland Rape Crisis Center via phone through unit staff. The memo related to calls to the Cleveland Rape Crisis Center stated that staff will dial the number, step out of the office and visually observe the inmate while they are on the phone through the window. Interviews with 43 inmates indicated 35 were provided a telephone number and a mailing address to a local rape crisis center. Four of the inmates indicated they may have been provided the information but that they don't pay attention to stuff like that because they do not need it. Most of the inmates who were aware of the victim advocacy information advised they could contact them for free anytime the phones are available. Most inmates stated that the call would be confidential. Interviews with inmates who reported sexual abuse indicated that four of the seven were provided a mailing address and telephone numbers but that they did not contact them. The auditor contacted the Cleveland Rape Crisis Center on four separate occasions but did not receive a response.

115.53 (c): The PAQ indicated that the agency or facility maintains memoranda of understanding or other agreements with community service providers that are able to provide inmates with emotional services related to sexual abuse. It also states that the agency or facility maintains copies of the MOU. The facility has an MOU with the Cleveland Rape Crisis Center which was signed on February 2, 2020.

Based on a review of the PAQ, 79-ISA-01, the MOU with the Cleveland Rape Crisis Center, the memo related to calls to the Cleveland Rape Crisis Center, the inmate handbook, the PREA poster, observations from the facility tour related to posted information and information from interviews with random inmates and inmates who reported sexual abuse the facility appears to comply with this 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*)

Documents:

1. Pre-Audit Questionnaire
2. PREA Poster

Findings (By Provision):

115.54 (a): The PAQ indicated that the agency or facility provides a method to receive third-party reports of sexual abuse and sexual harassment and publicly distributes that information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ indicated the method is through the phone or email. The PREA poster states that family and friends can report allegations of sexual abuse, sexual harassment and retaliation by calling 614-995-3584 or by emailing DRC.ReportSexualMisconduct@odrc.state.oh.us. The agency website has a link that can be clicked on in order to report sexual misconduct on behalf of an offender via email. The agency website and third party reporting information (including the PREA poster) is found at <https://drc.ohio.gov/prea>. Additionally, the facility website has information on third party reporting methods including; through the phone number above, the email above, the CoreCivic Ethics hotline (1-800-461-9330) and through the Ohio Department of Youth Services.

Based on a review of the PAQ, the PREA poster, the agency website and the facility website this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. Ohio Department of Rehabilitation & Corrections 79-ISA-04 – PREA Risk Assessment and Accommodation Strategies
4. Investigative Reports

Interviews:

1. Interview with Random Staff
2. Interview with Medical and Mental Health Staff
3. Interview with the Warden

4. Interview with the PREA Coordinator

Findings (By Provision):

115.61 (a): The PAQ stated that the agency required all staff to report immediately and according to agency policy; any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; any retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. 79-ISA-02, page 5 states that pursuant to DRC policy 01-COM-08, Incident Reporting and Notifications, staff shall report immediately any knowledge, suspicion or information regarding an incident of sexual misconduct that occurred in an institutional setting, whether or not it is part of the DRC. Staff shall also report retaliation against inmates or staff who report such incidents and any staff neglect or violation of responsibilities that may be contributed to an incident of retaliation. Interviews with fourteen staff confirm that they are required to report any knowledge, suspicion or information regarding an incident of sexual abuse and sexual harassment, regarding any retaliation for reporting and related to any staff neglect. All fourteen staff stated they would immediately report the information to their supervisor and/or the investigator/PCM.

115.61 (b): The PAQ indicated that apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than the extent necessary to make treatment, investigation and other security and management decision. 79-ISA-02, page 6 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 decision, including housing, bed, work, education and programming 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. Interviews with fourteen staff confirm that they all would immediately report the information to their supervisor and/or the investigator/PCM.

115.61 (c): 79-ISA-02, page 5 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to report sexual abuse pursuant to this section and to inform inmates of practitioner's duty to report and the limitations of confidentiality. Interviews with medical and mental health care staff confirm that they disclose limitations of confidentiality and their duty to report to inmates at the initiation of services. All four staff stated they are required to report any knowledge, suspicion or information regarding an allegation of sexual abuse and/or sexual harassment. Three of the four staff stated they had inmates report sexual abuse directly to them and that they immediately reported the information to security staff.

115.61 (d): 79-ISA-04, page 4 states that the only exception where the Informed Consent (DRC 1169) is not necessary is if the alleged victim is under the age of eighteen or is considered a vulnerable adult as defined by this policy, the institution shall report the allegation on an incident report and send it to the institutional investigator who will then report the allegation to the OSHP. The interview with the PC indicated that each state has its own law and reporting requirements. In most of the facilities a notification to law enforcement and a partner agency triggers the notification to any other agency as required. The Warden stated that they would treat the allegation like all the others and would immediately notify the Ohio State Highway Patrol.

115.61 (e): 79-ISA-02, page 6 states that all reports of allegations of sexual misconduct and retaliation, including third party and anonymous reports, shall be reported to the institutional investigator. The interview with the Warden confirmed that all allegations are reported to the designated facility investigator. A review of investigative reports indicate that all allegations were reported initially to the

facility investigator and then forwarded to the Ohio State Highway Patrol to determine if they were going to conduct an investigation.

Based on a review of the PAQ, 79-ISA-02, 79-ISA-04, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicate that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Random Staff

Findings (By Provision):

115.62 (a): The PAQ indicated that when the agency or facility learns that an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. 79-ISA-01, page 16 states that all reports of substantial risk of imminent sexual abuse shall immediately be forwarded to the institutional investigator, institution PCM, UMC and shift supervisor. Upon receipt of a report, security staff shall take immediate action to employ protective measures to ensure the inmate's safety. When considering the protection of staff or inmates, staff shall consider: housing changes, transfer of inmate victims or abusers and removal of alleged staff or inmate abusers from contact with the victim. The PAQ stated that there have been zero inmates who were subject to substantial risk of imminent sexual abuse within the previous twelve months. The interview with the Agency Head Designee indicated that staff take immediate action when they learn that an inmate is subject to substantial risk of imminent sexual abuse. He stated staff would protect inmates by removing the inmate from the area and/or individuals where risk may be stemming from and an investigation would be immediately initiated. The Warden stated that any inmate at imminent risk of sexual abuse would be immediately separated and taken to medical and mental health. He stated that an investigation would be initiated and as a last resort the inmate may be placed in TPU. Interviews with fourteen staff indicated that they would immediately

contact their supervisor to evaluate the situation. Most of the staff stated they would take the inmate from the area, separate the inmate from the situation or get the inmate moved.

Based on a review of the PAQ, 79-ISA-02 and interviews with the Agency Head Designee, Warden and random staff indicate that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. Investigative Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden

Findings (By Provision):

115.63 (a): The PAQ indicated that the agency has a policy that requires that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. 79-ISA-02, page 6 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 alleged abuse occurred. The PAQ indicated that during the previous twelve months, the facility had zero inmates report that they were sexually abused while confined at another facility.

115.63 (b): The PAQ indicated that agency policy requires that the facility head provide such notifications as soon as possible, but not later than 72 ours after receiving the allegation. 79-ISA-02, page 6 states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall be documented on an incident report.

115.63 (c): The PAQ indicated that the agency or facility documents that is has provided such notification within 72 hours of receiving the allegation. 79-ISA-02, page 6 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 alleged abuse occurred. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The notification shall be documented on an incident report.

115.63 (d): The PAQ indicated that the agency or facility requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. 79-ISA-02, page 6 states that the managing officer or agency that receives such notifications shall ensure the allegation is investigated in accordance with applicable provisions of this policy. The PAQ indicated there has been one inmate who reported to another facility that they were abused while housed at Lake Erie. A review of fourteen investigative reports indicated there were two allegations reported through a Warden to Warden notification. Both allegations were investigated by the Lake Erie facility investigator. The interview with the Agency Head Designee indicated that if an allegation was alleged to have occurred at another facility, the facility Warden receiving the information would notify the Warden at the other facility within 72 hours. If the allegation received was that an incident of sexual abuse allegedly occurred within the CoreCivic facility, both the partner agency and the investigative entity response for criminal investigation would be notified. The Agency Head Designee stated that there are examples of such allegations and that the most common examples are allegations inmates make during their intake process. He stated that the CoreCivic staff obtain as much information as possible from the inmate and provide this to the Warden at the other facility as part of the notification. The interview with the Warden indicated that the other facility would notify Lake Erie and the facility would either immediately start an investigation or if the allegation was already investigated, provide the facility with a copy of that investigation. The Warden indicated he could not say for sure, but believed they have had examples of this during the audit period. He stated if they received one they would have opened an investigation.

