

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Interim Audit Report: May 6, 2022

Date of Final Audit Report: July 15, 2022

Auditor Information

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Company Name: 2K Consulting, LLC.	
Mailing Address: PO Box 204	City, State, Zip: Malone, FL 32445
Telephone: 814-883-9766	Date of Facility Visit: March 22-24, 2022

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.Hininger@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: Northeast Ohio Correctional Center (NEOCC)			
Physical Address: 2240 Hubbard Road		City, State, Zip: Youngstown, OH 44505	
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: David Bobby			
Email: David.Bobby@corecivic.com		Telephone: 330-746-3777	
Facility PREA Compliance Manager			
Name: Christopher Chestnut			
Email: Christopher.Chestnut@corecivic.com		Telephone: 330-746-3777	
Facility Health Service Administrator			
Name: Garry McMahon			
Email: Garry.Mcmahon@corecivic.com		Telephone: 330-746-3777	
Facility Characteristics			
Designated Facility Capacity:		2048	
Current Population of Facility:		1769	
Average daily population for the past 12 months:		1594	
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 type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision:	USMS – 165 Days & DRC – 456 Days	
Facility security levels/inmate custody levels:	Low/Moderate/High	
Number of inmates admitted to facility during the past 12 months:	3871	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	3829	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	2317	
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 checked="" 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:	361	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	242	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	30	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	46	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	39	
Physical Plant		

<p>Number of buildings:</p> <p>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.</p>	<p>3</p>
<p>Number of inmate housing units:</p> <p>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.</p>	<p>43</p>
<p>Number of single cell housing units:</p>	<p>1</p>
<p>Number of multiple occupancy cell housing units:</p>	<p>42</p>
<p>Number of open bay/dorm housing units:</p>	<p>0</p>
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	<p>106</p>
<p>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)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p align="center">Medical and Mental Health Services and Forensic Medical Exams</p>	
<p>Are medical services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Are mental health services provided on-site?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p><input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe):</p>

Investigations

Criminal Investigations

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:	0
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.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input checked="" type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input checked="" type="checkbox"/> Other (please name or describe): Ohio Department of Rehabilitation & Corrections <input type="checkbox"/> N/A

Administrative Investigations

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?	3
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	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe): <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The Prison Rape Elimination Act (PREA) re-certification audit for Northeast Ohio Correctional Center (NEOCC) in Youngstown, Ohio was conducted on March 22, 2022 through March 24, 2022 to determine the continued compliance of the Prison Rape Elimination Act Standards. NEOCC 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 June 10-13, 2019. The previous auditor found that the facility exceeded four standards and met 39.

Pre-Audit

On February 8, 2022 the auditor contacted the PREA Coordinator (PC) related to the audit initiation. The PC advised that the agency would like to conduct the audit via the paper audit format. On the same date the PC provided the auditor with necessary information to initiate the paper audit in the Online Audit System (OAS). On February 8, 2022 the auditor was provided access to the facility's Pre-Audit Questionnaire (PAQ), policies, procedures and supporting documentation through a shared folder program. On February 16, 2022 the facility uploaded their PAQ to the shared folder program. On the same date the auditor sent the PC an initial issue log related to questions and concerns about the PAQ and supplemental documentation. On February 18, 2022 the PC provided updated information via the shared folder program related to policies and procedures. The PCM provided an updated PAQ with revised responses for the issue log on February 23, 2022. The facility provided the auditor with an assurance memorandum indicating the audit announcement was placed throughout the facility at least six weeks prior to the audit. Additionally, the PC uploaded photos of the audit announcement to the shared folder program.

The facility utilizes Mercy Health – St. Elizabeth Youngstown Hospital for forensic medical examinations. A review of the Memorandum of Understanding (MOU) confirms that NEOCC is permitted access of the use of emergency, inpatient and outpatient services as needed. The MOU was signed February 9, 2016. The documentation further confirmed that Mercy Health offers several registered nurses trained as SANE who are available 24 hours a day, seven days a week to care for victims of sexual assault at St. Elizabeth and St. Joseph Warren Hospital. The auditor contacted St. Elizabeth Youngstown Hospital and confirmed that the hospital does provide forensic medical examinations. The staff stated that they do not have SAFE/SANE, however examinations would be completed by a physician or a mid-level practitioner. The staff member further stated that the hospital would contact a rape counselor who would respond to the hospital for support during the forensic examination. The facility utilizes Compass Family Community Services for victim advocacy services. The MOU (signed February 2, 2021) confirmed that the organization provides accompaniment and support through the forensic examination process, accompaniment and support through investigatory interviews, emotional support, crisis intervention services, referrals for resource, follow-up services, a hotline for emotional support, and a mailing address for emotional support. The auditor contacted staff at Compass Family Community Services and confirmed that the organization has an MOU with NEOCC. The staff member stated that they provide support services in-person or via phone to the inmates at the facility. She confirmed inmates have access to the organization's hotline and mailing address. The staff member stated they also accompany inmates during forensic examinations at the local hospital and that the local hospital typically calls them for these services. The staff member confirmed they have provided services to inmates at NEOCC and that the

organization does not have any concerns related to PREA compliance or the sexual safety of the inmates at NEOCC. 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 NEOCC.

The auditor conducted a web-based search related to NEOCC. The auditor located one article relate to sexual abuse and sexual harassment. The article indicated that a former NEOCC staff member was sentenced to five months in prison for one count of sexual abuse against an inmate. The charges were from a 2017 allegation.

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

Based on the population on the first day of the audit (1769) 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 inmate interviews were chosen at random and varied across gender, race, ethnicity, housing assignment and time in custody. Inmates were selected from both the Ohio Department of Rehabilitation and Corrections (C and D units) and the United States Marshall (A and B units) service population and the auditor ensured a geographically diverse sample. The following inmates were selected from the housing units: ten inmates were selected from A1-A8; ten were from B1-B8; eight were from C1-C12; twelve were from D1-D9 and two were from segregated housing. 1743 inmates were male and 26 were female. The auditor interviewed three female inmates, four transgender female inmates and 35 male inmates. Nineteen of the inmates interviewed were black, 20 were white (includes those who were Hispanic) and two were another race. With regard to ethnicity, four were Hispanic and 38 were non-Hispanic. Inmates selected for the targeted interviews were selected at random across varying factors, when possible. Targeted interviews from the following categories were not conducted as there were zero inmates identified during the on-site portion of the audit that fell into those categories: youthful inmates and inmates in segregated housing for high risk of victimization. The auditor confirmed through policy and population reports that there were zero youthful inmates. The auditor also confirmed through a review of housing documentation for inmates at high risk of victimization and inmates who reported sexual abuse that there were zero inmates involuntarily segregated. Interviews were conducted using the *Inmate Interview Questionnaire* supplemented by the *Targeted Inmate Questionnaire*. The table following the inmate listings depicts the breakdown of inmate interviews.

Category of Inmates	Number of Interviews
Random Inmates	20
Targeted Inmates	22
Total Inmates Interviewed	42
Targeted Inmate Interview:	
• Youthful Inmates	0
• Inmates with a Physical Disability	5
• Inmates who are LEP	2

• Inmates with a Cognitive Disability	2
• Inmates who Identify as Lesbian, Gay or Bisexual	3
• Inmates who Identify as Transgender or Intersex	4
• Inmates in Segregated Housing for High Risk of Victimization	0
• Inmates who Reported Sexual Abuse	2
• Inmates who Reported Sexual Victimization During Screening	4

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 random interviews. Staff for the random interviews varied across gender, race, rank, length of tenure, post assignments and shift. The facility has two shifts, 6:00am-6:00pm and 6:00pm-6:00am. Ten random staff from the 6:00am-6:00pm shift were interviewed and five staff from the 6:00pm-6:00am shift were interviewed. With regard to the demographics of the random staff interviewed; seven were male and eight were female. Seven were black and eight were white. All were non-Hispanic. With regard to rank of those security staff interviewed, twelve were Correctional Officers, two were Sergeants and one was a Captain. Staff selected for the specialized interviews were selected at random across varying factors, when possible. The facility does not house youthful inmates and as such there were zero staff interviewed who work with or supervise youthful inmates. The facility still did not allow volunteers due to COVID-19. Additionally, the agency prohibits cross gender strip and visual body cavity searches and there were zero exigent circumstances where these searches were conducted and as such no interviews were conducted. Interviews were conducted using the *Interview Guide for a Random Sample of Staff* and the *Interview Guide for Specialized Staff*.

Category of Staff	Number of Interviews
Random Staff	15
Specialized Staff	24
Total Staff Interviews	39
Specialized Staff Interviews	
• Agency Head	1
• PREA Coordinator	1
• Warden	1
• PREA Compliance Manager	1
• Agency Contract Administrator	0
• Intermediate or Higher-Level Facility Staff	2
• 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	2
• Staff who Perform Screening for Risk of Victimization	2
• Staff who Supervise Inmates in Segregated Housing	1
• Incident Review Team	1
• Designated Staff Member Charged with Monitoring Retaliation	1
• First Responders	2
• Intake Staff	2

The on-site portion of the audit was conducted on March 22-24, 2022. 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 interview as well as documents to review. The auditor conducted a tour of the facility on March 22, 2022. The tour included all areas associated with NEOCC to include; housing units, laundry, intake, visitation, religious services, education, vocation, maintenance, food service, health services, recreation, barbershop, commissary, mental health, property 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 appropriate standard findings.

The auditor observed PREA information posted and painted throughout the facility. Each housing unit had a posted PREA brochure, a PREA poster and a victim advocacy poster at the entrance to the unit on the bulletin board. Inside of each housing unit the auditor observed at least a PREA poster and painted reporting numbers. The brochure and posters included information on the zero tolerance policy and reporting. Posters and painted phone numbers were in adequate size font (for vision impairment) and were placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed in both English and Spanish. Third party reporting information was observed in the visitation area and in the front lobby via the End the Silence PREA poster. In addition to the PREA information being painted and posted, the information is also available to inmates through the inmate/detainee handbook and PREA brochure (provided to inmates at intake). All inmates have tablets and can utilize a kiosk. During the tour the auditor had an inmate demonstrate the tablet system. The auditor was shown that PREA information was not available on the tablet but the facility could send mass messages to the inmates on the tablets. Additionally, inmates could make phone calls to any of the reporting numbers through their tablet. Informal conversation with staff and inmates confirmed that the painted and posted information had been posted for a while. Inmates stated while they are aware of the numbers they don't call them so they are unfamiliar with the process. Inmate stated the audit announcement was posted at least a month ago. Staff stated that inmates can report to the numbers that are painted in the units.

During the tour the auditor confirmed that facility follows the staffing plan. There were at least two staff in each general population housing pod (two units per pod) as well as at least one counselor. The segregated housing units had additional staff. Program, work and education areas included both security and non-security staff. In areas where security staff were not directly assigned, routine security checks were required (usually every 30 to 60 minutes). In areas where security staff are assigned, staff are required to make security checks (rounds) at least once an hour. Informal conversation with staff confirmed that the staffing during the audit was typical and that supervisors (Sgt., Lt., and Captain) make

rounds numerous times a shift. Informal conversation with inmates also confirmed that there are always at least two staff in the housing areas and that staff make rounds all the time. The inmates stated that they see a supervisor a few times a day.

During the tour the auditor observed cameras in the housing units, laundry, intake, Captain's area, visitation, maintenance, food service, health services (reception area only), commissary, mental health (hallway only) and property. A review of the video monitoring system confirmed that the facility has numerous cameras in housing, work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas.

With regard to cross gender viewing, the auditor confirmed that each general population housing unit provides adequate privacy to inmates through doors, curtains and half walls. The auditor viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell (which would be incidental to official duties). Additionally, showers have curtains, half walls and the entrance to the showers also have long raised half walls. Health services (suicide observation/watch cells) offered privacy through a solid shower door and a cell door with a lattice type material window. Both segregated housing units provided privacy through doors and lattice type material. The auditor viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell (which would be incidental to official duties). The showers also had a metal door with a lattice type material window to obstruct viewing. Outside of the housing units, inmates are provided privacy through half walls, curtains and doors with a small window. Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing units. The intake area provided privacy through a half wall and a curtain. The visitation area provided privacy through a door with a window and a curtain. Strip searches in the segregated housing units are done in the shower and as such privacy is provided through a door with a lattice type material window. With regard to the opposite-gender announcement, the auditor heard the opposite gender announcement in approximately half of the housing units. The announcement was very prominent in the female housing unit. When the announcement was made it was verbal and was done upon entry into the unit. Informal conversation with staff and inmates confirm that the opposite gender announcement is made, however the inmates indicated it is inconsistent.

Inmate medical, mental health and classification records are both paper and electronic. During the tour the auditor spoke with health service staff and they confirmed medical and mental health care records are paper and are maintained in the medical records room. The medical records room is staffed during administrative hours and is locked after hours. Only medical and mental health care staff have access to medical records and any other staff must request the records through medical or mental health care staff. Classification files are paper and electronic. US Marshall inmate records are paper and are maintained in the inmate file, which is located in records. This area is staffed during the day and is locked after hours. Staff with a need to know are only permitted to access files. DRC inmate files are electronic and the system only allows access to staff with specific profiles. The auditor confirmed this was accurate by asking a security staff member to attempt to pull up the screen. The staff did not have access to view the information.

During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. There are numerous drop boxes, including in housing units and program areas. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment. All drop boxes were locked and staff confirmed that only specific individuals had keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if requested. For inmates in segregated housing, a staff member makes rounds daily with a locked box for correspondence. Inmates in segregated housing can be provided a "security" pen and grievance or other forms upon request. When information is sent to the outside reporting entity or local rape crisis center, inmates are required to

purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail.

The auditor observed the intake process through a demonstration. Inmate are provided PREA information at intake via the appropriate inmate handbook and the PREA brochure. The handbooks and brochure are available in both English and Spanish. The intake staff member stated that the information would be provided to accommodate any disabilities and that they can utilize the translation line/video translation if the inmate does not speak English. The auditor observed that PREA posters were visible in the waiting area of intake.

The auditor was provided a demonstration of the initial risk assessment. The screening is conducted one on one in a private office, either in medical or intake. The initial risk screening is conducted using the paper risk screening form. The DRC staff then enter the information into the electronic system based on the risk designation. The auditor reviewed the information on the risk screening. The staff went over the questions that are asked and advised they ask the questions as they are on the form. The staff stated they do not change the wording unless the inmate asks for further clarification. The staff indicated that they review the inmates file as well as the questions in order to determine if responses are accurate (prior criminal history, age, violent offense, etc.) but that the review is typically done during the reassessment when all information is available for review.

The auditor tested two numbers on the US Marshall side (1234#) and one number on the DRC side (Operations Support Center). The auditor tested the internal reporting numbers on both sides. The auditor left a voicemail on both lines. The auditor was provided confirmation within 30 minutes that the call was received on the US Marshall side. The PCM showed the auditor the text message that was sent to his phone informing him that the call was placed and received. Staff also provided the auditor confirmation the same day that the DRC side call was also received. Inmates have access to the phones anytime they are outside of their cell. Inmates in segregated housing make phone calls through a rolling cart. Inmates are provided access to phone calls each week. Inmates in segregated housing are able to submit a written report by placing a grievance or request in the drop box. Staff come around daily with a locked box to collect any mail/correspondence. The auditor also asked staff to advise how they submit a written report. Staff indicated they would fill out an incident report and submit it to their supervisor and/or the Warden. Informal conversation with inmates indicated they can report to the numbers on the wall or tell staff. Most inmates stated they have never called the numbers on the wall. Staff stated inmates can report through the posted numbers and in writing. The auditor called the outside reporting mechanism on the US Marshall side. The auditor never received confirmation that the call was received. The auditor tested the outside reporting line on the DRC side (*89) through phone and tablet. The auditor had an inmate assist with reporting a test PREA through the inmate tablet system. The inmate provided the auditor his tablet and assisted with calling the hotline number through the tablet. The auditor was provided confirmation the same day that the tablet call was received. The auditor did not test the outside reporting mechanism via correspondence through the U.S. mail. The auditor did however obtain information related to the mail process and how information is submitted. There are numerous drop boxes, including in housing units and program areas. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment. All drop boxes were locked and staff confirmed that only specific individuals had keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if requested. For inmates in segregated housing, a staff member makes rounds daily with a locked box for correspondence. Inmates in segregated housing can be provided a "security" pen and grievance or other forms upon request. When information is sent to the outside reporting entity or local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail.

The auditor tested the third party reporting mechanism to confirm functionality. The auditor viewed the agency PREA website and viewed that third parties can report to CoreCivic through the online Ethics form or through the Ethics phone number. The auditor submitted the online form through the CoreCivic Ethics website on May 5, 2022 and also called the CoreCivic Ethics line number to report on the same

date. Both CoreCivic reports were received and the auditor was provided information from the Director of Ethics and Compliance via email that if the test was an allegation of sexual abuse it would be escalated to the Warden at NEOCC and the PC.

The facility provides access to victim advocates through Compass Family and Community Services. The US Marshall side has the Compass Family and Community Services number posted, however when the auditor attempted to contact the number (more than one instance), it was inoperable. In addition to the number, the US Marshall side has a speed dial number (4673#) that indicates it connects to the national hotline, however the attempt to utilize this number also indicated it was inoperable. Inmates on the DRC side are not provided a way to contact the local rape crisis center from the inmate phones. Inmates are required to contact a staff member to set up a call. The auditor was unable to confirm how this information was provided to inmates as it was not included in the handbook, brochure or postings. Inmates in segregated housing are afforded calls each week and have access through a rolling phone that they utilize in their cell. Inmates can also write to Compass Family and Community Services for services by sending correspondence. Inmates have to buy their own writing utensils, envelopes and postage for these letters (indigent inmates are provided these by the facility). Letters to Compass Family and Community Services are treated like all other outgoing mail and are not screened or opened.