Based on a review of the PAQ, 79-ISA-02, a review of investigations and interviews with the Agency Head Designee and Warden, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. Allegations of Sexual Abuse – First Responders Flow Chart (Appendix C)
4. Institutional Sexual Abuse Coordinated Response Plan
5. Sexual Abuse – First Responder Checklist (Appendix D)
6. Incident Reports

Interviews:

1. Interview with First Responders
2. Interviews with Random Staff
3. Inmates who Reported Sexual Abuse

Findings (By Provision):

115.64 (a): The PAQ indicated that the agency has a first responder policy for allegations of sexual abuse. The PAQ states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall; separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, request that the alleged victim and ensure that the alleged perpetrator not take any action that could destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, eating or drinking. 79-ISA-02, pages 6-7 state that the Sexual Abuse First Responder Checklist shall be used upon report of an allegation of inmate sexual abuse. The first security supervisor to respond to the report shall be required to: separate the alleged victim and abuser; preserve and protect any crime scene until appropriate steps can be taken to collect evidence pursuant to DRC policy 310-SEC-13, request the alleged victim not take any actions that could destroy physical evidence and ensure the alleged abuser does not take any actions that could destroy physical evidence. Appendix C, Appendix D and the Institutional Sexual Abuse Coordinated Response Plan all direct first responders to take the actions as indicated policy and the Sexual Abuse First Responder Checklist (Appendix D) confirmed that first responder duties are listed on the checklist for staff to ensure they complete, if appropriate. The PAQ indicated that during the previous twelve months, there have been twelve allegations of sexual abuse,, all of which involved the security staff member to separate the alleged victim and abuser. The PAQ stated that none of the allegations occurred within a timeframe that allowed for the collection of evidence. Further communication with the PCM indicated that nine of the twelve allegations were originally reported to non-security staff who notified security and then security staff ensures that the alleged victim and abuser were separated. A review of fourteen investigative reports indicated that when applicable the victim and alleged perpetrator were separated with a housing change and/or facility transfer. Six of the allegations reviewed indicated that the inmates were immediately separated. None of the allegations involved securing a crime scene and none occurred within a timeframe that still allowed for the collection of physical evidence. The interview with the security first responder indicated that that he would separate the two individuals, secure the crime scene, notify his supervisor, notify medical and mental health and complete a report. The two non-security first responders stated they would call the Captain and signal for help, notify mental health, separate the two individuals if possible and write a report. Interviews with inmates who reported sexual abuse indicated that five reported their allegations verbally to staff who immediately took action and moved them (or the alleged perpetrator) to either a different bunk or different housing unit. All four stated that staff spoke to them immediately related to the investigation. Two of the inmates indicated they submitted their allegation in writing and did not get an immediate response, but after a few days they were interviewed related to the allegation. Both indicated they were in segregation when the allegation was reported and did not require a housing change.

115.64 (b): The PAQ stated that agency policy requires that if the first responder is not a security staff member, that responder shall be required to request the alleged victim not take any actions to destroy physical evidence, and then notify security staff. 79-ISA-02, page 7 states the first non-security or the first line security staff member to respond to the report shall be required to: separate the alleged victim and abuser, request the alleged victim not take any action that could destroy physical evidence and then notify the security shift supervisor. Appendix C and the Institutional Sexual Abuse Coordinated Response Plan outline duties for non-security first responders under this provision. The PAQ indicated that during the previous twelve months, there were twelve allegations of sexual abuse, nine of which involved a non-security staff first responder. A review of fourteen investigative reports indicated that when applicable the victim and alleged perpetrator were separated with a housing change and/or facility transfer. Six of the allegations reviewed indicated that the inmates were immediately separated. None of the allegations involved securing a crime scene and none occurred within a timeframe that still allowed for the collection of physical evidence. The interview with the security first responder indicated that that he would separate the two individuals, secure the crime scene, notify his supervisor, notify medical and mental health and

complete a report. The two non-security first responders stated they would call the Captain and signal for help, notify mental health, separate the two individuals if possible and write a report. Interviews with fourteen random staff indicated that they would all separate the alleged victim from the alleged perpetrator. Most of the staff stated that they would secure the crime scene and not allow the inmates to destroy any evidence. Staff were very knowledgeable on first responder duties.

Based on a review of the PAQ, 79-ISA-02, Appendix C, Appendix D, the Institutional Sexual Abuse Coordinated Response Plan, a review of investigative reports and interviews with random staff, staff first responders and inmates who reported sexual abuse, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Institutional Sexual Abuse Coordinated Response Plan

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.65 (a): The PAQ indicated that the facility shall develop a written institutional plan to coordinate actions taken to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators and facility leadership. A review of the Institutional Sexual Abuse Coordinated Response Plan confirms that the fourteen page document outlines actions and responsibilities for first responders, medical staff, mental health staff, the investigator and facility leadership staff. The Warden confirmed that the facility has a plan and that it includes all the required components under this standard.

Based on a review of the PAQ, the Institutional Sexual Abuse Coordinated Response Plan and the interview with the Warden, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Collective Bargaining Agreement with the International Union Security, Police, Fire Professionals of America and it's Amalgamated Local 60

Interviews:

1. Interview with the Agency Head Designee

Findings (By Provision):

115.66 (a): The PAQ indicated that the agency, facility or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit. Documentation indicated that CoreCivic (for its Lake Erie Correctional Institution) has a collective bargaining agreement effective September 1, 2018 through August 31, 2021 with the International Union Security, Police, Fire Professionals of America and it's Amalgamated Local 60. A review of the agreement confirms on pages 8-9 that the right reserved to and retained by the Company under this Agreement includes, but is not limited to: the right to select staff, train, hire, promote, demote, transfer, assign, direct and control employees; to increase or decrease the workforce; the right to maintain order and efficiency; to discipline, suspend, or discharge for just cause; to relieve employees of duties and the right to determine shifts, work schedules, and daily hours. The interview with the Agency Head Designee confirmed that CoreCivic has entered into and/or renewed collective bargaining agreements since August 20, 2012. He stated that the agreements permit CoreCivic to remove alleged staff sexual abusers from contact with an inmate pending an investigation or disciplinary action.

115.66 (b): The auditor is not required to audit this provision.

Based on a review of the PAQ, the Collective Bargaining Agreement and the interview with the Agency Head Designee, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. Investigative Reports
4. Memorandum Related to Staff Responsible for Monitoring for Retaliation
5. Victim Inmate Protection Follow-Up (Electronic Form)
6. Reporting Staff Protection Follow-Up (Electronic Form)

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the Warden
3. Interview with Designated Staff Member Charged with Monitoring Retaliation
4. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.67 (a): The PAQ indicated that the agency has a policy to protection all inmates and staff who report sexual abuse and sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. 79-ISA-02, page 14 states that the institution shall

protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. At Lake Erie Correctional Institution, all retaliation monitoring shall be conducted by a qualified, trained designee as assigned by the managing officer. The PAQ and the memo indicated that the PCM and the facility investigator are responsible for monitoring for retaliation.

115.67 (b): 79-ISA-02, page 14 states that the institution shall employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with the victims and emotional support services for inmates or staff who fear retaliation for reporting sexual misconduct or for cooperating with investigations. A review of investigative reports and monitoring documents indicated that there have been no allegations of retaliation nor any reported fear of retaliation. Interviews with the Agency Head Designee, Warden and staff responsible for monitoring retaliation all indicated that protective measures would be taken if an inmate or staff member expressed fear of retaliation. The interview with the Agency Head Designee indicated for both inmates and staff who have reported allegations of sexual abuse, the agency provides monitoring on a 30/60/90 day period (longer if needed) to ensure no retaliation has occurred. He stated the reviews are documented on an attachment to the 14-2 policy. He stated the reviews take into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, evaluations, etc. for staff. He indicated that these reviews also occur for victims of sexual harassment/sexual abuse. Policies and practice prohibit retaliation for any reason and that they include this expectation in training with staff. He stated any violation would be acted upon accordingly. The interview with the Warden indicated that they would try to keep the individuals separated, this could be accomplished through interfacility separation or local separation. The Warden stated they would try to transfer one of the inmates if needed and that if the individual was a staff member they can prohibit the staff member from contact with that inmate or contact of all inmates. The interview with the staff designated for monitoring for retaliation stated that she completes all the monitoring for retaliation at the facility. She stated she meets with the individual every 30 days for up to 90 days. She indicated she checks the inmate's housing assignments, conduct reports (disciplinary reports), job changes and programming changes. The staff member further stated that she meets with the inmate face-to-face for status checks. She also stated that if the individual is a staff member she would review whether the staff had a shift change or an assignment post change to determine if there is any retaliation occurring. Interviews with seven inmates who reported sexual abuse indicated that three felt protected against retaliation. Two inmates stated that the protocols the facility has in place makes them feel protected and another stated he feel protected from retaliation related to reporting PREA, but not other types of retaliation at the facility. The inmates who stated they did not feel protected indicated that they have problems with staff and inmates at the facility and that they are not treated appropriately by facility staff in general. A review of documentation indicated there was no reported retaliation by these inmates nor any evidence to support any retaliation has occurred.

115.67 (c): The PAQ states that the agency/facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The PAQ indicated that monitoring is conducted for 90 days and that the agency/facility acts promptly to remedy any such retaliation and that the agency/facility will continue monitoring beyond 90 days if the initial monitoring indicates a continuing need. 79-ISA-02, page 14 states that for at least 90 calendar days following the report of sexual misconduct, there shall be monitoring of the conduct and treatment of inmates or staff who reported the sexual misconduct and of inmates who were reported to have suffered sexual misconduct to see if there are any changes that may suggest possible retaliation by inmates or staff, and acts promptly to remedy any such retaliation. Periodic status checks shall occur at least every thirty calendar days during the monitoring period and shall include: reviewing inmate discipline; housing

changes, program changes, job changes, negative performance reviews and reassignment of staff. Policy further states that monitoring shall continue beyond 90 calendar days if the initial monitoring indicates a continuing need. All monitoring of retaliation shall be documented in the electronic PREA incident reporting system. The PAQ indicated that there had been no instances of retaliation in the previous twelve months. The Warden indicated that if an allegation of retaliation was reported or suspected that the victim would immediately be separated and taken to medical and mental health. He stated they would then address the retaliation by placing the perpetrator in segregated housing (if the perpetrator is an inmate) or terminating the staff members employment (if determined it did occur). The Warden confirmed the facility has a zero tolerance for retaliation. The interview with the staff designated for monitoring for retaliation states that she completes all the monitoring for retaliation at the facility. She stated she meets with the individual every 30 days for up to 90 days. She indicated she checks the inmate's housing assignments, conduct reports (disciplinary reports), job changes and programming changes. The staff member further stated that she meets with the inmate face-to-face for status checks. She also stated that if the individual is a staff member she would review whether the staff had a shift change or an assignment post change to determine if there is any retaliation occurring. The staff member further stated that monitoring is conducted for 90 days, however if there is a concern related to retaliation, monitoring would continue until she felt there were no longer any concerns. A review of fourteen investigative reports indicated that ten required monitoring. Of the ten, seven had monitoring completed or in process. Two of the seven had inmates that were transferred and as such the monitoring was completed until transfer and two had monitoring that was at the 60 days mark during the on-site portion of the audit. Two of the inmates reported their allegation at another facility and as such monitoring was not required by the facility and one allegation did not have monitoring completed and was an oversight by the facility.

115.67 (d): 79-ISA-02, page 14 states that periodic status check shall occur at least every 30 calendar days during the monitoring period. The inmate and/or employee being monitored shall be interviewed during the periodic status check. A review of the seven completed or in progress monitoring documents indicated that the inmates had a face-to-face status check at least every 30 days. The staff member responsible for monitoring for retaliation confirmed that she conducts periodic status checks every 30 days.

115.67 (e): 79-ISA-02, page 15 states that if any other individual who cooperates with an investigation expresses a fear of retaliation, appropriate measures shall be taken to protect that individual against retaliation to include, but not limited to, the measures listed in section VI.D.3 above. The interview with the Agency Head Designee indicated that this is handled as described in provision (b). He stated agency policies and practices prohibit retaliation for any reason and they include this expectation in training with staff. He stated any violations would be acted upon accordingly. The interview with the Warden indicated that they would try to keep the individuals separated, this could be accomplished through interfacility separation or local separation. The Warden stated they would try to transfer one of the inmates if needed and that if the individual was a staff member they can prohibit the staff member from contact with that inmate or contact of all inmates. He indicated that if an allegation of retaliation was reported or suspected that the victim would immediately be separated and taken to medical and mental health. He stated they would then address the retaliation by placing the perpetrator in segregated housing (if the perpetrator is an inmate) or terminating the staff members employment (if determined it did occur). The Warden confirmed the facility has a zero tolerance for retaliation.

115.67 (f): Auditor not required to audit this provision.

Based on a review of the PAQ, 79-ISA-02, investigative reports, the memo, the electronic protection follow-ups and interviews with the Agency Head Designee, Warden, staff charged with monitoring for retaliation and inmates who reported sexual abuse, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-04 – PREA Risk Assessment and Accommodation Strategies
3. Inmate Victim Housing Documents

Documents During Interim Report Period:

1. Memorandum Related to Policy Updates

Interviews:

1. Interview with the Warden
2. Interview with Staff who Supervise Inmates in Segregated Housing
3. Interview with Inmates in Segregated Housing

Site Review Observations:

1. Observations of the Special Housing Unit

Findings (By Provision):

115.68 (a): The PAQ indicated that the agency has a policy prohibiting 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 and a determination has been made that there is no alternative means of separation from likely abusers. The PAQ also indicated that if an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. The PAQ stated there were zero inmates who reported sexual abuse who were involuntarily segregated. 79-ISA-04, pages 8-9 outline the requirements under 115.43, however the policy addresses inmates at high risk for victimization, rather than inmates who alleged to have suffered sexual abuse. 79-ISA-02, page 16 states that inmates at high risk for victimization shall not be placed in involuntary RH or LPH unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. If an Imminent Risk of Sexual Abuse (DRC 1187) assessment cannot be completed immediately, the inmate may be held in involuntary RH or LPH for less than 24 hours while completing the assessment. Inmates placed in RH for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted, staff shall document: opportunities that have been limited; duration of limitations and reasons

for such limitations. Involuntary TPU assignments shall only be until alternative means of separation from likely abusers can be arranged and shall not ordinarily exceed 30 calendar days. Policy further states that the PREA Involuntary Placement in RH/LPH shall be completed if an involuntary TPU assignment is made pursuant to this section and staff shall clearly document the basis for the concern for the inmate's safety and the reason why no alternative means could be arranged. Additionally, every 30 calendar days, unit management shall afford each inmate a review to determine whether there is a continuing need for separation from general population. During the tour, it was observed that there were no inmates placed in segregation due to an allegation of sexual abuse. The auditor informally inquired with random inmates about the reason they were in segregation, one indicated it was involuntary due to a sexual abuse allegation. A review of fourteen investigations indicated that none of the inmate victims were placed in involuntary segregated housing. Five were already in segregation at the time of their reported allegation, two remained in the same general population housing unit, five were moved to a different general population housing unit and two were not at the facility when the allegation was reported. The Warden confirmed that the agency has a policy that prohibits placing inmates who report sexual abuse 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. The Warden indicated that inmates would only be placed in involuntary segregated housing until an alternative means of separation from likely abusers could be arranged. He stated that they try to keep inmate victims in involuntary segregated housing less than a day. The Warden indicated if they have to do an emergency transport to ensure he/she does not remain in involuntary segregated housing, they can do that. He confirmed that he did not recall any situations where they involuntarily segregated a victim who reported sexual abuse. The interview with the staff who supervise inmates in segregated housing indicated that any inmates who reported sexual abuse that were placed in involuntary segregated housing would be provided access to programs, privileges, education and work opportunities to the extent possible. The staff member confirmed that if the facility restricts any programs or privileges that the restrictions would be documented by Unit Management and investigator. The staff member further indicated that the inmate would only be involuntarily segregated until they could find alternative means of separation from likely abusers. The staff member stated that they have not ever placed an who reported sexual abuse in involuntary segregated housing and as such he was unable to provide an estimated time. He confirmed that any inmate in involuntary segregated housing would be reviewed at least every 30 days for their continued need for placement in involuntary segregated housing. There were no inmates who reported sexual abuse that were involuntarily segregated and as such no interviews were conducted.

Based on a review of the PAQ, 79-ISA-04, housing assignments for inmate victims of sexual abuse, the memo related to the policy update and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to be corrected during the interim report period and as such compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. CoreCivic Records Retention Schedule
4. Memorandum of Understanding with the Ohio State Highway Patrol
5. Investigator Training Records
6. Investigative Reports

Interviews:

1. Interview with Investigative Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with the Warden
4. Interview with the PREA Coordinator
5. Interview with the PREA Compliance Manager

Findings (By Provision):

115.71 (a): The PAQ states that the agency/facility has a policy related to criminal and administrative agency investigations. 79-ISA-02, page 13 indicates that when the institution conducts its own investigation into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations including third-party and anonymous reports. A review of the fourteen administrative investigations confirmed that all fourteen were completed within 30 days. One investigation involved the collection of a letter for evidence, eight involved video monitoring technology review and all fourteen included an interview with the victim, alleged perpetrator and when applicable, witnesses. The facility investigator provided appropriate information related to all investigative actions. All investigations reviewed were based on evidence and did not include any opinion. As such, all fourteen investigations reviewed were timely, thorough and objective. The interview with the facility investigator confirmed an investigation would be initiated immediately following an allegation of sexual abuse. She confirmed that all allegations would be investigated by policy, including those that were reported anonymously and through a third party.