The auditor had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are provided comprehensive PREA education via video (PREA: What You Need to Know). The video covers the required components under Standard 115.33. At the end of the video, staff go over appropriate information, including the reporting mechanism at NEOCC, with the inmates and ask if they have any questions. Staff stated this is done within seven days of intake. The video was available in English and Spanish. Informal conversation with staff indicated that education would be tailored to the individual if the inmate had a disability. The staff also stated that they have the ability to utilize the translation line if the inmate does not speak English. It should be noted that the US Marshall side was not conducting comprehensive inmate PREA education, but they were starting the process utilizing the same method as the DRC side (above).

Random staff interviews, specialized staff and inmate interviews were conducted on March 23, 2022 and March 24, 2022. All staff and inmate interviews were conducted in a private office setting. The auditor received correspondence from one inmate after the on-site portion of the audit. The inmate was interviewed randomly during the on-site portion of the audit and was able to voice her concerns. The auditor also provided the facility with information related to the inmate's concern with the risk screening to ensure that it was handled appropriately. The auditor received a response from the facility indicating that they addressed the issues with the inmate. During inmate interviews the auditor tested the accessibility of the language interpretation service (LanguageLine) for two LEP inmate interviews and two disabled inmate interviews. The facility provided the auditor a computer and a website link. The website gave options for video interpretation in American Sign Language, Spanish and numerous other languages. The auditor was able to choose the appropriate language (two ASL and two Spanish) of interpretation and was connected to a live person. The auditor asked questions and the LanguageLine staff member translated through audio (Spanish) and video (ASL). Interpretation services are only accessible to inmates through a staff member.

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 361 staff assigned. The auditor reviewed a random sample of 29 personnel and/or training records that included seven individuals hired within the past twelve months, three staff with five year backgrounds and three staff recently promoted. The sample included a variety of job functions and post assignments, including supervisors and line staff. Additionally, personnel and/or training files for twelve contractors and eight medical and mental health care staff were reviewed.

Inmate Files. A total of 50 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. 39

inmate files were of those that arrived within the previous twelve months, seven were disabled inmates, four were LEP inmates, five were transgender or intersex inmates and eleven were inmates who reported prior victimization during the risk screening or had a history of prior abusiveness.

Medical and Mental Health Records. During the past year, there were 33 inmates that reported sexual abuse or sexual harassment at the facility. The auditor reviewed medical and mental health records of fourteen inmate victims, as well as mental health documents for eleven inmates who disclosed victimization during the risk screening.

Grievances. The facility does not utilize the grievance process for sexual abuse allegations.

Hotline Calls. The facility has numerous hotline numbers. The facility did not provide the number of calls to the hotline, however a review of investigative reports indicated that none were reported through the hotline.

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 additional incident reports. All allegations to include verbal, written, anonymous and third party were documented by staff in a written report.

Investigation Files. During the previous twelve months, there were 33 allegations reported at the facility. All 34 resulted in an administrative investigation and five were referred for criminal investigation. Three of the criminal investigations were still open during the on-site portion of the audit and two were referred for prosecution, however the District Attorney declined to prosecute. The two closed criminal cases (not included in the table below) were closed by the Ohio State Police as “declined to prosecute”. Four of the 34 administrative investigation were still open during the on-site portion of the audit. The auditor reviewed a sample of fourteen investigations, including six inmate-on-inmate sexual abuse allegations; six staff-on-inmate sexual abuse allegations and two inmate-on-inmate sexual harassment allegations, to confirm appropriate elements were included as required under the PREA standards.

	Sexual Abuse		Sexual Harassment	
	Inmate on Inmate	Staff on Inmate	Inmate on Inmate	Staff on Inmate
Substantiated	0	0	0	0
Unsubstantiated	8	7	5	1
Unfounded	3	4	1	0
Ongoing	3	1	0	0
Total Allegations	14	12	6	1

Post-Audit

On March 28, 2022 the auditor provided the PC and PCM with an email recapping issues that were found during the on-site portion of the audit. On April 19, 2022 the facility provided the auditor with a corrective action plan and documentation corresponding to the corrective action plan.

Summary of Audit Findings

Standards Exceeded

Number of Standards Exceeded: 0
List of Standards Exceeded: NA

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. CoreCivic Policy 9-5 Searches of Inmates
4. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
5. CoreCivic Policy 13-79 Sexual Assault Response

6. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management
7. CoreCivic Policy 5-1 Incident Reporting
8. CoreCivic Policy 22-1 Volunteer Services and Management
9. CoreCivic Policy 15-1 Offense and Penalty Code
10. CoreCivic Policy 15-2 Discipline Procedure
11. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
12. Ohio Department of Rehabilitation & Corrections 79-ISA-02 – Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation
13. Northeast Ohio Correctional Center – NEOCC Prison Rape Elimination Zero Tolerance Local Policy 79-ISA-01-Local
14. Ohio Administrative Code, Rule 5120-9-24 – Incident Reporting and Investigation
15. Ohio Department of Rehabilitation & Corrections 56-DSC-01 – Conduct Report and Hearing Officer Procedures
16. Ohio Administrative Code Rule 5120-9-06 – Inmate Rules of Conduct
17. Ohio Department of Rehabilitation & Corrections 50-PAM-02 – Inmate Communication/Weekly Rounds
18. Ohio Department of Rehabilitation & Corrections 310-SEC-01 – Incarcerated Individual and Physical Plant Searches
19. Ohio Department of Rehabilitation & Corrections 79-ISA-05 – Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
20. Ohio Department of Rehabilitation & Corrections 79-ISA-04 – PREA Risk Assessment and Accommodation Strategies
21. Ohio Department of Rehabilitation & Corrections 31-SEM-02 – Standards of Employee Conduct
22. Ohio Department of Rehabilitation & Corrections 71-SOC-01 – Recruitment, Training and Supervision of Volunteers
23. Ohio Department of Rehabilitation & Corrections 64-DCM-02 – Inmates with Disabilities
24. Video Relay Services
25. Ohio Department of Rehabilitation & Corrections 34-PRO-07 – Background Investigations
26. Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11
27. Ohio Department of Rehabilitation & Corrections 52-RCP-10 – Inmate Orientation
28. PREA Zero Tolerance Policy Acknowledgement
29. PREA Coordinator Position Description
30. CoreCivic Organizational Chart
31. Facility Organizational Chart

Interviews:

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

Findings (By Provision):

115.11 (a): The PAQ indicated that the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PAQ further stated that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It further stated that the policy includes definitions of prohibited behaviors and sanctions for those found to have participated prohibited behaviors. The PAQ stated that the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. NEOCC houses two populations of inmates, United States Marshall Service federal inmates and the Ohio Department of Rehabilitation and Corrections state inmates. Because of the different populations, the facility is required to operate under two different sets of policies. The federal inmates follow CoreCivic policies while the agency is required under contract to follow all of the client's policies and procedures for the Ohio Department of Rehabilitation & Corrections inmates. As such, in addition to CoreCivic's comprehensive PREA Policy: 14-2 Sexual Abuse Prevention and Response, the facility also follows the Ohio Department

of Rehabilitation & Corrections (DRC) 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. Pages 1-3 outline prohibited behavior and page 4 (79-ISA-01) and page 15 (79-ISA-01) outlines sanctions related to the prohibited behavior. 14-2 Sexual Abuse Prevention and Response states on page 4 that CoreCivic has mandated zero tolerance towards all forms of sexual abuse and sexual harassment. 14-2 Sexual Abuse Prevention and Response, pages 1-4 include definitions of prohibited behavior and pages 30-31 outline the sanctions for participating in prohibited behaviors. The three policies address "preventing" sexual abuse and sexual harassment through, the designation of a PC and PCM, 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 three policies are consistent with the PREA standards and outline the agency/facility's approach to sexual safety. Additionally, the agency has numerous policies (including client 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, 56-DSC-01 AR-5120-9-08, 9-5, 14-9, 13-79, 10-1, 5-1, 22-1, 15-1 and 15-2. Further, all CoreCivic staff are required to sign a PREA zero tolerance policy acknowledgment which states the zero tolerance policy, directs staff on their requirements in reporting and methods of reporting, states that all allegations will be aggressively investigated and lists the definitions of sexual abuse and sexual harassment.

115.11 (b): The PAQ indicated that the agency employs or designates an upper-level agency wide PREA Coordinator who has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ stated that the position of PC in the agencies organization structure is the Senior Director. 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 PAQ stated that the facility has designated a PREA Compliance Manager who has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ indicated that the PCM is the Assistant Warden, who report to the Warden at the facility. The facility's organizational chart confirms that the Assistant Warden is responsible for PREA compliance and that he reports to the Warden. The interview with the PREA Compliance Manager indicated he now has sufficient time to coordinate the facility's PREA compliance. He stated it was a challenge when it was just him and the Warden but now that there are additional administrative staff he had appropriate time. He stated that he coordinates compliance through meetings, training, special housing reviews and discussion of cases.

He stated that he reviews housing of victims and predators, he makes rounds and ask questions and he provides appropriate information though the handbooks. The PCM stated if he identifies an issue complying with a PREA standard he would develop a corrective action plan, provide training, monitor and follow-up to ensure actions are being taken.

Based on a review of the PAQ, CoreCivic 14-2, 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 AR-5120-9-08, 9-5, 14-9, 13-79, 10-1, 5-1, 22-1, 15-1 and 15-2. 79-ISA-01-Local, PREA Tolerance Policy Acknowledgement, 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 meet 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
2. Memorandum from the Warden

Findings (By Provision):

115.12 (a): The PAQ indicated that the agency has entered into or renewed a contract for the confinement of inmates since the last PREA audit. It stated there was one contracted entered into since the last PREA audit. Further communication with the PC indicated that the facility was incorrect and they were functioning off of that the agency contracts with other agencies to house their inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other

entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ as well as the memo from the Warden indicated that this standard is not applicable as the agency does not contract for the confinement of its 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 of the above contracts require the agency to monitor the contractor's compliance with the PREA standards. Further communication with the PC indicated that the facility was incorrect and they were functioning off of that the agency contracts with other agencies to house their inmates. The agency is a private for profit corrections and detention management company. The agency contracts with other entities to house that agency's inmates and does not contract with other entities for the confinement of inmates in their care. The PAQ as well as the memo from the Warden indicated that this standard is not applicable as the agency does not contract for the confinement of its 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, clarification from the PC about the PAQ and the memo from the Warden, 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
4. Ohio Department of Rehabilitation & Corrections 50-PAM-02 – Inmate Communication/Weekly Rounds
5. PREA Staffing Plan
6. Daily Shift Roster
7. Deviations from Staffing Plan (5-1B)
8. Annual PREA Staffing Plan Assessment (14-21)
9. Documentation of Unannounced Rounds

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): The PAQ stated that the agency requires each facility it operates to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing, and where applicable, video monitoring, to protect inmates against abuse. 14-2 Sexual Abuse Prevention and Response, page 8 addresses the agency's staffing plan development. Specifically, it states that the facility, in coordination with CoreCivic Facility Support Center (FSC), shall develop an annual staffing plan that provides for adequate levels of staffing to protect inmates/detainees against sexual abuse. The location of video monitoring systems will be considered when determining adequate levels of staffing. In calculating staffing levels and determining the need for video monitoring, the following factors shall be taken into consideration: generally accepted detention practices, any judicial findings of inadequacy, any finding of inadequacy from federal investigative agencies, any finding of inadequacy from internal or external oversight bodies, all components of the facility's physical plant, the composition of the inmate/detainee population, the number and placement of supervisory staff, the institutional programs occurring on a particular shift, any applicable State or local laws, the prevalence of substantiated and unsubstantiated incidents of abuse and any other relevant factors. 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 on 1712 inmates (which is the average daily population). A review of the staffing plan indicates

that levels are based on minimum custody male and female inmates. The plan indicates that there have been no judicial, federal, internal or external findings related to staffing and as such it was not applicable related to the staffing plan. The plan documents that staffing levels were reviewed related to the impact of COVID-19 on programs and activities. A review of the plan confirmed that all necessary components under this provision were included when determining adequate staffing levels. The facility employs 361 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, Senior Correctional Officers and numerous Correctional Officers. Staff are assigned to housing units, visitation, intake, laundry, kitchen, recreation, medical and central control. In addition to Correctional Officer, each housing unit also has non-security staff that assist with supervision and monitoring during the day. Administrative staff, medical and mental health staff, education/vocation staff and other non-security staff also assist with supervision during the day throughout the facility. During the tour the auditor observed that video monitoring was installed throughout the facility to alleviate blind spots and supplement monitoring. Additionally, the auditor observed that at least two staff were present in each general population housing pod (two housing units) 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. During the tour the auditor observed cameras in the housing units, laundry, intake, Captain's area, visitation, maintenance, food service, health services (reception area only), commissary, mental health (hallway only) and property. A review of the video monitoring system confirmed that the facility has numerous cameras in housing, work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. The interview with the Warden confirmed that the facility has a staffing plan and the plan provides adequate staffing levels to protect inmates from sexual abuse. He stated the plan is reviewed every year and that the staffing pattern is based on the structure of the facility and the way the housing units are set up. He stated the facility is a direct supervision prison. He stated the staffing plan is located in his office as well as with the client. He stated the Shift Supervisor also has a copy of their individual shift roster with what posts they have to fill daily. The Warden stated a lot of the provisions under this standard are tied into the security level of the facility. He stated that the facility tracks where incidents are occurring so they can tailor staffing. He stated a lot of information is taken into consideration when determining where to place cameras and where to add or move staff. He stated they use the available information when developing or reviewing the staffing plan and that they concentrate their resources in areas that need it. He indicated the facility has three populations so the staffing plan is appropriate to keep the populations apart. He indicated that two staff are assigned to housing units due to the physical plant. The Warden confirmed that the facility checks for compliance with the staffing plan through the daily shift roster and through the weekly Administrative Duty Officer live roster check. He explained that the live roster check includes the staff member taking the shift roster around during a tour and confirming that staff are in the areas/post they are assigned. The interview with the PCM indicated that there are many aspects taken into consideration when developing the staffing plan and relief factors. He stated that they are always working on eliminating blind spots and that they do not add staff unless there is an area of vulnerability identified. He stated most of the staffing issues were previously worked out. He stated they would like to add cameras to a few of the areas of the facility and the staffing plan accounts for the facility's three distinct populations (state, federal and female inmates) and logistics on moving them and ensuring they do not interact. He stated that staffing is based on a level three custody inmate and that there are supervisors on each shift. He further stated that there are more staff on shift with additional inmate movement. He provided an example of having a laundry officer on day shift but not on night shift because laundry is not open at night.

115.13 (b): The PAQ indicated that each time the staffing plan is not complied with, the facility documents and justifies deviations from the staffing plan. 14-2 Sexual Abuse Prevention and Response, page 9 states that the PCM shall document and describe the deviation on the 5-1B Notice to Administration (NTA), along with a thorough justification for the deviation and description of any corrective actions that were taken to resolve the deviation. 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 stated that the six most common reasons for deviating from the staffing plan were constant watch, call offs, hospital detail,

inclement weather, vacant posts and temporary leave. A review of a daily staffing roster in the PAQ supplemental files indicated that posts that were not filled were blank and had question marks, however there were not justifications documented related to the deviations. The auditor requested additional examples of deviations from the staffing plan, however at the time of the interim report the auditor had not received the documents. The interview with the Warden indicated that any deviations from the staffing plan would be documented. He stated that the deviation would be documented via reason codes on the daily roster.

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. 14-2 Sexual Abuse Prevention and Response, page 8 states that the facility PCM will complete the 14-21 Annual PREA Staffing Plan Assessment and forward it to the Warden/Facility Administrator for review. Upon completion of the Warden/Facility Administrator's review, the 14-21 Annual Staffing Plan Assessment will be forwarded to the FSC PREA Coordinator. Following consultation with the facility staff, the FSC PREA Coordinator shall assess, determine and document whether adjustments are needed to: the staffing plan established pursuant to this section, the facility's deployment of video monitoring systems and other monitoring technology; and the resources the facility has available to commit to ensure adherence to the staffing plan. 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. Policy further states that an annual PREA staffing plan assessment shall be completed by LAECI 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 6, 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 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): 14-2 Sexual Abuse Prevention and Response, page 8 indicates that intermediate level and/or upper level facility supervisors shall conduct unannounced facility rounds to identify and deter staff sexual abuse and sexual harassment. The occurrences of such rounds shall be documented as unannounced rounds or "PREA Rounds" in the applicable log. This practice shall be implemented for night shifts as well as day shifts and through all areas where inmates/detainees are permitted. Additionally, it states that employees shall be prohibited from alerting other employees that supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. 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 over 40 Employee Visit Records from April 2021-October 2021 confirmed that unannounced rounds are being conducted daily. The auditor noted that approximately only half had unannounced rounds documented on one shift. The auditor requested additional unannounced rounds for six more recent specific days to confirm whether unannounced rounds are being conducted in each housing unit on both shifts. At the time of the interim report the auditor had not received the requested documents. During the tour the auditor confirmed that facility follows the staffing plan. There were at least two staff in each general population housing pod (two units per pod) as well as at least one counselor. The segregated housing units had additional staff. Program, work and education areas included both security and non-security staff. In areas where security

staff were not directly assigned, routine security checks were required (usually every 30 to 60 minutes). In areas where security staff are assigned, staff are required to make security checks (rounds) at least once an hour. Informal conversation with staff confirmed that the staffing during the audit was typical and that supervisors (Sgt., Lt., and Captain) make rounds numerous times a shift. Informal conversation with inmates also confirmed that there are always at least two staff in the housing areas and that staff make rounds all the time. The inmates stated that they see a supervisor a few times a day. Interviews with intermediate-level or higher-level staff indicated that they make unannounced rounds and that the unannounced rounds are documented in the visitor log book (on the DRC side) and in the log book (on the US Marshall side). Staff also stated there is an administrative book that they also document unannounced rounds on. Both staff stated they ensure staff do not notify one another that they are making unannounced rounds by changing the routine every day. They both confirmed that they do not have a specific pattern and that they make rounds at different times and go to different places.

Based on a review of the PAQ, 79-ISA-01, 14-2 Sexual Abuse Prevention and Response, 50-PAM-02, the PREA Staffing Plan, Daily Shift Rosters, Exception Reports, Deviations from the Staffing Plan, 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 require corrective action. The documentation provided to the auditor during the interim report period was not adequate to determine compliance related to documentation of deviations from the staffing plan and unannounced rounds on all shifts. As such, additional documentation is needed in order to determine compliance.

Corrective Action

The facility will need to provide the auditor with additional documentation related to deviation from the staffing plan to confirm that deviations are documented and the documentation includes justifications. Once received the auditor can determine if additional corrective action is needed. Additionally, the facility will need to provide unannounced round documents for the preselected dates for all housing units across both shifts for the auditor to determine compliance. Once received the auditor can determine if additional corrective action is needed.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Deviations from the Staffing Plan
2. Unannounced Rounds

On May 9, 2022 the facility provided four examples of documentation related to deviations from the staffing plan. The documentation confirmed that the facility notes deviations from the staffing plan through a Notification to Administration. In the description of the incident section the facility documents deviations, positions that were closed and the reasons for the deviations/closures. The document also advises that appropriate leadership staff were contacted related to the deviations/closures. On May 20, 2022 and June 17, 2022 the facility provided documentation of unannounced rounds for five selected dates; November 1, 2021; December 31, 2021; January 17, 2022; February 23, 2022 and March 6, 2022. A review of the documentation indicated unannounced rounds were made in each of the housing units, on both shifts on each day, with the exception of housing units A2 and A4 on the selected November 1, 2021 date. The facility was unable to locate unannounced rounds for that week. Due to the number of other unannounced rounds documented, the auditor determined this was a paperwork issue, rather than a procedural issue. Thus based on the information and documentation provided, the auditor determined this standard was compliant during the on-site and the appropriate paperwork provided during the corrective action corrected the standard.

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 Warden
3. Population Reports

Findings (By Provision):

115.14 (a): The PAQ and the memo from the Warden indicated that the facility 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 Warden indicated that the facility 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 Warden indicated that the facility 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 Warden 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
4. Ohio Department of Rehabilitation & Corrections 310-SEC-01 – Incarcerated Individual and Physical Plant Searches
5. Ohio Department of Rehabilitation & Corrections 79-ISA-05 – Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Policy
6. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
7. CoreCivic Policy 9-5 Searches of Inmates
8. Search Procedures Facilitators Guide
9. Search Logs
10. Ohio Department of Rehabilitation and Correction's Prison Rape Elimination Act (PREA) Training
11. 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. 14-2 Sexual Abuse Prevention and Response, page 15 as well as 9-5 Searches of Inmates, page 3, indicates that cross gender inmate/detainee strip searches shall not be conducted except in exigent circumstances or when performed by medical practitioners. 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. 9-5 Searches of Inmates specifically states that the strip search shall be conducted by employees of the same sex as the inmate/resident being searched except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility. Any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration (NTA). Security staff shall be trained on how to conduct cross-gender strip searches. Additionally, page 2 states that visual inspections of body cavities may be conducted when reasonable suspicion exists that an inmate/resident may have secreted contraband in the rectum and/or vagina, upon approval of the Shift Supervisor. The Shift Supervisor will designate two correctional staff of the same gender as the inmate/resident to perform the visual inspection.

115.15 (b): The PAQ indicated that the facility does not permit cross-gender pat down searches of female inmates, absent exigent circumstances. It further stated that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. 14-2 Sexual Abuse Prevention and Response, page 15 states that pat searches of female inmates/detainees by male staff are prohibited except in exigent circumstances. The facility shall not restrict female inmate/detainee access to regularly available programming or out of cell opportunities in order to comply with this provision. 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). 9-5 Searches of Inmates, page 2 states that conducting frisk/pat searches of female inmates/residents by male staff is prohibited except in temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility as authorized by the Shift Supervisor or above. Any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process Form 5-1B Notice to Administration. Security staff shall be trained in how to conduct cross gender frisk/pat down searches. The PAQ indicated that there have been zero cross-gender pat searches of female inmates in the previous twelve months. Interviews with female inmates and transgender female inmates indicated that six of the seven had never been restricted from regularly available programming and other out of cell opportunities. One transgender female stated that she was not restricted but she was searched by a male staff member after being asked her search preference. It should be noted the auditor requested documentation related to the search, however the facility staff indicated there was no documentation. The staff stated that after the search preference was indicated they would only search based on gender preference and as such routine searches of the same gender/gender of preference would not be documented. Interviews with fifteen staff indicated that female inmates are never restricted from regularly available programming and other out of cell opportunities to comply with this provision. The staff stated there is always a female staff member available.

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 requires that all cross-gender pat-down searches of female inmates be documented. 14-2 Sexual Abuse Prevention and Response, page 15 states that whenever a cross gender pat search of a female inmate/detainees, cross gender body cavity search of any inmate/detainee, or a cross gender strip search of any inmate/detainee does occur, the search shall be documented. Documentation shall be in a log maintained by the facility and in a 5-1B. 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. Additionally, 9-5 Searches of Inmates, page 2 and 3 state that any occurrences of such frisk/pat searches shall be documented in the 5-1 Incident report administration process using Form 5-1B Notice to Administration and any occurrences of such cross gender strip searches shall be documented in the 5-1 Incident Report administration process using Form 5-1B Notice to Administration. During interviews, one transgender inmate indicated that she was searched by a male staff member after selection of search preference. It should be noted the auditor requested documentation related to the search, however the facility staff indicated there was no documentation. The staff stated that after the search preference was indicated they would only search based on gender preference and as such routine searches of the same gender/gender of preference would not be documented.

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. The PAQ further stated that policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. 14-2 Sexual Abuse Prevention and Response, page 16 states that inmates/detainees may shower, perform bodily function, and change clothes 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/living quarter checks. Additionally, it states that staff of the opposite gender are required to announce their presence when entering an inmate/detainee housing unit. Where a large housing unit is broken into several individual smaller units such as pods, cell-blocks, dorms, etc. the staff member must announce as he/she enters each of the smaller units. 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. Interviews with fifteen staff indicated that all fifteen believed that inmates have privacy from opposite gender staff when showering, using the restroom and changing their clothes. The staff stated there is a brick wall as well as a shower curtain for privacy. All 42 inmates interviewed stated they have privacy from opposite gender staff when showering, using the restroom or changing clothes. The inmates stated they have curtains and are able to cover their cell window. With regard to cross gender viewing, the auditor confirmed that each general population housing unit provides adequate privacy to inmates through doors, curtains and half walls. The auditor viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell (which would be incidental to official duties). Additionally, showers have curtains, half walls and the entrance to the showers also have a long raised half wall. Health services (suicide observation/watch cells) offered privacy through a solid shower door and a cell door with a lattice type material window. Both segregated housing units provided privacy through doors and lattice type material. The auditor

viewed that each cell door has a window and that the toilet is not visible through the window unless the staff is outside of the cell (which would be incidental to official duties). The showers also had a metal door with a lattice type material window to obstruct viewing. Outside of the housing units, inmates are provided privacy through half walls, curtains and doors with a small window. Informal conversation with staff and inmates indicated that inmates have privacy when showering, using the restroom and changing clothes. During the tour the auditor viewed the strip search areas in intake, visitation, and the segregated housing units. The intake area provided privacy through a half wall and a curtain. The visitation area provided privacy through a door with a window and a curtain. Strip searches in the segregated housing units are done in the shower and as such privacy is provided through a door with a lattice type material window. With regard to the opposite-gender announcement, the auditor heard the opposite gender announcement in approximately half of the housing units. The announcement was very prominent in the female housing unit. When the announcement was made it was verbal and was done upon entry into the unit. It should be noted the facility provides hearing aids to inmates with hearing impairments, but there was no other accommodation. Informal conversation with staff and inmates confirm that the opposite gender announcement is made, however the inmates indicated it is inconsistent. A review of the video monitoring system confirmed that the facility has numerous cameras in housing, work, program and common areas. The auditor verified that the cameras assisted with supervision through coverage of blind spots and high traffic areas. A review of the cameras confirmed that there were no concerns with cross gender viewing or privacy in bathroom, shower and strip search areas. Interviews with fifteen staff indicated that opposite gender staff announce prior to entering housing unit. The staff stated that there is also information on the housing unit entrance doors to remind them to make the announcement. Nineteen of the 42 inmates interviewed indicated opposite gender staff announce when entering housing units.

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. 14-2 Sexual Abuse Prevention and Response, pages 16-17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities state that the facility shall not search or physically examine a transgender or intersex inmate/detainee for the sole purpose of determining the inmate/detainee's genital status. If the inmate/detainee's genital status is unknown, it may be determined during conversation with the inmate/detainee, 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. 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 fifteen staff indicated that nine 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): 14-2 Sexual Abuse Prevention and Response, page 17 and 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 4, state that all searches shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs and policy, including officer safety. 310-SEC-01, page 3 states employees must always display the highest degree of professionalism when conducting searches. 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. 9-5 Searches of Inmates, page 1, states that security staff shall be trained in how to conduct searches of

transgender and intersex inmates while page 2 states that security staff shall be trained in how to conduct cross gender frisk/pat down searches. A review of the Search Procedures Facilitator Guide indicates that staff are trained to conduct frisk searches on both male and female inmates through the instruction on hair, clothing, and body. Staff are instructed to utilize the blade of the hand for breast and crotch no matter the gender of the inmate. During the search training staff watch a video that demonstrates proper search techniques. Staff also practice with a same sex partner after instruction. The PAQ indicated that 100% of staff had received training on conducting cross gender pat-down searches and searches of transgender and intersex inmates. The auditor requested search training records for sixteen staff. The facility provided records for two of the staff confirming they received the training.

Based on a review of the PAQ, 79-ISA-01, 79-ISA-05, 310-SEC-01, 14-1 Sexual Abuse Prevention and Response, 9-5 Searches of Inmates, 19-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, Search Procedures Facilitator Guide, search logs, the PREA training, staff training records, observations made during the tour as well as information from interviews with random staff, random inmates and transgender and intersex inmates indicate this standard appears to require corrective action. During the tour the auditor did not consistently hear the opposite gender announcement upon entry into housing units. Additionally, while the facility provides hearing aids to inmates there was no other accommodation for the opposite gender announcement for inmates who are deaf. The auditor also requested search training records for sixteen staff. The facility provided records for two of the staff confirming they received the training.

Corrective Action

The facility will need to develop a process for the opposite gender announcement for deaf inmates. Once the process is established the facility will need to provide a process memo and documentation confirming education to inmates and staff on the process. The facility will need to conduct training with all staff on the requirements of the opposite-gender announcement. All staff should sign that they understand the requirements and that they will ensure the opposite-gender announcement is made anytime the status quo changes. Copies of the training curriculum and training records should be provided to the auditor for confirmation of the corrective action. Additionally, the facility will need to provide the auditor with training documents for the fourteen staff related to cross gender and transgender searches.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Cross-Gender Announcement Training Curriculum
2. Cross-Gender Announcement Training Records
3. Search Training Records
4. Hearing Impaired Inmate Accommodations

On May 9, 2022 the facility provided training documents confirming that staff were re-trained on the cross-gender announcement requirement. The auditor received training sign-in sheets from all shifts as well as the curriculum utilized. The staff completed the training from March 30, 2022 through April 26, 2022. On May 20, 2022 the facility provided a memorandum that indicated that all hearing impaired inmates will be assigned an aid who will be responsible for assisting the hearing impaired inmate with communicating with staff and notifying the detainee when announcements are made inside and outside the housing unit. Additionally, on May 20, 2022 the facility provided documentation confirming that all staff were provided training on the cross gender searches and transgender and intersex searches. This is completed during the annual PREA in-service training.

Based on the documentation provided, the facility has corrected this standard.

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
6. Ohio Department of Rehabilitation and Correction's Prison Rape Elimination Act (PREA) Training
7. Language Line Service, Inc. Agreement
8. Staff Translator List
9. DRC Inmate Handbook – Spanish
10. USMS Detainee Handbook – Spanish
11. 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. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take appropriate steps to ensure that inmate/detainees with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility and agency efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically it indicates that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. The policy further elaborates and states that each inmate is screened at intake and any disabilities are noted. The Americans with Disabilities Act (ADA) Coordinator and Admission and Orientation (A&O) Case Manager ensures the inmates understands his rights under PREA. 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. 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. The memorandum from the Warden also states that the facility affords access to the telecommunications device for the deal (TDD), or comparable equipment for inmates with a hearing and/or speech disability. The auditor viewed the TDD machine while on-site, but did not utilize the machine, as the video ASL translation was utilized. 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 sixteen 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 seven disabled inmates and two LEP inmates indicated that seven had received information in a format that they could understand. The two that stated they did not receive information in a format they could understand indicated that they had never received PREA information. A review of documentation confirmed that the two disabled inmates were not documented with receiving comprehensive PREA education, however all inmates receive a handbook upon entry to the facility. The handbooks are available in accessible format and can be read to inmates. A review of documentation indicated that there

was no documentation indicating if accommodations were made for the two disabled inmates. The auditor utilized the LanguageLine Solutions video translation service for interviews with two inmates with a hearing impairment. The auditor was provided a computer and a website where there was a video option for American Sign Language. The auditor connected to the ASL interpreter and through computer video was able to have translation with the two inmates. During the tour the auditor observed PREA information posted and painted throughout the facility. Each housing unit had a posted PREA brochure, a PREA poster and a victim advocacy poster at the entrance to the unit on the bulletin board. Inside of each housing unit the auditor observed at least a PREA poster and painted reporting numbers. The brochure and posters included information on the zero tolerance policy and reporting. Posters and painted phone numbers were in adequate font (for vision impairment) and were placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. Informal conversation with staff and inmates confirmed that the painted and posted information had been posted for a while. Inmates stated while they are aware of the numbers they don't call them so they are unfamiliar with the process. Inmate stated the audit announcement was posted at least over a month ago. Staff stated that inmates can report to the numbers that are painted in the units.

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. 14-2 Sexual Abuse Prevention and Response, page 13, states that the facility shall take reasonable steps to ensure meaningful access to all aspects of the facility and agency efforts to prevent, detect and respond to sexual abuse and sexual harassment to residents who are Limited English Proficient (LEP). Interpreters shall be provided who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. The policy further states that the A&O Case Manager has each inmate read a documented printed in English. If the inmate has trouble reading it, he is provided an interpreter. 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. 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 both handbooks 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 seven disabled inmates and two LEP inmates indicated that seven had received information in a format that they could understand. The two that stated they did not receive information in a format they could understand indicated that they had

never received PREA information. A review of documentation confirmed that the two disabled inmates were not documented with receiving comprehensive PREA education, however all inmates receive a handbook upon entry to the facility. The handbooks are available in accessible format and can be read to inmates. A review of documentation indicated that there was no documentation indicating if accommodations were made for the two disabled inmates. The auditor utilized Language Line Solutions video interpretation in Spanish for the two LEP inmates interviewed. The auditor was provided a computer with a website. The auditor selected Spanish video translation. The interpreter provided verbal translation in Spanish through the computer.

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. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility will not rely on inmates/detainees to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate/detainee's safety, the performance of first responder duties or the investigation of the inmate/detainee's allegation. 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 fifteen 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 fifteen staff indicated that they were not aware of a time that an inmate was utilized for these purposes. Interviews with the seven disabled inmates and two 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, CoreCivic Policy 14-2 Sexual Abuse Prevention and Response, the PREA training, the Video Relay System, the agreement with Language Line Service, Inc., both handbook in Spanish, observations made during the tour 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 seven staff who were hired in the previous twelve months indicated that all had completed the Self-Declaration of Sexual Abuse/Sexual Harassment form and all had a criminal background records check completed. Additionally, a review of twelve contractor files confirmed that eleven had a criminal background records check completed prior to enlisting their services and being granted entry into the facility. One contractor had a background records check completed, however it was two days after the date of hire. Conversation with the Human Resource staff member indicated that the date of hire may not have been the date the staff member had contact with inmates.

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?". The interview with the Human Resource staff member confirmed that the agency considers any incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates.

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 286 people were hired in the previous twelve months which indicates that over 100% of those that were hired in the previous twelve months had a criminal background records check completed. Further communication with the PCM indicated that this number included anyone who had a criminal background records check. He stated there were some staff who had a criminal background records check completed who did not accept the employment offer and there were others who had a criminal background records check that did not pass the background and as such were not offered employment. A review of seven personnel files of staff hired in the previous twelve months indicated that 100% had a criminal background records check completed and three had prior institutional employers contacted. It should be noted that one of the three prior institutional checks was said to have been completed but there was not documentation confirming it was done. The interview with the Human Resource staff member confirmed that a criminal background records check is conducted on all new employees who have contact with inmates.

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 two contracts for services where criminal background record checks were conducted on all staff covered under the contract. A review of twelve contractor files confirmed that eleven had a criminal background records check completed prior to enlisting their services and being granted entry into the facility. One contractor had a background records check completed, however it was two days after the date of hire. Conversation with the Human Resource staff member indicated that the date of hire may not have been the date the staff member had contact with inmates. The Human Resource staff member confirmed that contractors have a criminal background records check completed prior to enlisting their services.

115.17 (e): The PAQ indicated that agency policy requires either criminal background records 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 ago and three contractor hired over five years ago indicated that seven had a criminal background records check completed at least every

five years. One contractor had an outstanding five year background records check that was not yet completed. The Human Resource staff member indicated that it was in the process of being completed and was overlooked due to COVID-19 procedures. Human Resource staff indicated that the agency uses a company called First Advantage to conduct criminal background records check. She stated she reviews the results from First Advantage and she also reviews the Federal Bureau of Investigation criminal history check. She confirmed that First Advantage checks national and state criminal histories as part of the criminal background records check. The Human Resource staff member confirmed that she completes background records check at least every five years and that she tracks the background records check through a spreadsheet and that on the US Marshall side she gets a report monthly on those that need a re-investigation.

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, which has the questions related to sexual abuse and sexual harassment. She further confirmed that staff have a continuing duty to disclose any previous such misconduct.