115.71 (b): 79-ISA-01, page 7 states that prior to conducting a PREA investigation, all investigators shall receive specialized training which shall include, but not be limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, proper use of Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The training may be received through the NIC. Completion of the training shall be documented with a certificate of completion. This training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training indicates that it covers definitions, conducting investigations in confinement, techniques for interviewing victims, Miranda and Garrity use, evidence collection in confinement and requirements for substantiating a case and referring for prosecution. The PAQ indicated there are four facility staff that conduct investigations and that all four have received specialized training. A review of documentation indicated that four facility staff are documented with the NIC specialized investigator training. The interview with the facility investigator confirmed that the NIC training included all the required components under this provision, including; interviewing techniques for sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria to substantiate an allegation of sexual abuse.

115.71 (c): 79-ISA-02, page 13 states that institutional investigators and, where appropriate, institutional PCMs shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving suspected perpetrator. A review of the fourteen administrative investigations confirmed that all fourteen were completed within 30 days. The facility investigator reviewed all available evidence to include video monitoring, when available. One investigation involved the collection of a letter for evidence, eight involved video monitoring technology review and all fourteen included an interview with the victim, alleged perpetrator and when applicable, witnesses. The interview with the facility investigator indicated that the allegation would initially be referred to the Ohio State Highway Patrol and she would get an initial statement from the alleged victim. She stated she would wait for confirmation from the OSHP whether she was responsible for conducting an administrative investigation. She stated once she is advised to continue with her investigation she would start interviews of the alleged victim and perpetrator and any interviews with witnesses. She indicated she would then review video, interview any staff and collect any

and all evidence such as letters, logs books, rounds, etc. She further stated she would analyze all the information, complete an investigative report and notify the inmate victim of the outcome.

115.71 (d): 79-ISA-02, page 13 states that when the quality of evidence appears to support criminal prosecution, the DRC shall conduct compelled interviews only after consulting with OSHP as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of investigative reports indicated that none of the fourteen administrative investigations involved compelled interviews. The interview with the facility investigator indicated that they would not conduct compelled interviews. If additional information is required to be obtained the investigation would be referred back to the OSHP to handle.

115.71 (e): 79-ISA-02, page 13 states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No institution shall require an inmate who alleges sexual abuse to submit to a polygraph examination or truth telling device as a condition for proceeding with the investigation of such an allegation. The interview with the facility investigator confirmed that an inmate victim would never be required to take a polygraph or truth telling device test. She stated she does not judge credibility and that all allegations are taken seriously and an investigation is completed based on evidence. The seven inmates who reported abuse confirmed that none were required to take a polygraph or truth telling device test.

115.71 (f): 79-ISA-02, page 13 states that administrative investigations shall include an effort to determine whether staff actions or failure to act contributed to the abuse and shall be documented in written reports that include a description of the physical and testimonial evidence, the reason behind the credibility assessments and investigative facts and findings. Fourteen administrative investigations were completed in the previous twelve months. A review of all fourteen investigations confirmed that all were documented in a written report that included a summary of the allegation, information from interviews, a description of any evidence reviewed/collected, investigative facts and findings and an investigative outcome. The interview with the facility investigator confirmed that administrative investigations would be documented in written reports and include an overview of the incident, information on the interviews conducted, the medical assessment, any consistencies or inconsistencies, a description of evidence and the outcome. She stated that she would determine during the investigation whether staff followed police and procedure and if they did not they would be referred for discipline.

115.71 (g): 79-ISA-02, page 13 states that all criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence. Copies of documentary evidence shall be attached when feasible. There have been on criminal investigations completed during the audit period. All fourteen allegations were referred to the OSHP, however they declined to investigate in all fourteen instances. The interview with the facility investigator confirmed that all criminal investigations are completed by the OSHP. She stated they do not get a copy of the report but they do inform the facility of the outcome of the investigation.

115.71 (h): The PAQ indicated that substantiated allegations of conduct that appear to be criminal will be referred for prosecution. 79-ISA-02, page 13 states that substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The PAQ indicated that there were zero allegations referred for prosecution since the last PREA audit. A review of documentation indicated that all fourteen investigation were referred to the OSHP to investigate, however in all fourteen instances they declined. As such there were zero allegations referred for prosecution. The interview with the facility investigator confirmed that all cases are referred to the OSHP and that the OSHP would be responsible for referring any cases for prosecution.

115.71 (i): The PAQ stated that the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The CoreCivic Record Retention Schedule

confirmed that PREA investigative files are retained for five years after inmate release or post-employment of alleged abuser. A review of a sample of historic investigations confirmed retention is being met.

115.71 (j): 79-ISA-02, page 14 states that the departure of the alleged abuser or victim from the employment or control of the institution or DRC shall not provide a basis for terminating an investigation. The facility investigator confirmed that an investigation would still continue regardless of the departure of the alleged staff member or inmate.

115.71 (k): The auditor is not required to audit this provision.

115.71 (l): Ohio Administrative Code, Rule 5120-9-24, states that incidents that may involve the commission of a criminal offense shall be reported to the Ohio State Highway Patrol for their review. 79-ISA-02, page 10 states 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. The MOU with the Ohio State Highway Patrol, executed on April 12, 2019, confirms that the OSHP is required to follow all requirements under standards 115.21, 115.34 and 115.71. The PC stated that each facility develops its own relationship with local law enforcement and must follow-up on cases. He indicated that where CoreCivic has more than one facility, the partner agency OIG is often consulted about the status of investigations. The interview with the Warden indicated that the facility has a close relationship with the Ohio State Highway Patrol and that they provide them information and access to the facility and in turn the OSHP provides them updates any time they ask. The interview with the PCM indicated she has a great relationship with outside law enforcement and that the OSHP would communicate with her verbally or in writing. The facility investigator stated she would provide them any information they needed and serve as their liaison.

Based on a review of the PAQ, 79-ISA-02, CoreCivic Records Retention Schedule, MOU with the Ohio State Highway Patrol, investigator training records, investigative reports and information from interviews with the Agency Head Designee, Warden, PREA Coordinator, PREA Compliance Manager, the facility investigator and inmates who reported sexual abuse, this standard appears to be compliant.

Recommendation

While the facility conducts a search related to prior complaints involving the perpetrator, that information is not included in the investigative report. The auditor highly recommends that the facility include the information in the investigative report.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. Investigative Reports

Interviews:

1. Interview with Investigative Staff

Findings (By Provision):

115.72 (a): The PAQ indicated that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 79-ISA-02, page 14 states that the DRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated. Fourteen administrative investigations were completed in the previous twelve months. Two of the allegations were deemed substantiated, while ten were unsubstantiated and two were unfounded. A review of the investigative reports indicated the findings were accurate based on the evidence and the two substantiated investigations utilized a preponderance of evidence. The interview with the facility investigator indicated that a lot of the cases that are substantiated are based on evidence or witnesses that support the allegation. She indicated she would substantiate the case if more than likely the incident occurred.

Based on a review of the PAQ, 79-ISA-02, investigative reports and information from the interview with the facility investigator indicated that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. Investigative Reports

4. 14-2E Inmate PREA Allegation Status Notifications
5. PREA Incident Report Application Inmate Notification

Interviews:

1. Interview with the Warden
2. Interview with Investigative Staff
3. Interview with Inmates who Reported Sexual Abuse

Findings (By Provision):

115.73 (a): The PAQ indicated that the agency has a policy requiring that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation by the agency. 79-ISA-02, page 12 states that following an investigation into an inmate's allegation that he/she suffered sexual abuse in an institution, the institutional investigator shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. The PAQ indicated that there were twelve investigation completed within the previous twelve months, and all twelve inmates were notified of the results of the investigation. Upon further review it was determined that there were thirteen allegations of sexual abuse and one allegation of sexual harassment reported in the previous twelve months, all of which had a completed investigation. All fourteen investigations included a victim notification. The interviews with the Warden and the facility investigator confirmed that inmates are informed of the outcome of the investigation into their allegation. The Warden stated they provide the inmate victim with a letter related to the outcome. The interviews with the seven inmates who reported abuse indicated that four were aware they were to be informed of the outcome of the investigation into their allegation. Five of the inmates they were informed of the outcome. Two inmates stated it was a few days after the allegation, one stated he was told 30 days later the allegation and another said he was told about 90 days after the reported allegation. Two of the inmates advised they were not told the outcome.