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.

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. The interview with the Human Resource staff member confirmed that the agency would provide any information on substantiated allegations of sexual abuse or sexual harassment on a current or former employee if requested.

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. 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 Modification to the Physical Plant

Findings (By Provision):

115.18 (a): The PAQ indicated that the agency/facility has acquired a new facility and/or made substantial expansion or modifications to existing facilities the last PREA audit. Further communication with the PCM indicated this was incorrect and there has not been any substantial expansions or modifications since 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 Plant Considerations. During the tour, the auditor did not observe any renovations, modifications or expansions. The Warden stated that there has not been a substantial expansion or modification to the facility since the last PREA

audit. 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. Documentation was provided to the auditor that outlined that the front lobby had modifications, however it was not substantial and did not directly affect the daily operations with inmates, as only one inmate who cleans, has access to the front lobby.

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. Further communication and the memo from the Warden indicate that this was incorrect and that the facility had not updated video monitoring technology since December 2018. 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. 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 when they put in new cameras or adjust cameras it helps to deter activities. He stated that inmates knowing the cameras are there is a good prevention technique.

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. Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse B-11
4. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. CoreCivic Policy 13-79 Sexual Assault Response
6. Appendix A – Investigator Protocol
7. Memorandum of Understanding with Ohio State University
8. Memorandum of Understanding with Mercy Health St. Elizabeth Youngstown Hospital
9. Memorandum of Understanding with Compass Family and Community Services
10. PREA Victim Support Person Training
11. PREA Victim Support Person Certificates
12. 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 investigations only and the Ohio State Highway Patrol (OSHP) and/or the Youngstown Police Department (YPD) is responsible for conducting administrative and 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. 14-2 Sexual Abuse Prevention and Response, page 28 states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. 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. Interviews with staff indicate that all fifteen knew and understood the agency's protocol on obtaining usable physical evidence. Additionally, twelve of the fifteen staff stated they knew who was responsible for conducting sexual abuse investigations. Staff stated investigations are completed by the Captain, Assistant Warden or PCM.

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. 14-2 Sexual Abuse Prevention and Response, page 28 states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate shall be 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. 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. B-11, page 2 states if evidentiary or medically appropriate, the patient will be transported to the Emergency Department (ED) for examination, treatment and counseling. Lab specimens will be collected for forensic purposes at the time. The institution will attempt to utilize providers that have SANE/SAFE qualified staff where possible, though if not available, the exam will be provided by other qualified medical practitioners. 14-02 Sexual Abuse Prevention and Response, page 23 states that the facility shall offer all victims of sexual abuse access to forensic medical exams, where evidentiary or medically appropriate. The PCM, facility investigator or ADO shall consult with law enforcement prior to transporting an inmate/detainee for an examination to be performed by SAFE or SANE. If it is determined that an examination is necessary for the collection of evidence, then the facility shall transport the alleged victim. If a SAFE/SANE provider is not available, the examination may be performed by other qualified medical practitioners. The policy stated that SAFE/SANE are provided or coordinated by Mercy Health – St. Elizabeth Youngstown Hospital. The MOU with Mercy Health St. Elizabeth Youngstown Hospital confirms that NEOCC is permitted access of the use of emergency, inpatient and outpatient services as needed. The MOU was signed February 9, 2016. The documentation

further confirmed that Mercy Health offers several registered nurses trained as SANE who are available 24 hours a day, seven days a week to care for victims of sexual assault at St. Elizabeth and St. Joseph Warren Hospital. The MOU with the Ohio State University (OSU), page 3 states that OSU shall meet the inmate's medical requirements in a manner consistent with the standard for services within the community. Page 4 further states that OSU will provide emergency services relating to all service areas for PCI and FMC. OSU will also provide emergency services for other DRC institutions, although these institutions will utilize local community hospitals for emergency services when appropriate. The PAQ indicated that there were five forensic medical examinations conducted during the previous twelve months and all five were conducted by SANE/SAFE. A review of documentation indicated that five inmates were transported to the hospital for a forensic medical examination, however only three had a complete exam. In one of the two instances the OSHP advised the incident was out of the timeframe for evidence collection and the second instance the OSHP stated that an exam would not be completed. The auditor contacted St. Elizabeth Youngstown Hospital and confirmed that the hospital does provide forensic medical examinations. The staff stated that they do not have SAFE/SANE, however examinations would be completed by a physician or a mid-level practitioner. The staff member further stated that the hospital would contact a rape counselor who would respond to the hospital for support during the forensic examination.

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. 14-02 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Check List via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Mercy Health – St. Elizabeth Youngstown Hospital. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility utilizes Compass Family Community Services for victim advocacy services. The MOU (signed February 2, 2021) confirmed that the organization provides accompaniment and support through the forensic examination process, accompaniment and support through investigatory interviews, emotional support, crisis intervention services, referrals for resource, follow-up services, a hotline for emotional support, and a mailing address for emotional support. In addition to Compass Family Community Services, 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 eight staff who completed the training and are used as a PREA Victim Support Person. The PCM stated that inmates would be provided a victim advocate to accompany them during the forensic medical examination if he/she requested one. He stated the facility has the ability to contact the local rape crisis center (Compass Family Community Services) to provide services. He confirmed that they have an MOU with the organization to provide victim advocacy services to inmates. Interviews with two inmates who reported sexual abuse indicated that neither were allowed to contact someone after they reported sexual abuse. The auditor requested documentation related to victim advocacy accompaniment related to the

inmates who reported sexual abuse. At the time of the interim report the auditor had not received the documents. The staff member at St. Elizabeth Youngstown Hospital stated that the hospital would contact a rape counselor who would respond to the hospital for support during the forensic examination.

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. 14-02 Sexual Abuse Prevention and Response, page 23, states that as requested by the victim, either a victim advocate from a rape crisis center, or a qualified community based organization staff member, shall accompany and support the victim through the forensic medical examination process and investigatory interviews. Available victim advocacy services offered by a hospital conducting the exam may be used for this purpose. Efforts to identify and utilize a victim advocate shall be documented on the 14-2C Sexual Abuse Incident Checklist via the IRD. The policy states that victim advocates for a SAFE/SANE exam are provided by Mercy Health – St. Elizabeth Youngstown Hospital. Additionally, page 28 states that the investigating entity shall attempt to make available to the victim a victim advocate from a rape crisis center and that as requested by the victim, a victim advocate, shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information and referrals. The facility utilizes Compass Family Community Services for victim advocacy services. The MOU (signed February 2, 2021) confirmed that the organization provides accompaniment and support through the forensic examination process, accompaniment and support through investigatory interviews, emotional support, crisis intervention services, referrals for resource, follow-up services, a hotline for emotional support, and a mailing address for emotional support. The MOU (signed February 2, 2021) confirmed that the organization provides accompaniment and support through the forensic examination process, accompaniment and support through investigatory interviews, emotional support, crisis intervention services, referrals for resource, follow-up services, a hotline for emotional support, and a mailing address for emotional support. In addition to Compass Family Community Services, 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 eight staff who completed the training and are used as PREA Victim Support Person. The PCM stated the facility has the ability to contact the local rape crisis center (Compass Family Community Services) to provide services. He confirmed that they have an MOU with the organization to provide victim advocacy services to inmates. Compass Family Community Services is the local rape crisis center for the area. Interviews with two inmates who reported sexual abuse indicated that neither were allowed to contact someone after they reported sexual abuse. One inmate advised his allegation involved penetration. The auditor requested documentation related to victim advocacy accompaniment related to the inmates who were transported to the hospital. At the time of the interim report the auditor had not received the documents. The staff member at St. Elizabeth Youngstown Hospital stated that the hospital would contact a rape counselor who would respond to the hospital for support during the forensic examination.

115.21 (f): The PAQ indicated if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of this standard. 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. 14-2 Sexual Abuse Prevention and Response, page 28

states that CoreCivic facilities do not conduct criminal investigations into allegations of sexual abuse, however the facility shall request through the MOU that the investigating entity follow the requirements. The policy states the investigating entity shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. administrative and/or criminal investigations shall be completed for all allegations of sexual abuse and sexual harassment. The MOU with the Ohio State Highway Patrol, executed on October 8, 2021 (prior MOU was signed 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): In addition to Compass Family Community Services, 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 eight staff who completed the training and are used as PREA Victim Support Person.

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, Appendix A, B-11, the MOU with OSU, the MOU with Mercy Health St. Elizabeth Youngstown Hospital, the MOU with Compass Family Community Services, 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 require corrective action. The PCM advised that inmates would be provided a victim advocate upon request. All inmates of sexual abuse should be provided victim advocacy services (or at least offered) through Compass Family Community Services, rather than being required to request the services. Additionally, the auditor requested documentation related to this offering and as of the interim report the documents were not received.

Corrective Action

The facility will need to provide the requested documentation related to offering of victim advocacy for inmate victims of sexual abuse and for inmates who were transported to the hospital for a forensic medical examination. Once documentation is received the auditor will determine if further corrective action is needed. All inmate victims of sexual abuse should be offered victim advocacy services through Compass Family Community Services and the offering should be documented. The inmate should not have to request an advocate as indicated by the PCM.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Forensic Medical Examination Documents
2. Memorandum Related to Tracking Emotional Support Services
3. Victim Support Person Activity Report Form
4. Staff Training on Emotional Support Services
5. Memorandum Related to Selection of Victim Support Personnel

On May 9, 2022 the facility provided documentation for five inmates that were transported to the hospital for a forensic medical examination. Only three of the inmates actually had an examination performed. All five were documented with the ability to request a victim advocate during the forensic medical

examination and investigatory process. Documentation illustrated that none of the five inmates accepted victim advocacy services.

On May 20, 2022 the facility provided the auditor with a memorandum related to tracking the offer of outside emotional support services to victims of sexual abuse. The memo stated that the facility (both DRC and USMS) will utilize the current Victim Support Person Activity Report after a report of sexual abuse is made by an inmate. The memo expressed that the form will ensure that the inmate is offered contact with Compass after the reported sexual abuse. A review of the form confirms that the first line under the "Support Services Provided" section states "Local Rape Crisis Center Support Offered". The section has a yes or no check box and also an area to indicate the name of the person contacted. Under this section is a list of services to provide the inmate to include: accompaniment during the forensic medical examination, accompaniment during investigatory interview, emotional support services, crisis intervention, information and referrals. The section also includes a line to indicate whether the inmate declined services. On May 17, 2022 the facility provided training to the appropriate staff on the use of this form. A copy of the training sign-in sheets were provided to the auditor. On June 22, 2022 the facility provided an example during the corrective action period of the Victim Support Person Activity Report utilized for a USMS inmate who reported sexual abuse. The form documented that the inmate was offered local victim advocacy services on May 23, 2022 and declined.

On May 20, 2022 a memorandum was provided related to the selection process/criteria for victim support personnel. The memo indicated that when the facility selects staff to be trained as Victim Support Personnel they send out an email related to interest. Staff then submit a letter of interest and the candidates supervisor is contacted regarding attendance, evaluations and discipline on file. If the applicant exceeds expectations on attendance and yearly evaluations and does not have any discipline on file, their name is submitted for placement in the training class.

Based on the information provided the facility has corrected this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. CoreCivic Policy 5-1 Incident Reporting
6. 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. 14-2 Sexual Abuse Prevention and Response, page 26 states that the Warden/Facility Administrator shall ensure that an administrative investigation and/or a referral for a criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA and I incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. The PAQ indicated that there were 25 allegations of sexual abuse or sexual harassment reported within the previous twelve months, all 25 which resulted in an administrative

and 20 which resulted in a criminal investigation. Further communication with the PCM indicated there were 20 investigations referred for a criminal investigation, however only five were accepted. A review of documentation indicated there were 34 allegations reported during the previous twelve months, seven sexual harassment and 26 sexual abuse. Of the 34, all resulted in an administrative investigation and 33 were complete at the time of the on-site portion of the audit. All 34 investigations were initially referred to the OHSP, however only five of the 34 resulted in a criminal investigation. Two of the five were completed during the on-site portion of the audit. It should be noted that the facility does not receive the criminal investigation from OHSP, just the outcome. 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. 14-2 Sexual Abuse Prevention and Response, page 22 states that the Administrative Duty Office (ADO) staff, the PCM, Warden/Facility Administrator or designed on-site supervisory staff shall immediately report all allegations of sexual assault, sexual abuse or sexual harassment to a law enforcement agency with the legal authority to conduct criminal investigations, unless the allegations does not involve potentially criminal behavior or the allegation would not be considered a criminal act under federal, state or local law. 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 CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. A review of investigative reports and referrals indicated that all 34 allegations were referred to the Ohio State Highway Patrol, however they only agreed to investigate five of the allegations. Two of the five were completed during the on-site portion of the audit. It should be noted that the facility does not receive the criminal investigation from OHSP, just the outcome. The interviews with the investigators 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. A review of CoreCivic's website confirmed that information related to referrals to the appropriate law enforcement agency to conduct investigations is available at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>.

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, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reports, 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. Memorandum Related to Training Tailored to Gender of Inmates
6. PREA Overview Facilitator Guide
7. Prison Rape Elimination Act (PREA) Training
8. 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, 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. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service training on the following: the CoreCivic zero tolerance policy for sexual abuse and sexual harassment, how to fulfill employee responsibilities for sexual abuse and sexual harassment prevention, detention, reporting and response in accordance with policy, the right of the inmates/detainees to be free from sexual abuse and sexual harassment, the right of the inmates/detainees and employees to be free from retaliation for reporting sexual abuse or sexual harassment, the dynamics of sexual abuse and sexual harassment in a confinement setting including locations, situations and circumstances in which sexual abuse may occur, signs of victimization and 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/detainees, how to communicate effectively and professionally with inmates/detainees including LGBTI and gender non-conforming inmates/detainees and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. A review of the PREA Overview Facilitator Guide confirmed that the staff training includes information on: the agency's zero tolerance policy (page 3), how to fulfill their responsibilities under the agency's sexual abuse and sexual harassment policies and procedures (pages 4-19), the inmates' right to be free from sexual abuse and sexual harassment (pages 19-20), the right of the inmate to be free from retaliation for reporting sexual abuse or sexual harassment (pages 19-20), the dynamics of sexual abuse and sexual harassment in a confinement setting (pages 21-23), the common reactions of sexual abuse and sexual harassment victims (page 24-26), how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationship with inmates (page 26-27), how to communicate effectively and professionally with lesbian, gay, bisexual, transgender and intersex inmates (pages 28-30) and how to comply with relevant laws related to mandatory reporting (page 30). A review of sixteen staff training records indicated that 100% had received PREA training either in the academy or during annual in-

service. Interviews with fifteen random staff confirmed that all fifteen have received PREA training. Staff confirmed all required topics under this provision were covered in the training. The staff indicated that the facility provides them a card with duties to take if an allegation is reported. They stated the training covered gender identities and first responder duties. Staff confirmed that they receive PREA training upon hire and then once each year.

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. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. Such training shall be tailored to the gender of the inmates/detainees at the facility. Employees who have transferred or have been reassigned from a facility housing only one gender of inmate/detainee shall receive additional training. A review of the PREA Overview Facilitator Guide confirmed that the dynamics of sexual abuse in a confinement setting section included information for male facilities and female facilities. Additionally, the common reactions of victims of sexual abuse and sexual harassment includes information on male and female inmates. The memo from the Warden indicated that there have been no staff at NEOCC who transferred from an only 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 361 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 policy review and staff meetings. 79-ISA-01, page 7 states each institution shall provide training on sexual misconduct annually during staff in-service. 14-2 Sexual Abuse Prevention and Response, page 6 states that all CoreCivic facility employees shall receive comprehensive training on preventing, detecting and responding to sexual abuse and sexual harassment. At minimum, all employees shall receive pre-service and annual in-service. A review of documentation indicated only two of the sixteen staff had received refresher training at least every two years. Eight of the sixteen staff were new hires and had not yet been employed for longer than two years, however six were missing the refresher training. Conversation with facility staff indicated they have had a difficult time with training over the previous two years due to COVID-19.

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. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. Signed documentation will be maintained in the employee's training and/or HR file. 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, 14-2 Sexual Abuse Prevention and Response, the PREA Overview Facilitator Guide, the PREA training, a review of a sample of staff training records as well as interviews with random staff indicate that this standard requires corrective action. While all staff reviewed had documentation of PREA training, only two of the staff had refresher training completed over the previous two years. Conversation with facility staff indicated they have had a difficult time with training over the previous two years due to COVID-19.

Corrective Action

The facility will need to make sure that all current staff have received PREA refresher training. The facility will also need to develop a plan to ensure that all staff receive the training every two years. A process memo should be provided to the auditor describing the process. The responsible staff should sign the memo to indicate their acknowledgment of their responsibility. An assurance memo should also be provided when all current staff have completed the refresher training. A sample of staff training should also be provided to illustrate all training was completed and made current during the corrective action period.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Memorandum Related to the Staff Training Process and Assurance
2. Staff Training Records

On May 20, 2022 the facility provided the auditor with training documentation from March 9, 2022 through April 13, 2022. Records indicated that all staff had completed the most recent PREA training, including those that were missing during the on-site portion of the audit.

On July 1, 2022 the facility provided the auditor with a process memo related to staff and contractor training. The memo indicated that all staff will receive pre-service and annual in-service training, which will include CoreCivic and the Ohio Department of Rehabilitation and Corrections sexual abuse and sexual harassment training. The memo further confirmed that all employees, contractors and volunteers at the facility have completed the in-service training on PREA in 2021 or the required pre-service and/or in-service training on PREA in 2022.