115.73 (b): The PAQ indicated that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation. 79-ISA-02, page 12 states that if the DRC did not conduct the investigation, it shall request that relevant information from the OSHP in order to inform the inmate. The PAQ indicated that there were zero investigations completed within the previous twelve months by an outside agency. A review of fourteen investigations indicated none of the investigations involved an outside law enforcement entity and as such no notification were required under this provision.

115.73 (c): The PAQ indicated that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate whenever: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility or the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. 79-ISA-02, page 12 states upon completion of an inmate sexual abuse allegation against a staff member (unless unfounded), the institutional investigator, shall inform the inmate of the following: the staff member is no longer posted within the inmate's unit, the staff member is no longer employed at the facility, the institution learns that the staff member has been indicted on a charge related to sexual abuse within the institution or the institution learns that the staff member has been convicted on a charge related to sexual abuse within the institution. The PAQ indicated that there has not been a substantiated or unsubstantiated allegation of sexual abuse committed by a staff member against an inmate in the previous twelve months. Additionally, the PAQ indicated that the agency informs

inmates of the required components under this provision if applicable. A review of fourteen investigative reports indicated that two were staff-on-inmate sexual abuse allegations, one which was unfounded and one that was unsubstantiated. A review of the investigations confirmed that none of the requirements under this provision were applicable, and as such no notifications were made. The interviews with the inmates who reported sexual abuse indicated none of the allegations were against a staff member and as such no notification under this provision would apply.

115.73 (d): The PAQ indicates that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency subsequently informs the alleged victim whenever: the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. 79-ISA-01, page 12 states upon completion of an inmate sexual allegation against another inmate (unless unfounded) the institutional investigator shall inform the inmate victim of the following: the institution learns that the alleged abuser has been indicted on a charge related to sexual abuse within the institution or the institution learns that the alleged abuser has been convicted on a charge related to sexual abuse within the institution. A review of fourteen investigative reports indicated that eleven were inmate-on-inmate sexual abuse allegations and two were substantiated. While two were substantiated , neither involved a criminal investigation and neither were referred for prosecution. As such no notification were required under this provision. The interviews with inmates who reported sexual abuse indicated that all seven were inmate-on-inmate. All three stated that they were not informed of anything related to alleged perpetrator. Three stated that they knew the inmate was either placed in segregation, shipped to another facility or had a separation placed between them. The remaining four stated they did not know anything about the inmate perpetrator and was not provided any notifications.

115.73 (e): The PAQ indicated that the agency has a policy that all notifications to inmates described under this standard are documented. 79-ISA-02, page 12 states that all such inmate notifications or attempted notifications shall be issued in writing and documented. The Lake Erie Correctional Institution shall use form 14-2E, Inmate Allegation Status Notification, to document the notifications. The inmate shall sign the form, verifying that such notification has been received. The signed form shall be filed in the inmate's institutional file. A review of fourteen investigations confirmed that there were thirteen allegations of sexual abuse and one allegation of sexual harassment reported in the previous twelve months, all of which had a completed investigation.

115.73 (f): This provision is not required to be audited.

Based on a review of the PAQ, 79-ISA-02, a review of investigative reports, inmate notifications (14-2E) and information from interviews with the Warden, facility investigator and inmates who reported sexual abuse, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 31-SEM-02 – Standards of Employee Conduct
4. Investigative Reports

Findings (By Provision):

115.76 (a): The PAQ stated that staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. 79-ISA-01, page 4 states in accordance with DRC Policy 31-SEM-02, Standards of Employee Conduct, all employees shall be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies.

115.76 (b): The PAQ indicated there was one staff member who violated the sexual abuse and sexual harassment policies and one staff member who was terminated for violating the sexual abuse or sexual harassment policies. 31-SEM-02, page 15 states that removal is discipline for any type of abuse. A review of investigative reports confirmed there were zero substantiated staff-on-inmate allegations and as such no discipline was necessary.

115.76 (c): The PAQ stated that disciplinary sanctions for violations of agency policies related to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts, the staff member's disciplinary history and the sanctions imposed for comparable offense by other staff members

with similar histories. 79-ISA-01, page 4 states in accordance with DRC Policy 31-SEM-02, Standards of Employee Conduct, all employees shall be subject to disciplinary sanctions up to and including termination for violating DRC sexual misconduct policies. The PAQ indicated there were zero staff members that were disciplined, short of termination, for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there were zero substantiated staff-on-inmate allegations and as such no discipline was necessary.

115.76 (d): The PAQ stated that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would not have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. 79-ISA-01, page 4 states that terminations for violations of DRC sexual misconduct policy, or resignations by staff that would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also reported to any relevant licensing bodies. The PAQ indicated that there were zero staff members disciplined for violating the sexual abuse and sexual harassment policies within the previous twelve months. A review of investigative reports confirmed there were zero substantiated staff-on-inmate allegations and as such no discipline was necessary.

Based on a review of the PAQ, 79-ISA-01, 31-SEM-02 and investigative reports indicates that this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. Ohio Department of Rehabilitation & Corrections 71-SOC-01 – Recruitment, Training and Supervision of Volunteers
4. Standards of Conduct for Contractors, Volunteers and Interns
5. Investigative Reports

Interviews:

1. Interview with the Warden

Findings (By Provision):

115.77 (a): The PAQ stated that the agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, it stated that policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. 79-ISA-01, page 4 states that in accordance with DRC Policy 71-SOC-01 and DRC Policy 39-TRN-12, any contractor or volunteer who engages in sexual misconduct is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and also to relevant licensing bodies. 71-SOC-01, page 8 states that the managing officer/designee may suspend/terminate a volunteer for any alleged violation of the Standards of Conduct for Contractors/Volunteers or any activity which threatens the orderly operation or security of the facility or APA (Adult Parole Authority) region or safety of the volunteer, staff or offenders. The Standards of Conduct for Contractors, Volunteers and Interns states that engaging in unauthorized personal relationships with inmates or their families, including correspondence or phone communication with inmates and their families is prohibited. The PAQ indicated that there have been zero contractors or volunteers who have been reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of investigative reports confirmed there were no substantiated allegations involving a contractor or volunteer.

115.77 (b): The PAQ stated that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. 79-ISA-01, page 4 states the facility shall take appropriate remedial measures and terminate the contract or volunteer arrangement with independent contractors or volunteers or shall demand that the offending employee of a contractors be excluded from providing services under the contract. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in information being provided to the Ohio State Highway Patrol for investigation. He stated they would restrict the contractor or volunteers access to the facility until the investigation was completed. The Warden confirmed that there have not been any contractors or volunteers who violated the sexual abuse or sexual harassment policies over the audit period.

Based on a review of the PAQ, 79-ISA-01, 71-SOC-01, Standards of Conduct for Contractors, Volunteers and Interns and information from the interview with the Warden, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation
3. Ohio Department of Rehabilitation & Corrections 56-DSC-01 – Conduct Report and Hearing Officer Procedures
4. Ohio Administrative Code Rule 5120-9-08 – Disciplinary Procedures for Violations of Inmate Rules of Conduct
5. Investigative Reports
6. Disciplinary Documents

Interviews:

1. Interview with the Warden
2. Interview with Medical and Mental Health Staff

Findings (By Provision):

115.78 (a): The PAQ stated that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse. 79-ISA-02, page 15 states that any inmate found guilty by the Rules Infraction Board (RIB) of sexual abuse shall be considered for disciplinary control and any or all of the following administrative actions: referral for placement into ERH (Extended Restrictive Housing); special security review for an increase in one security level; institutional separation on the aggressor and the victim; payment of reasonable restitution to the DRC. 56-DSC-01, page 2 states that it is the policy of the Ohio Department of Rehabilitation and Correction that the disciplinary process for incarcerated individuals will be carried out promptly and fairly, allow those directly affected by an incarcerated individual rule infraction to provide input into the disciplinary process, to not punish incarcerated individuals for being seriously mentally ill, and to abide by the Administrative Rules. Ohio Administrative Code Rule 5120-9-08, number 11 outlines non-consensual sexual conduct with another. The PAQ indicated there have been two administrative findings of guilt and zero criminal finding of guilt for inmate-on-inmate sexual abuse within the previous twelve months. A review of investigative reports confirmed there were two substantiated inmate-on-inmate sexual abuse allegations. Both inmate perpetrators were disciplined upon the conclusion of the investigation. Both inmates had a separation placed between them and the victim, both inmates were placed in segregated housing for a time period and both had privileges restricted for a time period.