Based on the documentation provided, the facility has corrected this standard.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire
2. Prison Rape Elimination Act Contractor/Volunteer Training Script
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. PREA Overview: Training for Contractors and Volunteers (14-2K)
5. New Employee Orientation
6. Sample of Contractor Training Records (14-2A CoreCivic PREA Policy Acknowledgement and/or Training Acknowledgment and/or 14-2J PREA Zero Tolerance Policy Acknowledgment or DRC 1173 Form)
7. Sample of Volunteer Training Records (14-2K PREA Overview: Training for Contractors and Volunteers or 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. 14-2 Sexual Abuse Prevention and Response, pages 7 state that and volunteers and contractor who have contact with inmates/detainees shall receive training on their responsibilities pertaining to sexual abuse and sexual harassment prevention, detection, reporting and response as outlined in policy. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. Additionally, contractors also receive training during New Employee Orientation. A review of the training

curriculum confirms that it includes information on the zero tolerance policy and how to report incidents. It also includes information on prevention, detection and response, including all the components required on the staff training in standard 115.31. The PAQ indicated that 46 contractors and 39 volunteers had received PREA training, which is equivalent to 100% of the contractors and volunteers at the facility. Further communication with the PCM indicated that the facility does not have active volunteers and volunteers have not provided services over the two years due to COVID-19. The 39 volunteers were those active prior to COVID-19. A review of a sample of eleven contractor training records indicated that eight 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. It should be noted that volunteers were not present during the on-site portion of the audit due to COVID-19.

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. 14-2 Sexual Abuse Prevention and Response, page 7 states that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact with inmates/detainee. All volunteers and contractors who have contact with inmates/detainees shall acknowledge the CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. All volunteers shall be required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment form. Contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Contractors who may have contact with inmates/detainees, including but not limited to, vendors, delivery truck drivers, or service personnel repairing equipment in the facility are required to sign the 14-2J PREA Zero Tolerance Policy Acknowledgment for which provides basic training on the zero tolerance policy and reporting incidents. Volunteers who have contact with inmates/detainees, shall complete the CoreCivic PREA training in the 14-2K PREA Overview Training for Contractors and Volunteers administered by the facility Chaplain or Volunteer Coordinator/designee. All volunteers and contractors receive the PREA Training for Level I Volunteers. A review of 14-2A, 14-2J and 14-2K indicate that all include information on the zero tolerance policy and how to report such incidents. 14-2K and 14-2A both include information on prevention, detection and response, how the volunteer/contractor fulfills their role in the CoreCivic policy and how to comply with relevant laws. 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. Additionally, contractors also receive training during New Employee Orientation. A review of the training curriculum confirms that it includes information on the zero tolerance policy and how to report incidents. It also includes information on prevention, detection and response, including all the components required on the staff training in standard 115.31. A review of a sample of eleven contractor training records indicated that eight had received PREA training. The interviews with the contractors they receive PREA training annually during in-service. One contractor stated he also is required to complete PREA training via the e-learning system. One contractor stated the training goes over what PREA is, who it protects, what process to follow and what to do if sexual abuse is expected. The other contractor stated that the training discusses first responder duties and what to do if something happens. Both contractors confirmed that the training went over the zero tolerance policy and who to report to.

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). 14-2 Sexual Abuse Prevention and Response, page 8 states that the signed documentation confirming that each volunteer or contractors understand the training that he/she received will be kept in the volunteer or contractor's file by either the Learning Development Manager, facility Volunteer Coordinator or other staff designated by the Warden/Facility Administrator or PCM. A review of a sample of eleven training documents for contractors indicated that eight had signed the acknowledgement form or a training sign-in sheet.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, PREA Overview: Training for Contractors and Volunteers, 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 require corrective action. A review of a sample of eleven contractor training records indicated that eight had received PREA training.

Corrective Action

The facility will need to ensure all contractors have received PREA training. Once the training is complete the facility will need to provide an assurance memo as well as a list of all contractors. The auditor will select a sample to review to confirm that all contractors have received PREA training.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Assurance Memorandum Related to the Completion of Current Contractor Training for Medical Staff
2. Process and Assurance Memorandum Related to all Other Contractors
3. List of Current Contractors
4. Contractor Training Records

On May 20, 2022 the facility provided the auditor with a training sign-in sheet for the contractors identified during the on-site portion of the audit that did not have the PREA training, with the exception of one medical contractor. The training was completed via video on March 27, 2022. The one medical contractor was determined to have left employment with CoreCivic prior to contact with inmates and prior to any training.

On June 10, 2022 the auditor received a memo from the Health Service Administrator confirming that all current staff attended the PREA in-service during the monthly staff meeting and signed the PREA training acknowledgment form. The memo stated that moving forward all new employees will receive this training and the acknowledgment forms will be sent to the training officer. On the same date the facility provided a list of current contractors. The auditor selected five additional contractors to review training records. On July 1, 2022 the facility provided the auditor with a process memo related to staff and contractor training. The memo indicated that all employees and contractors will receive pre-service and annual in-service training, which will include CoreCivic's and the Ohio Department of Rehabilitation and Corrections sexual abuse and sexual harassment training. The memo further states that all contractors, including but not limited to medical, mental health, education and food service shall receive the same PREA training required of all CoreCivic employees. The memo further confirmed that all employees, contractors and

volunteers at the facility have completed the in-service training on PREA in 2021 or the required pre-service and/or in-service training on PREA in 2022.

Based on the documentation provided, the facility has corrected this standard.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
6. 14-2AA PREA Pamphlet
7. PREA Education Video
8. DRC Inmate Handbook (English and Spanish)
9. USMS Detainee Handbook (English and Spanish)
10. PREA Posters (English and Spanish)
11. 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 DRC inmate handbook confirmed that pages 35-38 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. 14-2 Sexual Abuse Prevention and Response, page 12 states that upon arrival at the facility for intake, each inmate/detainee shall be provided with information regarding sexual abuse prevention and reporting. Policy indicates that inmates/detainees are provided the 14-2AA PREA Pamphlet at intake in either English or Spanish. A review of the pamphlet confirms that it contains facts about sexual abuse, information on inmate's rights, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. The review of the USMS detainee handbook confirmed that pages 39-42 include information on the zero tolerance policy, inmate's rights, how to report, confidentiality, and what to do if abused, including the victim advocacy contact information. Inmates are required to sign an acknowledgment of the receipt of the PREA pamphlet/video form once received. The PAQ indicated that 3871 inmates received information on the zero tolerance policy and how to report at intake. This is equivalent to 100% of inmates that arrived in the previous twelve months. The auditor observed the intake process through a demonstration. Inmates are provided PREA information at intake via the appropriate inmate handbook and the PREA brochure. The handbooks and brochure are available in both English and Spanish. The intake staff member stated that the information would be provided to accommodate any disabilities and that they can utilize the translation line/video translation if the inmate does not speak English. The auditor observed that PREA posters were visible in the waiting area of intake. 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. One staff member stated that inmates are provided a brochure and the handbook. She stated she goes over the information with the inmates and tells them where to find PREA information on the tablets. The other staff member stated that she provides the inmates a copy of the handbook. Both staff stated that every inmate that comes into the facility gets information on PREA (handbook). 34 of the 42 inmates interviewed indicated that they had received information on the agency's sexual abuse and sexual harassment policies. Most inmates indicated they received a pamphlet on the information. While all inmates receive information during intake, the facility did not provide documentation that the information was received. The documentation provided was related to comprehensive PREA education.

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. 14-2 Sexual Abuse Prevention and Response, pages 12-13 state that within 30 days following intake, either in person or through video, inmates/detainees shall receive comprehensive educational information on the following topics related to sexual abuse and sexual assault prevention and intervention: CoreCivic zero tolerance policy regarding sexual abuse and sexual harassment; how to report incidents, threats or suspicion of sexual abuse or sexual harassment; an inmate/detainee's right to be free from sexual abuse and sexual harassment and to be free from retaliation from reporting such incidents; inmate/detainee on inmate/detainee sexual abuse; employee on inmate/detainee sexual abuse; availability of policies regarding sexual abuse prevention/intervention; and available emotional support services to include internal and external victim advocates and community support services. The policy states that comprehensive education includes a copy of the 14-2AA PREA pamphlet, the facility handbook and viewing of the PREA video (PREA What You Need to Know video). A review of the PREA What You Need to Know video script confirms 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 is available in both English and Spanish and has subtitles. A review of the DRC inmate handbook confirmed that pages 35-38 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. A review of the pamphlet confirms that it contains facts about sexual abuse,

information on inmate's rights, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. The review of the USMS detainee handbook confirmed that pages 39-42 includes information on the zero tolerance policy, inmate's rights, how to report, confidentiality, and what to do if abused, including the victim advocacy contact information. The PREA posters also provide direction on how to report sexual abuse. The PAQ indicated that 2317 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 had the facility conduct a mock demonstration of the comprehensive PREA education process. The auditor observed that inmates are provided comprehensive PREA education via video (PREA: What You Need to Know). The video covers the required components under Standard 115.33. At the end of the video, staff go over appropriate information, including the reporting mechanism at NEOCC, with the inmates and ask if they have any questions. Staff stated this is done within seven days of intake. The video was available in English and Spanish. Informal conversation with staff indicated that education would be tailored to the individual if the inmate had a disability. The staff also stated that they have the ability to utilize the translation line if the inmate does not speak English. A review of 39 total inmate files of those received in the previous twelve months indicated that 23 had received comprehensive PREA education within 30 days of intake. During documentation review it was determined that comprehensive PREA education was not be completed for the US Marshall inmates. The interview with one of the intake staff members indicated that that within seven days the inmates receive orientation where they watch the PREA video and staff go over the information, including the inmates' right to be free from sexual abuse and sexual harassment, the inmates' right to be free from retaliation from reporting and how to report. The second staff member stated that they were not conducting comprehensive PREA education, but they started the process during the on-site portion of the audit. She stated they were going to show the PREA video which goes over the information under this provision. She confirmed that the video will be show within seven days or arrival at the facility. 24 of the 42 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 of the 24 inmates indicated they received the information verbally when 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. 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees who have been transferred from another facility shall receive intake material from the receiving facility to serve as refresher training. 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. One staff member stated that inmates are provided a brochure and the handbook. She stated she goes over the information with the inmates and tells them where to find PREA information on the tablets. The other staff member stated that she provides the inmates a copy of the handbook. Both staff stated that every inmate that comes into the facility gets information on PREA (handbook) and go through orientation and watch the PREA video. A review of the PREA What You Need to Know video script confirms 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 is available in both English and Spanish and has subtitles. A review of the DRC inmate handbook confirmed that pages 35-38 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. A review of the pamphlet confirms that it contains facts about sexual abuse, information on inmate's rights, keys to preventing sexual abuse, what to do if someone is a victim and how to report allegations and seek help. The review of the USMS detainee handbook confirmed that pages 39-42 includes information on the zero tolerance policy, inmate's rights, how to report, confidentiality, and what to do if abused, including the victim advocacy contact information. The PREA posters also provide direction on how to report sexual abuse. There were zero inmates at the facility prior to 2013, however it was discovered that comprehensive PREA education was not being completed with the US Marshall inmates. A review of 50 total inmate files indicated that 22 had not received comprehensive PREA training.

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. 14-2 Sexual Abuse Prevention and Response, page 12 states that the facility shall provide resident education at intake in formats accessible to all residents including those who are disabled or LEP. 14-2AA PREA pamphlet is available in English and Spanish. Policy states that inmates/detainees who are deaf or hard of hearing shall have access to information through simple written or oral communication. Sign language interpreters, or auxiliary aids such as a TTY that are reasonable, effective and appropriate to the needs of the inmate/detainee shall be provided when simple written or oral communication is not effective. The facility will ensure that information is effectively communicated orally, on an individual basis, to inmates/detainees with limited reading skills. In the event an inmate/detainee has difficulty understanding provide information and/or procedures due to intellectual deficiencies or mental health concerns, the facility will ensure that such information is effectively communicated orally to such inmate/detainees on an individual basis. Policy also states that interpreters shall be provided (for LEP inmates) who can interpret effectively, accurately and impartially, both receptively and expressively, using any necessary specialized vocabulary. The policy further elaborates that the facility utilizes Language Line as well as facility staff translators, when available. A review of the PREA What You Need to Know video script confirms 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 is available in both English and Spanish and has subtitles. The inmate handbooks and PREA posters were also provided in both English and Spanish. The PREA posters contained large font and bright colors. A review of seven disabled inmate training records and four LEP inmate training records indicated that five had received comprehensive PREA education. Three of the disabled inmates were not documented with PREA education and the one LEP inmate with PREA education had signed an English acknowledgement form. Interviews with seven disabled inmates and two LEP inmates indicated that seven had received information in a format that they could understand. The two that stated they did not receive information in a format they could understand indicated that they had never received PREA information.

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). 14-2 Sexual Abuse Prevention and Response, page 13 states that inmates/detainees shall sign indicating acknowledgment that they received intake information and the 30 day comprehensive education and this documentation shall be maintained by the facility in the inmate/detainee file. A review of 39 inmate files of those received in the previous twelve months indicated that the facility did not document or did not provide documentation of the receipt of initial information at intake. Additionally, 23 of the 39 inmates were documented with comprehensive PREA education.

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. 14-2 Sexual Abuse Prevention and Response, page 13 indicate 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. A review of documentation indicates that the facility had PREA information via the inmate handbooks, PREA posters and the pamphlet. The auditor observed PREA information posted and painted throughout the facility. Each housing unit had a posted PREA brochure, a PREA poster and a victim advocacy poster at the entrance to the unit on the bulletin board. Inside of each housing unit the auditor observed at least a PREA poster and painted reporting numbers. The brochure and posters included information on the zero tolerance policy and reporting. Posters and painted phone numbers were in adequate font (for vision impairment) and were placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. Third party reporting information was observed in the visitation area and in the front lobby via the End the Silence PREA poster. In addition to the PREA information being painted and posted, the information is also available to inmates through the inmate inmate/detainee handbook and PREA brochure (provided to inmates at intake). All inmates have tablets and can utilize a kiosk. During the tour the auditor had an inmate demonstrate the tablet system. The auditor was shown that PREA information was not available on the tablet but the facility could send mass messages to the inmates on the tablets. Additionally, inmates could make phone calls to any of the reporting numbers through their tablet. Informal conversation with staff and inmates confirmed that the painted and posted information had been posted for a while. Inmates stated while they are aware of the numbers they don't call them so they are unfamiliar with the process. Inmate stated the audit announcement was posted at least a month ago. Staff stated that inmates can report to the numbers that are painted in the units.

Based on a review of the PAQ, 79-ISA-10, 52-RCP-10, 64-DCM-02, 14-2 Sexual Abuse Prevention and Response, the PREA pamphlet, 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 require corrective action. During the on-site portion of the audit it was determined that US Marshall inmates were not being provided comprehensive PREA education. Additionally, documentation was not provided related to confirmation that inmates received PREA information at intake. A review of 39 inmate files of those received in the previous twelve months indicated that the facility did not document or did not provide documentation of the receipt of initial information at intake and 23 of the 39 inmates were documented with comprehensive PREA education. Additionally, the facility will need to ensure all disabled and LEP inmates receive PREA education in the appropriate format. A review of seven disabled inmate training records and four LEP inmate training records indicated that five had received comprehensive PREA education. Three of the disabled inmates were not documented with PREA education and the one LEP inmate with PREA education had signed an English acknowledgement form.

Interviews with seven disabled inmates and two LEP inmates indicated that seven had received information in a format that they could understand. The two that stated they did not receive information in a format they could understand indicated that they had never received PREA information.

Corrective Action

The facility will need to provide the auditor documentation related to inmates receiving information during intake. If the facility does not document this they will need to develop a process to document the receipt. The facility will need to provide the auditor with a list of inmates that arrive during the corrective action period. The auditor will select inmates from the list to determine if they receive the initial PREA information and the 30 day comprehensive PREA education. The facility will need to provide a list of all LEP and disabled inmates and provide documentation of appropriate education. Specifically, the facility will need to ensure LEP inmates receive education in their primary language. Inmates should sign an acknowledgment form in the same language or there should be some type of documentation related to the translation. Additionally, documentation should indicate any accommodations made for disabled and LEP inmates during education.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. LanguageLine Insite Video Interpreting Guide
2. LanguageLine Solutions Partnering with Your LanguageLine Solutions Interpreter
3. Staff Training Related to LEP/Disabled Inmate Accommodations
4. Master LEP/Disabled List
5. Inmate Education Records for LEP/Disabled Inmates
6. Inmate Education Records for all USMS Inmate (English and Spanish)
7. Inmate Education Records Related to Receiving Information at Intake
8. List of Inmate that Arrived During the Corrective Action Period

On May 9, 2022 the facility provided training documents confirming that staff were trained on the availability and use of the LanguageLine Solutions – Insite resource. The facility provided the LanguageLine Guide and other document utilized for the training. The facility provided the auditor with documentation that all USMS inmates received PREA education in the form of the PREA What You Need to Know video from April 1, 2022 through April 15, 2022. Sign-in sheets from each housing unit were provided to confirm the inmates received the education. The facility provided a separate sign-in sheet for inmates who received the Spanish version of the video. A review of the LEP/disabled master list confirmed all LEP inmates were provided the Spanish version of the PREA information. The facility also provided the auditor with a form indicating that one disabled inmate was provided translation via ASL on 4/15/22. Additionally, documentation was provided on May 9, 2022 confirming that inmates that arrive at the facility receive the PREA pamphlet, handbook and bulletin upon intake. The form confirms that the facility will have the inmate sign one form related to information at intake and comprehensive education.

The facility provided a list of inmates that arrived during the corrective action period. The auditor selected a sample of inmates from the list provided. The auditor selected fourteen inmate records to review. On May 20, 2022 and June 10, 2022 the facility provided education documents for those inmates selected by the auditor. Of the fourteen inmates, thirteen were documented with PREA information at intake and comprehensive PREA education. The one inmate without documentation arrived on March 25, 2022 and was released on March 28, 2022. The facility advised they were unable to find documentation on PREA intake information.

Based on the information provided the facility has corrected this standard.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Documents:

1. Pre-Audit Questionnaire

2. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. National Institute of Correction (NIC): Investigating Sexual Abuse in a Confinement Setting
5. 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. 14-2 Sexual Abuse Prevention and Detection, page 6 states that in addition to the general training provided to all employees, and to the extent that CoreCivic conducts sexual abuse investigations, investigators shall receive training in conducting sexual abuse investigations in confinement settings. The PCM shall ensure that more than one person at the facility receives training as a sexual abuse investigator. This will ensure that a trained investigator is available as backup during employee absences. The specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training curriculum 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 six facility staff are documented with the specialized investigator training. One investigator that completed two of the reviewed investigations is no longer working at the facility, however the facility provided the auditor with his specialized investigator training records. The interviews with the investigators confirmed that they both received specialized training related to conducting sexual abuse investigations in a confinement setting. One investigator stated that the training was a federal training that was taken online. He stated it went over how to handle investigation, what steps to take, how to interview individuals, interview techniques and how to respond to victims. The other investigator stated that the training went over interviews, obtaining evidence, Miranda rights and the interview process.

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. 14-2 Sexual Abuse Prevention and Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. 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 specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training curriculum 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

interviews with the investigators confirmed that the specialized 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 have completed the required training. A review of documentation indicated that six facility staff are documented with the specialized investigator training. One investigator that completed two of the reviewed investigations is no longer working at the facility, however the facility provided the auditor with his specialized investigator training records.

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

Based on a review of the PAQ, 79-ISA-10, 14-2 Sexual Abuse Prevention and Response, the NIC training curriculum, investigator training records as well as the interview with the facility investigators, 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. CoreCivic 14-2 Sexual Abuse Prevention and Response
4. PREA Medical and Mental Health Care: A Trauma Informed Approach
5. Prison Rape Elimination Act Specialized Medical and Mental Health Training
6. Medical and Mental Health Staff Specialized Training Records
7. New Employee Orientation
8. Medical and Mental Health Training Staff or Contractor PREA Training
9. 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). 14-2 Sexual Abuse Prevention and Response, page 7 states that in addition to the general training provided to all employees to comply with PREA Standard 115.31, all full and part-time qualified health care professionals and qualified mental health care

professionals, shall receive specialized training. Training includes; how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and whom to report allegations of sexual abuse and sexual harassment. The training consists of the PREA Resource Center (PRC) PREA Medical and Mental Health Care: A Trauma Informed Approach training as well as the Forensic Medical Examinations: An Overview for Victim Advocates training. Based on a review of the training modules, they include the following topics: how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and whom to report allegations or suspicion of sexual abuse and sexual harassment. The PAQ indicated that 38 medical and mental health staff (100%) have received the specialized training. A review of eight medical and mental health training records indicated that that four had received the specialized training. The interviews with medical and mental health care staff confirm that all four received the specialized training and the training discussed the required topics under this provision. One staff member stated that the training discussed preservation of the crime scene and evidence and it discussed mental health aspects including being empathetic and not judging. Another staff member state that the training discussed policies, procedures and how to respond. The third staff stated she had received the regular training and the specialized and that the specialized talked about the reporting timeframes, SAFE/SANE exams, definitions, how to recognize sexual abuse and the different responses people have who have been sexually abused.

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 MOU with Mercy Health St. Elizabeth Youngstown Hospital confirms that NEOCC is permitted access of the use of emergency, inpatient and outpatient services as needed. The MOU was signed February 9, 2016. The documentation further confirmed that Mercy Health offers several registered nurses trained as SANE who are available 24 hours a day, seven days a week to care for victims of sexual assault at St. Elizabeth and St. Joseph Warren 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 on-site.

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 Enterprise Learning Management (ELM) system. Medical and mental health contractors shall document the completion of the Specialized Medical and Mental Health Training on the PREA Training Session Report (DRC 1680). Medical and mental health contractors taking the training are also required to complete and pass the test for training. 14-2 Sexual Abuse Prevention and Response, page 7 states that medical and mental health staff are required to document completion of this training by signing the 14-2A1 PREA Training Acknowledgment Specialized Training. This documentation shall be maintained in the employee training file. A review of eight medical and mental health training records indicated that that four were documented with receiving specialized training.

115.35 (d): 79-ISO-01, page 8 states that full-time, part-time and contracted medical and mental health staff at NEOCC shall initially complete the Specialized Medical and Mental Health Training in class and pass a written test. Completion of the course shall be documented on the PREA Training Sessions Report (DRC 1680) and electronically in the CoreCivic Learning Management System. 14-2 Sexual Abuse Prevention and Response, page 6 states that employees shall be required, by either electronic or manual signatures, their understanding of the training that they have received at Pre-Service Training and annual In-Service Training each employee and contractor shall be required to sign a 14-2A PREA Training Acknowledgement Pre-Service/In-Service form. It also states that contractors, including but not limited to medical, mental health, education and food service receive the same PREA training required of all CoreCivic employees who have contact with inmates. These contractors shall be required to sign the 14-

2A PREA Training Acknowledgment Pre-Service and In-Service and the 14-2J PREA Zero Tolerance Policy Acknowledgment forms. Additionally, contractors also receive training during New Employee Orientation. A review of the training curriculum confirms that it includes information on the zero tolerance policy and how to report incidents. It also includes information on prevention, detection and response, including all the components required on the staff training in standard 115.31. A review of eight medical and mental health staff training documents indicated that two had received staff PREA training and refresher training and two had received contractor PREA training.

Based on a review of the PAQ, 79-ISA-01, 14-2 Sexual Abuse Prevention and Response, the PREA Medical and Mental Health Care: A Trauma Informed Approach curriculum, 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 require corrective action. A review of eight medical and mental health training records indicated that that four had received the specialized training. Additionally, four of the staff were missing either the contractor training under standard 115.32 or employee training under standard 115.31.

Corrective Action

The facility will need to ensure all current full-time and part-time medical and mental health staff receive specialized PREA training. The facility will need to develop a process to ensure this training is provided upon hire. All current medical or mental health should receive the training. The facility will need to provide an assurance memo indicating all medical and mental health care staff have received the specialized training. A list of all medical and mental health care staff should be provided to the auditor during the corrective action period. The auditor will select a sample to review to confirm completion. Additionally, the facility will need to ensure all medical and mental health staff receive appropriate training for contractors or staff (depending on their status). The auditor will review a sample of these records when selecting the specialized to review. The assurance memo should also indicate that all medical and mental health staff have completed the required staff and contractor training, when completed.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Assurance Memorandum Related to the Completion of Current Contractor Training for Medical Staff
2. Process and Assurance Memorandum Related to all Other Contractors
3. Medical and Mental Health Training Records

On May 9, 2022 the facility provided training documents confirming that over 20 medical and mental health care staff had received the specialized medical and mental health training as well as either the PREA staff or contractor training. Two of the medical and mental health staff identified on-site without specialized training were not included in the documentation provided. Further communication and documentation from the PCM noted that the one medical staff member was hired and left employment prior to contact with inmates and as such did not have any completed training. The second mental health staff member is a virtual employee and does not have contact with inmates that is unsupervised. Inmates are not authorized in a room with video equipment alone and as such a mental health staff member is present during all virtual appointments. The mental health staff member was not required to complete the training as outlined in the standard (not a regular full or part time staff member). On May 20, 2022 the facility provided an assurance memo from the Health Service Administrator confirming that all medical and mental health care staff received training on April 27, 2022.

On June 10, 2022 the auditor received a memo from the Health Service Administrator confirming that all current staff attended the PREA in-service during the monthly staff meeting and signed the PREA training

acknowledgment form. The memo stated that moving forward all new employees will receive this training and the acknowledgment forms will be sent to the training officer. On the same date the facility provided a list of current contractors. The auditor selected five additional contractors to review training records. On July 1, 2022 the facility provided the auditor with a process memo related to staff and contractor training. The memo indicated that all employees and contractors will receive pre-service and annual in-service training, which will include CoreCivic's and the Ohio Department of Rehabilitation and Corrections sexual abuse and sexual harassment training. The memo further states that all contractors, including but not limited to medical, mental health, education and food service shall receive the same PREA training required of all CoreCivic employees. The memo further confirmed that all employees, contractors and volunteers at the facility have completed the in-service training on PREA in 2021 or the required pre-service and/or in-service training on PREA in 2022.

Based on the documentation provided this standard has been corrected.

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. 14-2B Sexual Abuse Screening Tool
5. PREA Assessment (DRC-6076 E)
6. PREA Assessment Process Memorandum
7. Inmate Assessment and Reassessment Documents

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. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. This includes inmates/detainees who have been transferred from another facility, have been received from a reception center where an assessment may already have been completed as part of reception and inmates/detainees who have been returned from court, or other leave status. Interviews with 34 inmates that arrived within the previous twelve months indicated that 27 were asked the risk screening questions at intake when 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 upon intake utilizing the screening tool. The auditor was provided a demonstration of the initial risk assessment. The screening is conducted one on one in a private office, either in medical or in intake. The initial risk screening is conducted using the paper risk screening form. The DRC staff then enter the information into the electronic system based on the risk designation. The auditor reviewed the information on the risk screening. The staff went over the questions that are asked and advised they ask the questions as they are on the form. The staff stated she does not change the wording unless the inmate asks for further clarification. The staff indicated that they review the inmates file as well as the questions in order to determine some responses and if answers/responses are accurate (prior criminal history, age, violent offense, etc.) but that this is typically done during the reassessment when all information is available for review.

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. 14-2 Sexual Abuse Prevention and Response, page 10 states that inmates/detainees shall be assessed within 24 hours of arrival at the facility, unless contracting agency policy authorizes 72 hours following arrival. The PAQ stated that 3829 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. This is equivalent to 100% of the inmates that arrived within the previous twelve months that stayed for longer than 72 hours. A review of 39 inmate files of those that arrived within the previous twelve months confirmed that all 39 were screened for their risk of victimization. 35 of the 39 were completed within 72 hours of the inmate's arrival to the facility. Interviews with 34 inmates that arrived within the previous twelve months indicated that 27 were asked the risk screening questions at intake when 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. One staff member stated she does the screening within 24 hours typically.

115.41 (c): The PAQ indicated that the risk assessment is conducted using an objective screening instrument. 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. 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 (DRC) 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. The memo related to the PREA assessment process indicated that the Unit Managers check the inmate's "Pending UM" cases and determine if the inmate does not need a PREA classification or they recommend a classification of victim, abuser, potential victim or potential abuser. If the classification is recommend, the Unit Management Chief will determine the final classification and develop a PREA accommodation strategy with the Unit Management Team. 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 and documentation reviewed during the risk screening. There is no consistency in determinations and as such the auditor determined that the current tool and process did not meet the standard. The facility advised the auditor that all current DRC inmates were screened 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. While the facility advised they completed these assessments the auditor was not provided any documentation confirming the 14-2B was completed on all DRC inmates. Additionally, the facility enters the designation outcome from the 14-2B into the DRC system and therefore the auditor could not confirm that the facility utilizes the 14-2B for all inmates. Additionally documentation is needed to determine compliance.

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 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 to correct the issue. 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. 14-2 Sexual Abuse Prevention and Response, pages 10-11 indicate that the intake screening shall consider, at minimum, the following criteria to assess inmates/detainees for risk of victimization: whether the inmate/detainee has a mental, physical or developmental disability; the age of the inmate/detainee; the physical build of the inmate/detainee; whether the inmate/detainee has previously been incarcerated; whether the inmate/detainee's criminal history is exclusively nonviolent; whether the inmate/detainee has prior convictions for sex offenses against an adult or child; whether the inmate/detainee is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender nonconforming, whether the inmate/detainee has previously experienced sexual victimization; the inmate/detainee's own perception of vulnerability and whether the inmate/detainee is detained solely for civil immigration purposes. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. A review of 14-2B 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 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 the risk screening indicated that the risk screening consists of yes and no questions as well as a review of the inmate file. The one staff member stated that she reviews the list of inmates arriving and makes notes on their files. The staff stated that the risk screening form includes questions related to if they have ever been a victim of sexual abuse, if they have ever been threatened with sexual abuse, if they have been approached for sex, if they have any current sex offenses, if they have violent offense, if they are part of a gang, if they identify as LGBTI, if they feel they are vulnerable and their age. Both staff indicated the factors under this provision are part of the risk screening.

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 correct the issue. 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. 14-2 Sexual Abuse Prevention and Response, page 11 states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses and history of prior institutional violence or sexual abuse. Additionally, policy states that screenings shall also include a review of the inmate/detainee's available institutional file. The interview with the staff responsible for risk screening indicated that the risk screening is yes or no questions and well as a file review. The staff member stated that the risk screening includes questions about medical and mental health issues, prior incarcerations, violent or non-violent crimes, any prior sexual abuse and if the inmate has been approached for sex. The staff member stated they review the information against the file and check for any discrepancies. The staff member further stated the risk screening considers the inmates disciplinary history related to sexual abuse, their current charges and any convictions for sex offenses or violent offenses. The interview with the staff responsible for the risk screening indicated that the risk screening consists of yes and no questions as well as a review of the inmate file. The one staff member stated that she reviews the list of inmates arriving and makes notes on their files. The staff stated that the risk screening form includes questions related to if they have ever been a victim of sexual abuse, if they have ever been threatened with sexual abuse, if they have been approached for sex, if they have any current sex offenses, if they have violent offense, if they are part of a gang, if they identify as LGBTI, if they feel they are vulnerable and their age. Both staff indicated the factors under this provision are part of the risk screening.

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 sing that institution's intake screening of the inmate. Unit management shall complete this reassessment. The inmate shall be present during the 30 day reassessment. 14-2 Sexual Abuse Prevention and Response, pages 11-12 states that within a set period of time not to exceed 30 days from the inmate's arrival at the facility, a reassessment of the inmate/detainee's risk level of victimization or abusiveness, will be completed utilizing the 14-2B Sexual Abuse Screening Tool, or contracting agency equivalent instrument. Additionally, policy states that the 30-day reassessment will include any additional relevant information received by the facility since the initial intake screening. The facility will maintain a tracking system to ensure that reassessments are not completed beyond 30 days. The PAQ indicated that 2317 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 interviews with the staff responsible for risk screening confirmed that inmates are reassessed within 30 days. One staff

member stated she tries to do it between fifteen and 30 days. Interviews with 34 inmates who arrived in the previous twelve months indicated that four were asked the risk screening questions on more than one occasion. They stated it was either a few weeks later or six months later. A review of a sample of 39 inmate files of those that arrived within the previous twelve months indicated that 31 were reassessed. Eight of the reassessments were not yet due as the inmates had arrived within the last 30 days. Of the 31 completed, fifteen were completed over 30 days. The auditor determined during documentation review that the US Marshall inmates were not being reassessed and the facility had recently completed reassessments on all inmates to fulfill this requirement.

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 5 states that all incarcerated individuals who were identified as being involved in an allegation of sexual abuse (alleged victim and abuser) 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. 14-2 Sexual Abuse Prevention and Response, page 12 states that a reassessment shall also be completed when warranted, due to referral, request, incident of sexual abuse, or receipt of additional information that may impact the inmate/detainee's risk of victimization or abusiveness. Additionally, policy states that following an incident of sexual abuse, a reassessment shall be completed on both the alleged victim and alleged perpetrator. The auditor requested additional documentation related to reassessments of inmate victims and perpetrators after a reported sexual abuse allegation, however the information was not provided at the time of the interim report. The interviews with the staff responsible for risk screening confirmed that inmates are reassessed when warranted due to referral, request, incident of sexual abuse or receipt of additional information. One staff member stated that inmates are reassessed if they are involved in a sexual abuse allegation. Interviews with 34 inmates who arrived in the previous twelve months indicated that four were asked the risk screening questions on more than one occasion. They stated it was either a few weeks later or six months later.

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. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees may not be disciplined for refusing to answer, or for not disclosing complete information. The interviews with the staff responsible for the risk screening confirmed that inmates are not disciplined for refusing to answer the risk screening questions or refuse to disclose full information. One staff member stated she would just note the inmate refused.

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. 14-2 Sexual Abuse Prevention and Response, page 11 states that the facility shall control the dissemination within the facility of responses to questions on the screening forms in order to ensure that the sensitive is not exploited to the inmate/detainee's detriment by staff or other inmate/detainees.

Measures taken shall include, but are not limited to: screening interview shall be conducted with as much privacy as is reasonable given security and safety concerns; an inmate/detainee shall not be permitted to complete his/her own 14-2B form or utilize other assistance from other inmates/detainees to complete the form; inmates/detainees shall not be permitted access to files containing assessment forms belonging to other inmates/detainees; and electronic assessments access is granted only to those staff involved in the assessment process, those making housing and program decisions, medical and mental health staff and staff with a need to know for the safe and secure operations of the facility. 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. He stated not every staff member has access to pull the information. The interview with the staff responsible for the risk screening indicated that the agency has outlined who should have access to the risk screening information in order to ensure sensitive information is not exploited. One staff member stated that the computer system does not allow access and that only counselors, medical, mental health and intake staff have access to the information. Inmate medical, mental health and classification records are both paper and electronic. During the tour the auditor spoke with health service staff that confirmed medical and mental health care records are paper and are maintained in the medical records room. The medical records room is staffed during administrative hours and is locked after hours. Only medical and mental health care staff have access to medical records and any other staff must request the records through medical or mental health care staff. Classification files are paper and electronic. US Marshall inmate records are paper and are maintained in the inmate file, which is located in records. This area is staffed during the day and is locked after hours. Staff with a need to know are only permitted to access files. DRC inmate files are electronic and the system only allows access to staff with specific profiles. The auditor confirmed this was accurate by asking a security staff member to attempt to pull up the screen. The staff did not have access to view the information.