115.78 (b): 79-ISA-02, page 15 states that any inmate found guilty by the Rules Infraction Board (RIB) of sexual abuse shall be considered for disciplinary control and any or all of the following administrative actions: referral for placement into ERH; special security review for an increase in one security level; institutional separation on the aggressor and the victim; payment of reasonable restitution to the DRC. The interview with the Warden indicated the inmate perpetrator would go through the disciplinary process and appropriate disciplinary measures would be enacted based on the charged disciplinary code. He stated that the inmate may also be subject to outside criminal charges through the Ohio State Highway Patrol. The Warden stated that all inmates are held accountable through the disciplinary process. He confirmed that disciplinary sanctions are consistent and that they would be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates.

115.78 (c): 56-DSC-01, page 3 states that if the incarcerated individual's behavior suggests serious mental illness, the charging official shall make a referral to institutional mental health staff for a mental health assessment. The interview with the Warden confirmed that an inmates' mental disability or mental illness would be considered in the disciplinary process.

115.78 (d): The PAQ states that the facility offers therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the abuse and the facility considers whether to require the offending inmate to participate in these interventions as a condition of access to programming and other benefits. 79-ISA-02, page 15 states that all inmates found guilty by the RIB (Rule Infraction Board) of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services. Interviews with medical and mental health staff indicated that they have mental health services and that they can consult with the sex offender program at Madison Correctional Institution to provide services for perpetrators. The staff stated that the services are voluntary and they cannot force an inmate perpetrator to participate.

115.78 (e): 79-ISA-02, page 15 states that the DRC may discipline an inmate for sexual contact and/or sexual conduct with staff only upon finding that the staff member did not consent to such contact or conduct. The PAQ stated that the agency disciplines inmates for sexual contact with staff only upon finding that the staff member did not consent to such contact.

115.78 (f): The PAQ stated that the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. 79-ISA-02, pages 15-16 state that no inmate reporting sexual misconduct shall be issued a conduct report for lying based solely on the fact their allegation could not be substantiated or that the inmate later recanted his allegation. Each case shall be carefully evaluated on its merits, considering all evidence and circumstances and whether there is any possibility that the alleged incident could have occurred.

115.78 (g): The PAQ indicates that the agency prohibits all sexual activity between inmates and the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced. Ohio Administrative Code Rule 5120-9-08, number 13 confirms that consensual physical contact for the purpose of sexually arousing or gratifying either person is prohibited.

Based on a review of the PAQ, 79-ISA-02, 5120-9-08, 56-DSC-01, investigative reports, disciplinary documents and information from interviews with the Warden and medical and mental health care staff, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-04 – PREA Risk Assessment and Accommodation Strategies
3. Medical/Mental Health Documents

Interviews:

1. Interview with Staff Responsible for Risk Screening
2. Interview with Medical and Mental Health Staff

Site Review Observations:

1. Observations of Risk Screening Area

Findings (By Provision):

115.81 (a): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 79-ISA-04, page 3 states that if the assessment indicates the inmate is at risk of has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for twelve inmates identified who disclosed prior sexual victimization during the risk screening revealed that all twelve were offered a follow-up with mental health. Eleven of the twelve declined services and one accepted and was provided services within fourteen days. The interview with the staff responsible for the risk screening confirmed that inmates who disclose prior sexual victimization during the risk screening are offered a follow-up with mental health within fourteen days. Interviews with three inmates who disclosed prior victimization during the risk screening confirmed that all three were offered a follow-up with mental health. Two inmates indicated they declined the services and one inmate stated he accepted and saw mental health within a week.

115.81 (b): The PAQ indicated all prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 79-ISA-04, page 3 states that if the assessment indicates the inmate is at risk of has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. The PAQ indicated did not indicate the percent of those inmates who had a history or prior perpetrated sexual abuse were seen within fourteen days by medical or mental health practitioners. Further communication with the PCM indicated that they did not have any inmates that fell under this provision and as such this was not applicable related to a percentage. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. During the documentation review the auditor did not locate any inmates with prior sexual perpetration that was not known prior to arrival at Lake Erie. As such, no documentation was necessary for this provision. The interview with the staff responsible for the risk screening indicated that if the risk screening indicates an inmate has prior sexual abuse that they are offered a follow-up with mental health within two weeks.

115.81 (c): The PAQ indicated all inmates at the facility who have disclosed prior sexual victimization during a screening pursuant to 115.41 are offered a follow-up meeting with a medical or mental health practitioners within fourteen days of the intake screening. 79-ISA-04, page 3 states that if the assessment indicates the inmate is at risk of has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall offer a follow-up meeting with a medical or mental health practitioner within fourteen calendar days of the intake screening. The PAQ indicated that 100% of those inmates who reported prior victimization were seen within fourteen days by medical or mental health practitioners. The PAQ also indicated that medical and mental health maintain secondary materials documenting compliance with the required services. A review of medical and mental health files for twelve inmates identified who disclosed prior sexual victimization during the risk screening revealed that all twelve were offered a follow-up with mental health. Eleven of the twelve declined services and one accepted and was provided services within fourteen days. The interview with the staff responsible for the risk screening confirmed that inmates who disclose prior sexual victimization during the risk screening are offered a follow-up with mental health within fourteen days. Interviews with three inmates who disclosed prior victimization during the risk screening confirmed that all three were offered a follow-up with mental health. Two inmates indicated they declined the services and one inmate stated he accepted and saw mental health within a week.

115.81 (d): The PAQ states that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners, but rather with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour it was noted by the auditor that most files are electronic with limited access and the older paper file were behind a locked door.

15.81 (e): The PAQ indicated that medical and mental health practitioners obtain informed consent form inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of eighteen. 79-ISA-04, page 4 states that medical and mental health practitioners shall obtain informed consent from inmates prior to reporting information to law enforcement about prior sexual victimization that occurred in the community. The only exception where informed consent is not necessary is if the alleged victim is under the age of eighteen or considered a vulnerable adult as defined by this policy, the institution shall report the allegation on an incident report and send it to the institutional investigator who will then report the allegation to the OSHP. Interviews with medical and mental health staff indicate that they would obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Additionally, staff stated they do not house inmates under eighteen or vulnerable adults but they are aware of mandatory reporting laws.

Based on a review of the PAQ, 79-ISA-04, medical and mental health documents and information from interviews with staff who perform the risk screening, medical and mental health care staff and inmates who disclosed prior victimization during the risk screening, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections B-11 – Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
3. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse
3. Interview with First Responders

Site Review Observations:

1. Observations of Medical and Mental Health Areas

Findings (By Provision):

115.82 (a): The PAQ indicated that Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. It also indicated that the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. The PAQ further stated that medical and mental health staff maintain secondary materials documenting services. 79-ISA-02, page 8 states that in cases of alleged completed sexual abuse, medical services shall follow Medical Protocol B-11, which includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral to for mental health evaluation. Inmates referred to mental health by medical services following an allegation of sexual abuse shall be seen by a mental health professional who shall complete further screening or assessment consistent with DRC policy 67-MNH, 02. B-11, page 2 states that all inmates who report sexual conduct and/or recent sexual abuse shall be escorted to inmate health services as soon as possible after the reported conduct or recent sexual abuse. During the tour, the auditor noted that the medical and mental health areas consisted of an x-ray room, pharmacy, a waiting room, a records room, exam rooms and observation areas. Medical records are mostly electronic but the older paper files were behind a locked door. Exam rooms are private with a solid door containing a small security window. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse (one allegation was sexual harassment and as such does not fall under this standard) indicated that eleven were seen by medical and/or mental health and that records of the contact were maintained by medical and mental health staff. Two of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Lake Erie. The interviews with inmates who reported sexual abuse indicate that

six of the seven were seen by medical and/or mental health after their allegation. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. They stated that inmates are seen as soon as the information is reported. The staff confirmed that the nature of scope of services are based on their professional judgment.

115.82 (b): Lake Erie has a Health Services Department that is staffed 24 hours a day, seven days a week. Inmate are treated at the facility unless their needs cannot be met and then they are transported to a local hospital. B-11, page 2 states that all inmates who report sexual conduct and/or recent sexual abuse shall be escorted to inmate health services as soon as possible after the reported conduct or recent sexual abuse. If evidentiary or medically appropriate, the patient will be transported to the Emergency Department (ED) for examination, treatment, and counseling. The interview with the security first responder indicated that that he would separate the two individuals, secure the crime scene, notify his supervisor, notify medical and mental health and complete a report. The two non-security first responders stated they would call the Captain and signal for help, notify mental health, separate the two individuals if possible and write a report.