Based on a review of the PAQ, 79-ISA-04, 14-2 Sexual Abuse Prevention and Response, 14-2B Sexual Abuse Assessment Tool, 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. 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. The memo related to the PREA assessment process indicated that the Unit Managers check the inmate's "Pending UM" cases and determine if the inmate does not need a PREA classification or they recommend a classification of victim, abuser, potential victim or potential abuser. If the classification is recommend, the Unit Management Chief will determine the final classification and develop a PREA accommodation strategy with the Unit Management Team. 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 and documentation reviewed during the risk screening. There is no consistency in determinations and as such the auditor determined that the current tool and process did not meet the standard. The facility advised the auditor that all current DRC inmates were screened 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. While the facility advised they completed these assessments the auditor was not provided any documentation confirming the 14-2B was completed on all DRC inmates. Additionally, the facility enters the designation outcome from the 14-2B into the DRC system and therefore the auditor could not confirm that the facility utilizes the 14-2B for all inmates. Additionally documentation is needed to determine compliance. A review of a sample of 39 inmate files of those that arrived within the previous twelve months indicated that 31 were reassessed. Eight of the reassessments were not yet due as the inmates had arrived within the last 30 days. Of the

31 completed, fifteen were completed over 30 days. The auditor determined during documentation review that the US Marshall inmates were not being reassessed and the facility had recently completed reassessments on all inmates to fulfill this requirement. During documentation review indicated that one inmate who reported sexual abuse was reassessed after the reported sexual abuse. The auditor requested additional documentation related to reassessments of inmate victims and perpetrators after a reported sexual abuse allegation, however the information was not provided at the time of the interim report.

Corrective Action

The facility will need to provide documentation related to utilizing the CoreCivic risk assessment for all DRC inmates, both past and present. Additionally, the facility will need to provide the auditor with reassessments for the inmate victims and perpetrators identified who reported sexual abuse. The facility will need to provide a list of inmates that arrived during the corrective action period. The auditor will select a sample to ensure risk assessments are completed within 72 hours and reassessments are completed within 30 days.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Sample of Risk Assessments for DRC Inmates Prior to the Onsite Portion of the Audit
2. Sample of Risk Assessments for DRC Inmates Post Onsite Portion of the Audit
3. Assurance Memorandum Related to DRC Inmate Risk Assessments
4. List of Inmates that Arrived at the Facility Post Onsite Portion of the Audit
5. PREA Assessment Process Memorandum
6. Risk Assessments and Reassessment
7. Staff Training Memorandum on Risk Assessments After an Incident of Sexual Abuse (USMS)

On May 9, 2022 the facility provided the auditor with a memo indicating that all DRC inmates had been screened for their risk of victimization and abusiveness utilizing the CoreCivic risk screening tool. Additionally, the facility provided the auditor with a sample of inmate risk assessments completed on DRC inmates prior to the onsite portion of the audit as well as post onsite portion of the audit. The facility also provided the auditor with a memo indicating that USMS Unit Managers will run a weekly roster identifying assessments that are due for the week to ensure that appropriate timeframes are met.

On May 9, 2022 the facility provided the auditor with a list of inmates that arrived at the facility post onsite portion of the audit. The auditor selected fourteen inmates to review to ensure compliance with this standard. On May 20, 2022 the facility provided documentation confirming that thirteen of the fourteen had an initial risk screening completed and twelve had a 30 day reassessment completed. The one that did not have an initial risk screening was released prior to 72 hours and the two that did not have the 30 day reassessment were not at the facility for 30 days (one was the inmate that was released within 72 hours). Of those completed, all were within the appropriate timeframe, with the exception of one.

On June 23, 2022 the auditor received documentation showing four of the six inmate victims and perpetrators were reassessed after a report of sexual abuse. The two that did not have a reassessment were from the USMS side and as such additional training and documentation was requested. The auditor was advised that the USMS side did not complete the appropriate reassessments. On June 24, 2022 the facility provided a memo indicating that the DRC staff have taken over the reassessments for USMS inmates after a report of sexual abuse. The staff member responsible for the reassessments on the DRC side was documented with training related to this responsibility. Additionally, on July 1, 2022 the facility provided a process and training memo signed by the Chief of Unit Management and the PCM related to the requirement of reassessments after an incident of sexual abuse.

Based on the information provided, the facility has corrected this standard.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

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

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) ☒ Yes ☐ No ☐ NA

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. CoreCivic Policy 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities
6. Human Rights Policy Statement
7. Sample of Housing Determination Documents (PREA Assessment)
8. 14-9A Transgender/Intersex Assessment and Treatment Plan Form
9. Memorandum from the PREA Compliance Manager
10. Transgender/Intersex Inmate Biannual Reviews
11. 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. 14-2 Sexual Abuse Prevention and Response, page 10 states that all inmate/detainees shall be assessed during an intake screening in order to obtain information relevant to housing, cell, work, education, and programming assignments. The goal is to keep separate those inmates/detainees at high risk of being sexually victimized from those at high risk of being sexually abusive. Page 14 further states that the facility shall use the information from the 14-2B Sexual Abuse Screening Tool or equivalent contracting agency form, completed at initial screening and at all subsequent reassessments in the consideration of housing, recreation, work, program and other activities. A review of the PREA Assessment (DRC) 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. The memo related to the PREA assessment process indicated that the Unit Managers check the inmate's "Pending UM" cases and determine if the inmate does not need a PREA classification or they recommend a classification of victim, abuser, potential victim or potential abuser. If the classification is recommend, the Unit Management Chief will determine the final classification and develop a PREA accommodation strategy with the Unit Management Team. 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 and documentation reviewed during the risk screening. There is no consistency in determinations and as such the auditor determined that the current tool and process did not meet the standard. The facility advised the auditor that all current DRC inmates were screened 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. While the facility advised they completed these assessments the auditor was not provided any documentation confirming the 14-2B was completed on all DRC inmates. Additionally, the facility enters the designation outcome from the 14-2B into the DRC system and therefore the auditor could not confirm that the facility utilizes the 14-2B for all inmates. As such, the auditor was unable to determine if current high risk lists were accurate. The interview with the PREA Compliance Manager indicated that information from the risk screening is utilized for housing decisions and program decisions. He stated that he would not house a victim and a predator together and that if they can't be housed together, he would not allow them to work together. The interviews with the staff responsible for the risk screening indicated that the risk screening information is utilized to place inmates appropriately. Both staff stated it is utilized to house them appropriately. One staff member stated she would look at the designation and she would also not house an older inmate with a younger inmate. She stated she would review the alerts to make sure housing was appropriate. The other staff member stated she would also use the information to notify education and program staff so that high risk inmates are not placed in job and programs with a perpetrator without staff presence.

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. 14-2 Sexual Abuse Prevention and Response, page 14 states that the facility shall make individualized case-by-case determinations about how to ensure the safety of each inmate/detainee. The interviews with the staff responsible for the risk screening indicated that the risk screening information is utilized to place inmates appropriately. Both staff stated it is utilized to house them appropriately. One staff member stated she would look at the designation and she would also not house an older inmate with a younger inmate. She stated she would review the alerts to make sure housing was appropriate. The other staff member stated she would also use the information to notify education and program staff so that high risk inmates are not placed in job and programs with a perpetrator without staff presence.

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. 14-2 Sexual Abuse Prevention and Response, page 14 states that in deciding whether to house a transgender/intersex inmate/detainee in a male or female unit, pod, cell or dormitory within the facility subsequent to arrival, or when making other housing and programming assignments for such inmates/detainees, the facility shall consider whether the placement would ensure the inmate/detainee's health and safety and whether the placement would present management or security problems. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 6 states that following identification of a transgender or intersex inmate/detainee at intake (or upon identification after intake), the inmate/detainee shall be referred to the SART established by the facility for an assessment using the CoreCivic 14-9A Transgender/Intersex Assessment and Treatment Plan form. Additionally, page 8 states that CoreCivic facilities shall not base housing placement decisions for transgender or intersex inmates/detainees solely on the identify documents or physical anatomy of the inmate/detainee. The auditor requested the 14-9 form for the five transgender inmates to confirm case-by-case housing. The auditor did not receive the requested documentation during the interim report period. The interview with the PCM indicated that they utilize the risk screening process to house all inmates. He stated staff would speak to the inmates, ask about pronouns, search preferences and any other special accommodations. He stated they discuss housing and that medical and mental health are involved in the housing process. The PCM confirmed that housing would take into consideration the health and safety of the inmate and whether the placement would present any security or management problems. 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. 14-2 Sexual Abuse Prevention and Response, page 14 indicates placement and programming assignments for each transgender or intersex inmate/detainee shall be reassessed at least twice each year to review whether any threats to safety were experienced the inmate/detainee. 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 7-8 state that a reassessment shall be completed any time that additional relevant information becomes known or following any indicating of victimization or threats of safety experienced by the inmate/detainee. At minimum, SART shall consider the following in the reassessment: changes in the transgender inmate/detainee's housing preferences; variations in the inmate/detainee's medical or mental health status; safety/security of the inmate/detainee,

other inmate/detainees, and/or facility staff; any threats to safety experienced by the inmate/detainee; continued availability of housing; and concerns documented by the facility. A review of five transgender inmate files indicated that four had arrived in 2021 and one had arrive in 2022. All five had an initial risk screening completed and a reassessment. Three of the inmates were also reviewed recently in February via the 14-9 form. The interview with the PCM indicated that transgender and intersex inmates are reviewed every six months. The interviews with the staff responsible for risk screening indicated that one confirmed transgender and/or intersex inmates are screened biannually for any threats to their safety. The other staff member stated that the biannual assessments were not being done, but that they are now.

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. 14-2 Sexual Abuse Prevention and Response, page 14, indicates that transgender and intersex inmate/detainee gender self-identification of safety needs shall be given serious consideration in all housing and programming assignments. The Human Rights Policy Statement indicates on page 1 that CoreCivic policy includes protection for freedom of expression and identity, including freedom from discrimination or harassment based on race, religion, national origin, sex, gender, sexual orientation, disability or political views and freedom of personal grooming. 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. 14-2 Sexual Abuse Prevention and Response, page 17 and 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, pages 8 indicate that transgender and intersex inmates/detainees shall be given the opportunity to shower separately from other inmates/detainees. Facilities should adopt procedures that will afford transgender and intersex inmate/detainees the opportunity to disrobe, shower and dress apart from other inmate/detainees. The PCM confirmed that transgender and/or intersex inmates are afforded the opportunity to shower separately from the rest of the inmates. He stated that the facility creates a memo which indicates the time they can shower and that the separate shower time is while other inmates are locked down (typically after hours). The one staff member responsible for the risk screening stated that transgender and intersex inmates shower at the 7:00am count and the 9:00pm count. 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 declined the separate shower and one stated she is offered two times during the day. During the tour it was observed that all showers are single person showers with raised half walls and curtains or doors with lattice type material windows.

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. 14-2 Sexual Abuse Prevention and Response, page 15 states that the establishment of a unit, pod or wing solely dedicated to the house of LGBTI and/or gender non-conforming inmates/detainees is strictly prohibited unless required by consent decree, court order or other comparable legal authority. 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 three gay or bisexual inmates and four transgender inmates indicated that all seven did not feel that they were placed in any specific housing unit based on their sexual preference and/or gender identity. 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.

Based on a review of the PAQ, 79-ISA-04, 79-ISA-05, 14-2 Sexual Abuse Prevention and Response, 14-9 Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, the Human Rights Policy Statement, 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 screening and LGBTI inmates, indicates that this standard requires corrective action. A review of the PREA Assessment (DRC) 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. The memo related to the PREA assessment process indicated that the Unit Managers check the inmate's "Pending UM" cases and determine if the inmate does not need a PREA classification or they recommend a classification of victim, abuser, potential victim or potential abuser. If the classification is recommend, the Unit Management Chief will determine the final classification and develop a PREA accommodation strategy with the Unit Management Team. 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 and documentation reviewed during the risk screening. There is no consistency in determinations and as such the auditor determined that the current tool and process did not meet the standard. The facility advised the auditor that all current DRC inmates were screened 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. While the facility advised they completed these assessments the auditor was not provided any documentation confirming the 14-2B was completed on all DRC inmates. Additionally, the facility enters the designation outcome from the 14-2B into the DRC system and therefore the auditor could not confirm that the facility utilizes the 14-2B for all inmates. As such, the auditor was unable to determine if current high risk lists were accurate. Additionally, the facility did not provide the transgender housing determinations requested.

Corrective Action

The facility will need to provide documentation related to utilizing the CoreCivic risk assessment for all DRC inmates, both past and present. The list of inmates at high risk of victimization and abusiveness should be provided to the auditor. The list should have the inmate's housing assignments and job/program assignment. Additionally, the facility will need to provide the transgender housing determination documents.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Sample of Risk Assessments for DRC Inmates Prior to the Onsite Portion of the Audit
2. Sample of Risk Assessments for DRC Inmates Post Onsite Portion of the Audit
3. Assurance Memorandum Related to DRC Inmate Risk Assessments
4. Transgender Inmate Housing Determinations

On May 9, 2022 the facility provided the auditor with a memo indicating that all DRC inmates had been screened for their risk of victimization and abusiveness utilizing the CoreCivic risk screening tool. Additionally, the facility provided the auditor with a sample of inmate risk assessments completed on DRC inmates prior to the onsite portion of the audit as well as post onsite portion of the audit.

On June 10, 2022 the facility provided the auditor with housing determination documentation for seven transgender inmates that are/were housed at the facility during the audit period. Documentation confirmed that determination are made on case-by-case basis.

Based on the information provided this standard has been corrected.

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. CoreCivic Policy 10-1 Special Management/Restrictive Housing Unit Management
5. 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

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. 14-2 Sexual Abuse Prevention and

Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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 a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. 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. He stated that they do not place the inmate victim in involuntary segregated housing.

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. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that inmates/detainees placed in restrictive housing pursuant to section 1.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate who is at high risk of sexual victimization is placed in involuntary segregated housing the inmate would be provided access to programs, privileges, education and work opportunities to the extent possible. He stated that the access may be limited based on the circumstances. The staff member confirmed that if the facility restricts any programs or privileges, the restrictions would be documented. There were no inmates in segregated housing for their risk of victimization and as such no interviews were completed. During the tour the auditor observed that the segregated housing units had an enclosed dayroom that inmates had access to for programs and privileges. The units had a small law library and a separate outside recreation area. During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. There are numerous drop boxes, including in housing units and program areas. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. However none of the drop boxes were specific to sexual abuse or sexual harassment. All drop boxes were locked and staff confirmed that only specific individuals had keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if requested. For inmates in segregated housing, a staff member makes rounds daily with a locked box for correspondence. Inmates in segregated housing can be provided a "security" pen and grievance or other forms upon request. When information is sent to the outside reporting entity or local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail.

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. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 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 they would try to use the medical cell first so it's not segregation but rather isolation for protection. The Warden stated he thinks that policy states they can place an inmate for 30 days, but that at the facility they would never keep the inmate in there that long. 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 would only be in involuntary segregated until the facility could find a safe place in general population for the inmates. The staff further stated that the inmate would not be placed in involuntary segregated housing as a disciplinary type of action. He indicated that the facility would be able to find alternative housing pretty quickly but it would be contingent on what is available on the compound. 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. 14-2 Sexual Abuse Prevention and Response, page 15 states if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged.

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. 14-2 Sexual Abuse Prevention and Response, page 15 and 10-1 Special Management/Restrictive Housing Unit Management, page 18, state that every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. The interview with the staff member who supervise inmates in segregated housing confirmed that any inmate 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, 14-2 Sexual Abuse Prevention and Response, 10-1 Special Management/Restrictive Housing Unit Management, 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
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Reporting, Response, Investigation, and Prevention of Retaliation
5. DRC Inmate Handbook
6. USMS Detainee Handbook
7. PREA Posters
8. PREA Video Script
9. CoreCivic Code of Ethics Document
10. The Ethics Line Poster
11. Prison Rape Elimination Act (PREA) Training

12. 14-2AA PREA Prevent Detect Respond Pamphlet
13. Prison Rape Elimination Act Reporting Memorandum of Understanding (MOU with the Ohio Department of Youth Services)
14. 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. 14-2 Sexual Abuse Prevention and Response, page 18 states that inmates/detainees shall be encouraged to immediately report pressure, threats, or instances of sexual abuse or sexual harassment, as well as possible retaliation by other inmates/detainees or employees for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to such incidents. A review of additional documentation to include the inmate handbooks, the PREA video script, the PREA pamphlet 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), through someone outside the facility (family and friends), by contacting the Assistant Warden, to the Office of the Inspector General (1-800-869-4499 or 950 Pennsylvania Avenue Room 4706, Washington DC 20530) and by contacting the rape crisis center. The auditor observed PREA information posted and painted throughout the facility. Each housing unit had a posted PREA brochure, a PREA poster and a victim advocacy poster at the entrance to the unit on the bulletin board. Inside of each housing unit the auditor observed at least a PREA poster and painted reporting numbers. The brochure and posters included information on the zero tolerance policy and reporting. Posters and painted phone numbers were in adequate size font (for vision impairment) and were placed appropriately in an inmate's line of sight (for physical impairments). PREA posters were observed to be in both English and Spanish. Third party reporting information was observed in the visitation area and in the front lobby via the End the Silence PREA poster. In addition to the PREA information being painted and posted, the information is also available to inmates through the inmate inmate/detainee handbook and PREA brochure (provided to inmates at intake). All inmates have tablets and can utilize a kiosk. During the tour the auditor had an inmate demonstrate the tablet system. The auditor was shown that PREA information was not available on the tablet but the facility could send mass messages to the inmates on the tablets. Additionally, inmates could make phone calls to any of the reporting numbers through their tablet. Informal conversation with staff and inmates confirmed that the painted and posted information had been posted for a while. Inmates stated while they are aware of the numbers they don't call them so they are unfamiliar with the process. Inmate stated the audit announcement was posted at least over a month ago. Staff stated that inmates can report to the numbers that are painted in the units. The auditor tested two

numbers on the US Marshall side (1234#) and one number on the DRC side (Operations Support Center). The auditor tested the internal reporting numbers on both sides. The auditor left a voicemail on both lines. The auditor was provided confirmation within 30 minutes that the call was received on the US Marshall side. The PCM showed the auditor the text message that was sent to his phone informing him that the call was placed and received. Staff also provided the auditor confirmation the same day that the DRC side call was also received. Inmates have access to the phones anytime they are outside of their cell. Inmates in segregated housing are phone calls through a rolling cart. Inmates are provided access to phone calls each week. Inmates in segregated housing are able to submit a written report by placing a grievance or request in the drop box. Staff come around daily with a locked box to collect any mail/correspondence. The auditor also asked staff to advise how they submit a written report. Staff indicated they would fill out an incident report and submit it to their supervisor and/or the Warden. Informal conversation with inmates indicated they can report to the numbers on the wall or tell staff. Most inmates stated they have never called the numbers on the wall. Staff stated inmates can report through the posted numbers and in writing. The auditor called the outside reporting mechanism on the US Marshall side. The auditor never received confirmation that the call was received. For inmates in segregated housing, a staff member makes rounds daily with a locked box for correspondence. Inmates in segregated housing can be provided a "security" pen and grievance or other forms upon request. When information is sent to the outside reporting entity or local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail. Interviews with 42 inmates confirm that all were aware of at least one method to report sexual abuse and/or sexual harassment. Inmates stated they would report through a staff member, through one of the phone numbers, through a written kite, through their family, via the tablet and/or by pressing the button in the pod/cell.