115.82 (c): The PAQ states that inmate victims of sexual abuse while incarcerated are 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. B-11, page 3 states that if not completed in the hospital emergency department, the following will be ordered: RPR (serology for syphilis), GC and Chlamydia testing, HIV, HBV and HCV testing, a pregnancy test and will be offered timely and appropriate prophylactic information and treatment for sexually transmitted diseases. A review of fourteen investigations indicated that three involved penetration, however one inmate reported at another facility. A review of documentation indicated that one of the two inmates at the facility was provided information and access to sexually transmitted infection prophylaxis. The interviews with the inmates who reported sexual abuse indicated that one involved penetration. The inmate stated that he was not provided information or access sexually transmitted infection prophylaxis. Further review of information determined that it was not applicable to the inmate's reported allegation. Interviews with medical and mental health staff indicated that inmate victims of sexual abuse would be offered timely information and access to emergency contraception and sexually transmitted infection prophylaxis.

115.82 (d): The PAQ indicated that treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. 79-ISA-02, page 9 states that the services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident.

Based on a review of the PAQ, B-11, 79-ISA-02, a review of medical and mental health documents and information from interviews with medical and mental health care staff, staff first responders and inmates who reported sexual abuse, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections B-11 – Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
3. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
4. Medical and Mental Health Documents

Interviews:

1. Interview with Medical and Mental Health Staff
2. Interview with Inmates who Reported Sexual Abuse

Site Review Observations:

1. Observations of Medical Treatment Areas

Findings (By Provision):

115.83 (a): The PAQ stated that the facility offers medical and mental health evaluations, and as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. During the tour, the auditor noted that the medical and mental health areas consisted of a trauma room, numerous exam rooms, offices and observation cells. 79-ISA-02, page 8 states that in cases of alleged completed sexual abuse, medical services shall follow Medical Protocol B-11, which includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral to for mental health evaluation. Inmates referred to mental health by medical services following an allegation of sexual abuse shall be seen by a mental health professional who shall complete further screening or assessment consistent with DRC policy 67-MNH, 02. During the tour, the auditor noted that the medical and mental health areas consisted of an x-ray room, pharmacy, a waiting room, a records room, exam rooms and observation areas. Medical records are mostly electronic but the older paper files are behind a locked door. Exam rooms are private with a solid door containing a small security window. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse (one allegation was sexual harassment and as such does not fall under this standard) indicated that eleven were seen by medical and/or mental health and that records were maintained of the contact by medical and mental health staff. Two of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Lake Erie. Additionally, a review of medical and mental health files for twelve inmates identified who disclosed prior sexual victimization during the risk screening revealed that all twelve were documented with a mental health follow-up (or refusal of services) within the required fourteen days.

115.83 (b): 79-ISA-02, page 8 states that in cases of alleged completed sexual abuse, medical services shall follow Medical Protocol B-11, which includes instructions for assuring appropriate examination, documentation, transport to the local emergency department, testing for sexually transmitted diseases, counseling, prophylactic treatment, follow-up, and referral to for mental health evaluation. Inmates

referred to mental health by medical services following an allegation of sexual abuse shall be seen by a mental health professional who shall complete further screening or assessment consistent with DRC policy 67-MNH, 02. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse (one allegation was sexual harassment and as such does not fall under this standard) indicated that eleven were seen by medical and/or mental health and that records were maintained of the contact by medical and mental health staff. Two of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Lake Erie. Additionally, a review of medical and mental health files for twelve inmates identified who disclosed prior sexual victimization during the risk screening revealed that all twelve were documented with a mental health follow-up (or refusal of services) within the required fourteen days. Interviews with inmates who reported sexual abuse indicated that four of the seven were provide follow-up services. Interviews with medical and mental health care staff confirmed that they would offer/provide necessary follow-up services. A few of the services include any medical follow-up, SANE, mental health follow-up services, discharge planning, outside victim advocacy services and other assessments and counseling.

115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensures. The facility utilizes the local hospitals for forensic medical examinations. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse (one allegation was sexual harassment and as such does not fall under this standard) indicated that eleven were seen by medical and/or mental health and that records were maintained of the contact by medical and mental health staff. Two of the inmates reported allegations at another facility and as such had no documented medical and/or mental health at Lake Erie. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care.

115.83 (d): The facility houses male inmates and as such this provision does not apply.

115.83 (e): The facility houses male inmates and as such this provision does not apply.

115.83 (f): The PAQ indicated that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections (STI) as medically appropriate. B-11, page 3 states that if not completed in the hospital emergency department, the following will be ordered: RPR (serology for syphilis), GC and Chlamydia testing, HIV, HBV and HCV testing, a pregnancy test and will be offered timely and appropriate prophylactic information and treatment for sexually transmitted diseases. A review of fourteen investigations indicated that three involved penetration, however one inmate reported at another facility. A review of documentation indicated that one of the two inmates at the facility was provided HIV/STI testing. The interviews with the inmates who reported sexual abuse indicated that one involved penetration. The inmate stated that he was not provided information or access sexually transmitted infection prophylaxis. Further review of information determined that it was not applicable to the inmate's reported allegation.

115.83 (g): 79-ISA-02, page 9 states that the services shall be provided to the alleged victim regardless of whether the victim names the alleged abuser or cooperates with any investigation arising out of the incident. Interviews with inmates who reported sexual abuse indicated that one of the seven was required to pay for medical and/or mental health care services.

115.83 (h): The PAQ indicated that the facility attempts to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health. 79-ISA-02, pages 12-13 state that mental health services shall attempt to conduct an evaluation on all known abusers within 60 calendar days of learning of such history and offer treatment when deemed appropriate. Eleven inmate-on-inmate allegations were reported in the previous twelve months. Two of the allegations were substantiated and required a mental health evaluation of the perpetrator. A review of documentation indicated that both inmate perpetrators were

seen by mental health within 60 days of the conclusion of the investigation. The interviews with the mental health staff indicated that inmate perpetrators would be offered a mental health evaluation within fourteen days.

Based on a review of the PAQ, 79-ISA-02, B-11, a review of medical and mental health documents and information from interviews with inmates who reported sexual abuse and medical and mental health care staff, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. Ohio Department of Rehabilitation & Corrections 79-ISA-03 – Sexual Abuse Review Team
3. Sexual Abuse Incident Reviews via PREA Incident Report Application

Interviews:

1. Interview with the Warden
2. Interview with the PREA Compliance Manager
3. Interview with Incident Review Team

Findings (By Provision):

115.86 (a): The PAQ stated that the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. 79-ISA-03, pages 3 states that the Sexual Abuse Review Team (SART) shall review all sexual abuse incidents, unless determined to be unfounded, within 30 calendar days of the conclusion of the investigation. The PAQ indicated that there were ten investigations completed within the previous twelve months, excluding those that are unfounded. Further review indicated there were eleven investigations that required a sexual abuse incident review. All eleven had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.

115.86 (b): The PAQ stated that the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. 79-ISA-03, pages 3 states that the Sexual Abuse Review Team (SART) shall review all sexual abuse incidents, unless determined to be unfounded, within 30 calendar days of the conclusion of the investigation. The PAQ indicated that ten reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. Further review indicated there were eleven investigations that required a sexual abuse incident review. All eleven had a sexual abuse incident review completed within 30 days of the conclusion of the investigation.

115.86 (c): The PAQ indicated that the sexual abuse incident review team includes upper level management officials and allows for input from line supervisors, investigators and medical and mental health practitioners. 79-ISA-03, page 2 states that each managing officer shall designate a SART. The SART shall at minimum, consist of: Institutional Operations Compliance Manager (OCM); Deputy Warden; Institutional Investigator; Designated Victim Support Person and any other staff member that

may have relevant input such as unit staff, line supervisors, medical and mental health professionals. The Warden confirmed that these reviews are being completed and the team consists of two Assistant Wardens, a Chief, the Quality Assurance staff, medical and the Warden.

115.86 (d): The PAQ stated that the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits each report to the facility head and PCM. 79-ISA-03, page 3 states the SART shall consider: whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise caused by other group dynamics at the facility; whether the area in the facility where the incident allegedly occurred contains physical barriers in the area that may enable abuse; the adequacy of staffing levels in that area during different shifts and whether monitoring technology should be deployed or augmented to supplement supervision by staff. A review of the eleven sexual abuse incident reviews via the PREA incident report application indicated that they all included these components during the review. Interviews with the Warden, PCM and incident review team member confirmed that these reviews are being completed and they include all the required elements. The Warden stated that the team consists of two Assistant Wardens, a Chief, the Quality Assurance staff, medical and the Warden. He stated that they always look at the information to determine if there is anything they can learn from the incident. The Warden stated that they would look to see if there is anything they can do better, including enhancing staff or cameras, adding mirrors, determining how individuals had access to certain areas and then dig into the how and why and make any necessary changes. The PCM indicated she reviews all the sexual abuse incident reviews and she has not noticed any trends. She indicated that the team reviews the incident and makes recommendations and that if there were any actions that needed to be taken she would follow through and submit a plan to ensure implementation. She stated she would track the actions until completion.

115.86 (e): The PAQ indicated that the facility implements the recommendations for improvement or documents its reasons for not doing so. 79-ISA-03, page 3 states that the SART shall complete the Sexual Abuse Case Review in the electronic PREA Incident Reporting System and document the committee findings pursuant to section V.I.B.2.a-e of this policy, and recommendation for improvement. A review of the eleven sexual abuse incident reviews indicated that a section exists for recommendations and corrective action.

Based on a review of the PAQ, 79-ISA-03, sexual abuse incident reviews via the PREA incident reporting application and information from interviews with the Warden, the PCM and a member of the sexual abuse incident review team, it appears this standard is compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. PREA Incident Packet Instructions
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. CoreCivic Annual PREA Report

Findings (By Provision):

115.87 (a): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). The facility collects data via the DRC electronic system. The PREA Incident Packet Instructions states that a PREA incident packet shall be completed on all allegations of abuse, harassment, retaliation or imminent risk of sexual abuse. 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms

that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (b): The PAQ indicates that the agency aggregates the incident based sexual abuse data at least annually. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department. A review of CoreCivic Annual PREA Reports confirmed that each annual report includes aggregated facility and agency data.

115.87 (c): The PAQ indicated that the agency collects accurate uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. It also indicates that the standardized instrument includes at minimum, data to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV). 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall collect accurate and uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. Each facility will ensure that incidents of sexual abuse are entered into the IRD as required by CoreCivic Policy 5-1 Incident Reporting. A review of aggregated data confirms that the annual report encompasses information and data on all allegations, including allegation type and investigative outcome, at all CoreCivic facilities.

115.87 (d): The PAQ stated that the agency maintains, reviews, and collects data as needed from all available incident based documents, including reports, investigation files, and sexual abuse incident reviews. 14-2 Sexual Abuse Prevention and Response, page 32 states that CoreCivic shall maintain, review and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

115.87 (e): The PAQ indicated that the agency obtains incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The agency does not contract for the confinement of its inmates. The agency is a private for profit agency and houses other agency inmates

115.87 (f): The PAQ indicated that the agency provides the Department of Justice with data from the previous calendar year upon request. 14-2 Sexual Abuse Prevention and Response, page 32 states the incident based sexual abuse data shall be aggregated annually and shall include, at a minimum, the data necessary to answer all questions for the most recent version of the SSV conducted by the Department of Justice. Upon request, CoreCivic shall provide all such data from the previous calendar year to the Department of Justice no later than June 30th or a date requested by that Department.

Based on a review of the PAQ, PREA incident packet instructions, 14-2 Sexual Abuse Prevention and Response and CoreCivic Annual PREA Reports, this standard appears to be compliant.

Standard 115.88: Data review for corrective action

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the Agency Head Designee
2. Interview with the PREA Coordinator
3. Interview with the PREA Compliance Manager

Findings (By Provision):

115.88 (a): The PAQ indicated that the agency reviews 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 and training. The review includes: identifying problem areas, taking corrective action on an

ongoing basis and preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole. 14-2 Sexual Abuse Prevention and Detection, page 32 states that the FSC PREA Coordinator shall review all aggregated sexual abuse data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to include, identifying problems areas and taking corrective action on an ongoing basis. Additionally it states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes general information related to each substantiated incident. The report compares the data from the current year with the previous year. Additionally, the report includes problem areas and corrective action. The interview with the Agency Head Designee confirmed that he reviews and approves annual reports. He stated that a review of the PREA data is made on a daily, monthly and annual basis. He indicated that incident data is provided daily to select staff in a Daily PREA Report. Monthly and annually the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either physical plant, presence of staff, video coverage or procedures would minimize the risks of incidents in those areas. The interview with the PC confirmed that the agency reviews data collected and aggregated pursuant to standard 115.87 in order to improve the effectiveness of its sexual abuse prevention, detection and response policies and training. He stated that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules. He further stated that the agency takes corrective action on an ongoing basis and that the agency prepares a report of findings from the annual data review. The PCM stated that she reports the information on the allegations that they have at the facility and that the information is used to implement any changes and to complete the agency's annual report.

115.88 (b): The PAQ indicated that the annual report includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the progress in addressing sexual abuse. 14-2 Sexual Abuse Prevention and Detection, page 32 states that CoreCivic will prepare an annual report of its findings and corrective actions for each facility as well as the agency as a whole. Such report shall include a comparison of the current year's aggregated data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. A review of annual reports indicates that reports include allegation data for all facilities. The data is broken down by incident type and includes investigative outcomes. The report also includes corrective action. The report compares the data from the current year with the previous years.

115.88 (c): The PAQ indicated that the agency makes its annual report readily available to the public at least annually through its website and that the annual reports are approved by the Agency Head. 14-2 Sexual Abuse Prevention and Response, page 32 states that the CoreCivic Annual report shall be approved by the company Chief Correctional Officer and made available to the public through the CoreCivic website. The interview with the Agency Head Designee confirmed that the report is done annually and that he approves the report. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report is available to the public online.

115.88 (d): The PAQ indicated when the agency redacts material from an annual report for publication the redactions are limited to specific material where publication would present a clear and specific threat to the safety and security of a facility and must indicate the nature of material redacted. 14-2 Sexual Abuse Prevention and Response, page 32 states that specific material may be redacted from the reports

when publication would present a clear and specific threat to the safety and security of a facility, but the nature of the material redacted must be indicated. A review of the annual report confirmed that no personal identifying information was included in the report nor any security related information. The report did not contain any redacted information. The interview with the PC confirmed that the reports do not contain the identify or personal and medical information belonging to inmates or staff.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the CoreCivic Annual PREA Report, the website and information obtained from interviews with the Agency Head Designee, PC and PCM, this standard appears to be compliant.

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*)

Documents:

1. Pre-Audit Questionnaire
2. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Record Retention Schedule
4. CoreCivic Annual PREA Reports

Interviews:

1. Interview with the PREA Coordinator

Findings (By Provision):

115.89 (a): The PAQ states that the agency ensures that incident based data and aggregated data is securely retained. 14-2 Sexual Abuse Prevention and Response, page 33 states all case records associated with claims of sexual abuse, including incident reports, investigative reports, inmate/detainee information, case disposition, medical and counseling evaluation findings and recommendations for post-release treatment and/or counseling shall be retained in accordance with CoreCivic Policy 1-5 Retention of Records. The interview with the PREA Coordinator confirmed that files and information relative to investigations of PREA allegations are retained in the IRD which is on a secured server. He stated hard copy files are secured at each facility and all records are subject to record retention schedules.

115.89 (b): The PAQ states that the agency will 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 through other means. 14-2 Sexual Abuse Prevention and Response, page 33 states the CoreCivic Annual Report shall be approved by the company Chief Corrections Office and made available to the public through the CoreCivic website. A review of the website: <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea> confirmed that the current annual report, which includes aggregated data, is available to the public online.

115.89 (c): 14-2 Sexual Abuse Prevention and Response, page 32 and the PAQ indicated that before making aggregated sexual abuse data publicly available, CoreCivic shall remove all personal identifiers. A review of the annual report, which contains the aggregated data, confirmed that no personal identifiers were publicly available.

115.89 (d): 14-2 Sexual Abuse Prevention and Response, page 33 and the PAQ indicates that the agency shall maintains sexual abuse data collected pursuant to 115.87 for at least ten years after the date of initial collection unless Federal, State or local law requires otherwise. A review of historical annual reports indicated that aggregated data is available from 2013 to present.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, CoreCivic Retention Schedule, CoreCivic annual reports, the website and information obtained from the interview with the PREA Coordinator, this standard appears to be compliant.

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*)

Findings (By Provision):

115.401 (a): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency’s facilities are audited each year.

115.401 (b): The facility is a private for profit company. A review of the audit schedule and audit reports indicate that at least one third of the agency’s facilities are audited each year. The facility is being audited in the third year of the three-year cycle.

115.401 (h) – (m): The auditor had access to all areas of the facility; was permitted to review any relevant policies, procedure or documents; was permitted to conduct private interviews and was able to receive confidential information/correspondence from inmates.

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*)

Findings (By Provision):

115.403 (f): The facility was previously audited on August 27-30, 2018. The final audit report is publicly available on the agency's website.

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.

Kendra Prisk

Auditor Signature

November 2, 2021

Date