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. 14-2 Sexual Abuse Prevention and Response, pages 18-19 state that each facility shall provide at least one way for inmates/detainees to report abuse or harassment to a public entity or private entity or office that is not part of CoreCivic or the contracting agency and that is able to receive and immediately forward inmate/detainee reports of sexual abuse and sexual harassment to facility officials, allowing the inmate/detainee to remain anonymous upon request. The policy indicates that the outside reporting entity for the facility is a 24 hour toll free number. The MOU with the Ohio Department of Youth Services (DYS) indicates that DHS 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 DHS. A review of the DRC inmate handbook confirms 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 DHS. The US Marshall detainee handbook directs inmates to call the Office of the Inspector General (1-800-869-4499) or write to the OIG. The PREA pamphlet advises inmates they can report by calling the number posted to an agency outside of the facility (you can remain anonymous upon request). The auditor observed PREA information posted and painted throughout the facility. Each housing unit had a posted PREA brochure, a PREA poster and a victim advocacy poster at the entrance to the unit on the bulletin board. Inside of each housing unit the auditor observed at least a PREA poster and painted reporting numbers. In addition to the PREA information being painted and posted, the information is also available to inmates through the inmate inmate/detainee handbook and PREA brochure (provided to inmates at intake). All inmates have tablets and can utilize a kiosk. The auditor called the outside reporting mechanism on the US Marshall side. The auditor never received confirmation that the call was received. The auditor tested the outside reporting line on the DRC side (*89) through phone and tablet. The auditor had an inmate illustrate how to utilize the reporting method on the inmate tablet.

Inmates are able to make phone calls directly from their tablets. The inmate called the DRC outside hotline from the tablet and allowed the auditor to leave a message. An email with the audio recording was forwarded to the auditor on the same day the call was made (March 23, 2022). The auditor did not test the outside reporting mechanism via correspondence through the U.S. mail. The auditor did however obtain information related to the mail process and how information is submitted. During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. There are numerous drop boxes, including in housing units and program areas. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment. All drop boxes were locked and staff confirmed that only specific individuals had keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if requested. For inmates in segregated housing, a staff member makes rounds daily with a locked box for correspondence. Inmates in segregated housing can be provided a “security” pen and grievance or other forms upon request. When information is sent to the outside reporting entity or local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail. The interview with the PCM indicated that US Marshall inmates can report to the Department of Justice’s Office of the Inspector General and on the DRC side there is a hotline number that is external that they can report to (DYS). He indicated that once the OIG or DYS receive the information they report it back to the facility, usually through the Warden, to ensure it is investigated. Interviews with 42 inmates indicates that twelve were aware of an outside reporting mechanism and 27 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. 14-2 Sexual Abuse Prevention and Response, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. Staff shall promptly document any verbal reports. A review of additional documentation to include the inmate handbooks, the PREA video script, the PREA pamphlet 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), through someone outside the facility (family and friends), by contacting the Assistant Warden, to the Office of the Inspector General (1-800-869-4499 or 950 Pennsylvania Avenue Room 4706, Washington DC 20530) and by contacting the rape crisis center. During the tour the auditor also asked staff to advise how they submit a written report. Staff indicated they would fill out an incident report and submit it to their supervisor and/or the Warden. Interviews with 42 inmates confirmed that 40 knew they could report verbally or in writing to staff and 34 knew they could report through a third party such as their family, friend or an attorney. Interviews with fifteen staff indicated that inmates can report sexual abuse and sexual harassment verbally, in writing, anonymously and through a third party. Two staff members were unaware if inmates could report through a third party. A review of documentation indicated that all allegations reported verbally (and all allegations reported through every other method) had a written incident report from the staff member that received the report. The incident reports were part of the investigative file.

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. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment to the CoreCivic 24-hour Ethics line at 1-800-461-9330. A review of the CoreCivic Code of ethics document and the Ethics Line poster confirmed that staff are informed they can contact the Ethics & Compliance directly at the facility or through the Ethics Line, anytime. The documents further provide a website where staff can report via the internet. The documents advise staff that if they are not comfortable identifying themselves, they can remain anonymous simply by informing the call center agent. A review of the DRC PREA Training confirms that DRC staff are advised that staff may privately report sexual misconduct or retaliation by completing an incident report (DRC 100) marked confidential and submit it directly to the Operational Compliance Manager or Agency PREA Coordinator. Interviews with fifteen staff indicate all fifteen were aware that they can privately report sexual abuse and sexual harassment of inmates. Most staff stated they can report privately through the website or hotline.

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, the inmate handbook, PREA posters, the PREA video script, the Ethics line signage, the PREA pamphlet, 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 require corrective action. While the facility has methods for inmates to report to an outside agency, the information provided to the DRC inmates does not indicate this is an outside reporting entity. Additionally, during the tour the auditor contacted the USMS outside reporting number, but did not receive confirmation that the call was received. Interviews with 42 inmates indicates that twelve were aware of an outside reporting mechanism and 27 stated they were aware they could report anonymously.

Corrective Action

The facility will need to update current documentation related to the outside reporting mechanism. Additionally, the facility will need to educate all current inmates on the outside reporting mechanism and the ability to remain anonymous. The facility will need to provide documentation that this education was provided. The facility will also need to determine the issue with the OIG outside reporting mechanism. The facility will need to call the number and provide confirmation to the auditor that the mechanism is working and functional and that reports are forwarded back to the facility for investigation.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated USMS Detainee Handbook
2. USMS PREA Hotline Poster
3. Updated DRC Inmate Handbook
4. Updated PREA Posters
5. Education of Inmates on Updated Information
6. Confirmation of the USMS Outside Reporting Mechanism Functionality (OIG)

On June 24, 2022 the facility provided the auditor with the USMS PREA Hotline Poster. The Poster is in both English and Spanish and includes instructions for reporting to the internal PREA hotline. Additionally, the Poster provides the phone number and mailing address to the Office of the Inspector General (OIG) for USMS inmates to report to outside of CoreCivic. The Poster also has information (phone number and mailing address) to an outside reporting entity that is outside of CoreCivic and the USMS (the Youngstown Police Department). The Poster advises inmates that reports can be made anonymously to the Youngstown Police Department and all reports will be referred for investigation. The facility provided the auditor with photos of the postings in the USMS side of the facility. Additionally, on the same date the

facility provided the auditor with the updated USMS Detainee Handbook. The PREA section included four pages on what is sexual abuse and sexual harassment, how to report, response to sexual assault, emotional support services and tips to avoid sexual abuse. The reporting section included method to report including: verbally or in writing to staff, through a confidential letter to the Warden, through the facility PREA internal reporting hotline (instruction on how to dial are provided), to the OIG (instructions on how to dial are provided) and through a third party. The handbook advises that anonymous reports can be made to the OIG.

On June 24, 2022 the facility provided the auditor with the updated DRC Inmate Handbook which states that inmates can report to the outside agency hotline (*89) at no cost from the inmate phone. Additionally, the handbook states that inmates shall be given the opportunity to remain anonymous upon request to the outside agency. Additionally, the updated PREA Poster had the outside agency hotline number and stated that reports can be made anonymously.

On July 6, 2022 the PC provided documentation from the USMS related to the OIG reporting line. The email indicated that there are limitations with the phone number and that this is not the primary reporting number for USMS inmates. The email states that the line advises inmates to leave a message but also to send correspondence to the mailing address. The USMS staff member confirmed that he has been forwarded information from correspondence sent to the OIG. The PC advised that the agency will utilize the OIG information but that the updated posters documents that the outside reporting mechanism is the Youngstown Police Department. Inmates can write to the Youngstown Police Department to report an allegation of sexual abuse and/or sexual harassment. The PC advised that the Youngstown Police Department is one of the agencies responsible for conducting criminal investigations so the information would be provided to the facility. The auditor confirmed on-site the incoming and outgoing mail procedures.

On July 13, 2022 and July 14, 2022 the facility provided photos of the updated posters around the facility. Additionally, the facility provided the auditor confirmation that the information related to reporting mechanisms, including the outside reporting entity was sent out to all inmates via the inmate tablet system.

Based on the information provided this standard has been corrected.

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:

7. Pre-Audit Questionnaire
8. Ohio Department of Rehabilitation & Corrections 79-ISA-01 – Prison Rape Elimination
9. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
10. Memorandum of Understanding with Compass Family and Community Services
11. DRC Inmate Handbook
12. USMS Detainee Handbook
13. 14-2AA PREA Pamphlet

14. PREA Posters

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. The PAQ stated that the facility does not provide inmates mailing addresses and telephone numbers for immigration services agencies for person detained solely for civil immigration purpose as they do not house inmates solely for immigration services. The PAQ further stated that the facility enables 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. 14-2 Sexual Abuse Prevention and Response, page 9 states that inmates/detainees shall have access to outside victim advocates for emotional support services related to sexual abuse by being provided with mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state or national victim advocacy or rape crisis organizations. At this facility, the following community agency or agencies provide emotional support services: Compass Family and Community Services. Page 10 further states contact information for immigrant services agencies shall be provided only for persons detained solely for civil immigration purposes. The DRC 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. The US Marshall detainee handbook did not have information related to victim advocacy. A review of the PREA poster indicates that inmates are advised they can contact emotional support services by writing to the Rape Crisis & Counseling Center at 535 Marimon Avenue, Youngstown, Ohio 44502. A second PREA poster stated that external victim advocates and support services can be access through writing to the Rape Crisis & Counseling Center or by calling the 24 hours crisis line at 330-782-3936. Both posters were available in English and Spanish. It should be noted that Compass Family and Community Services was formerly known as the Rape Crisis & Counseling Center. The PREA pamphlet states that calls made to community agency/rape crisis center PREA hotline numbers are not monitored or recorded. Information that is provided to community agencies concerning an allegation of sexual abuse will remain confidential, as required by law. It continues by stating that there are, however, certain situations and conditions under which staff from these agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. The facility provides access to victim advocates through the Compass Family and Community Services. The US Marshall side has the Compass Family and Community Services number posted, however when the auditor attempted to contact the number (more than one instance), it was inoperable. In addition to the number, the US Marshall side has a speed dial number (4673#) that indicates it connects to the national hotline, however the attempt to utilize this number also indicated it was inoperable. Inmates on the DRC side are not provided a way to contact the local rape crisis center from the inmate phones. A memo to the inmates indicates that they can be provided a list of numbers to Ohio Rape Crisis Centers but that calls are subject to monitoring. The information does not indicate how inmates can contact the numbers and staff advised that inmates are required to contact a staff member to set up a call or place the number on their call list. The Compass Family and Community Services information was not include in the DRC

handbook or brochure. Inmates in segregated housing are afforded calls each week and have access through a rolling phone that they utilize in their cell. Inmates can also write to Compass Family and Community Services for services by sending correspondence. During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. There are numerous drop boxes, including in housing units and program areas. The drop boxes collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment. All drop boxes were locked and staff confirmed that only specific individuals had keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if requested. For inmates in segregated housing, a staff member makes rounds daily with a locked box for correspondence. Inmates in segregated housing can be provided a "security" pen and grievance or other forms upon request. When information is sent to the outside reporting entity or local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail. Interviews with 42 inmates indicated twelve were provided a telephone number and a mailing address to a local rape crisis center. Three of the inmates stated they were provided a brochure and it may have been in there but they did not read it. Approximately half of the inmates that were provided a mailing address and telephone number stated they could call the number anytime and that the calls were free. They also stated the information was confidential. The other half of the inmates stated they did not know any information about the method to contact and level of confidentiality. 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 Compass Family and Community Services on two occasions but did not receive a response. The auditor contacted staff at Compass Family Community Services and confirmed that the organization has an MOU with NEOCC. The staff member stated that they provide support services in-person or via phone to the inmates at the facility. She confirmed inmates have access to the organization's hotline and mailing address. The staff member stated they also accompany inmates during forensic examinations at the local hospital and that the local hospital typically calls them for these services. The staff member confirmed they have provided services to inmates at NEOCC and that the organization does not have any concerns related to PREA compliance or the sexual safety of the inmates at NEOCC.

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 DRC 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. The US Marshall detainee handbook did not have information related to victim advocacy. 14-2 Sexual Abuse Prevention and Response, page 9 state that inmates shall be informed, prior to giving them access, of the extent to which such communication shall be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. If further states that consistent with applicable laws and emotional support services provider policy, information shall be reported to the facility without the inmate's consent, in the event the inmate 1) threatens suicide or to commit other harm to self; 2) threatens to harm another person; 3) shares with the community agency information that relates to abuse or neglect of a child or vulnerable adult; or 4) threatens the security of the facility or to escape. The PREA pamphlet states that calls made to community agency/rape crisis center PREA hotline numbers are not monitored or recorded. Information that is provided to community agencies concerning an allegation of sexual abuse will remain confidential,

as required by law. It continues by stating that there are, however, certain situations and conditions under which staff from these agencies/services are required to report. These may include, but are not limited to, situations where you may cause harm to yourself or others; any threats made to the safety and security of the facility and/or public; and any information that relates to abuse or neglect of a child or vulnerable adult. A review of the PREA poster indicates that inmates are advised they can contact emotional support services by writing to the Rape Crisis & Counseling Center at 535 Marimon Avenue, Youngstown, Ohio 44502. A second PREA poster stated that external victim advocates and support services can be accessed through writing to the Rape Crisis & Counseling Center or by calling the 24 hours crisis line at 330-782-3936. Both posters were available in English and Spanish. Interviews with 42 inmates indicated twelve were provided a telephone number and a mailing address to a local rape crisis center. Three of the inmates stated they were provided a brochure it may have been in there but they did not read it. Approximately half of the inmates that were provided a mailing address and telephone number stated they could call the number anytime and that the calls were free. They also stated the information was confidential. The other half of the inmates stated they did not know any information about the method to contact and level of confidentiality.

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. 14-2 Sexual Abuse Prevention and Response, page 8 states that CoreCivic shall maintain, or attempt to enter into, Memorandum of Understanding (MOU) or other agreements with community service providers that are able to provide inmates with confidential emotional support services. Additionally, it states that all MOUs must be reviewed and approved by the CoreCivic Legal Department prior to signature. The facility has an MOU with Compass Family and Community Services, which was signed on February 2, 2021. The MOU confirmed that the organization provides accompaniment and support through the forensic examination process, accompaniment and support through investigatory interviews, emotional support, crisis intervention services, referrals for resource, follow-up services, a hotline for emotional support, and a mailing address for emotional support.

Based on a review of the PAQ, 79-ISA-01, 14-2 Sexual Abuse Prevention and Response, the 14-2AA PREA pamphlet, the MOU with the Compass Family and Community Services, the handbooks, the PREA posters, observations from the facility tour related to posted information and information from interviews with random inmates and inmates who reported sexual abuse this standard appears to require corrective action. The US Marshall side has the Compass Family and Community Services number posted, however when the auditor attempted to contact the number (more than one instance), it was inoperable. In addition to the number, the US Marshall side has a speed dial number (4673#) that indicates it connects to the national hotline, however the attempt to utilize this number also indicated it was inoperable. Inmates on the DRC side are not provided a way to contact the local rape crisis center from the inmate phones. A memo to the inmates indicates that they can be provided a list of numbers to Ohio Rape Crisis Centers but that calls are subject to monitoring. The information does not indicate how inmates can contact the numbers and staff advised that inmates are required to contact a staff member to set up a call or place the number on their call list. The Compass Family and Community Services information was not included in the DRC handbook or brochure. The documentation reviewed also did not provide information on the extent that communication with the advocates would be monitored and if the calls were free. Additionally, interviews with 42 inmates indicated twelve were provided a telephone number and a mailing address to a local rape crisis center. Three of the inmates stated they were provided a brochure it may have been in there but they did not read it. Approximately half of the inmates that were provided a mailing address and telephone number stated they could call the number anytime and that the calls were free.

Corrective Action

The facility will need to update the current documentation to indicate how inmates can contact the local rape crisis center, to include if it is free and the level the contact is monitored. Once the information is updated the facility will need to educate all current inmates on the information and also provide refresher

information related to the victim advocacy services. Documentation confirming this was completed should be provided to the auditor. The facility will need to alleviate the issue related to calls from inmate phones. Confirmation will need to be provided that calls are functional to the local rape crisis center from the inmate phones.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Updated USMS Detainee Handbook
2. USMS PREA Hotline Poster
3. Updated DRC Inmate Handbook
4. Updated PREA Posters
5. Education of Inmates on Updated Information
6. Confirmation of Functionality of Victim Advocacy Phone Number

On June 24, 2022 the facility provided the auditor with the USMS PREA Hotline Poster. The poster is in both English and Spanish and includes instructions for contacting the Emotional Support Services Hotline. The poster provides dialing instructions and also indicates that calls to the number are confidential and are not monitored or recorded. The facility provided the auditor with photos of the postings in the USMS side of the facility. Additionally, on the same date the facility provided the auditor with the updated USMS Detainee Handbook. The PREA section included four pages on what is sexual abuse and sexual harassment, how to report, response to sexual assault, emotional support services and tips to avoid sexual abuse. The emotional support services section includes the same dialing instructions as the poster as well as the address to Compass Family and Community Services. The section indicates that inmates may write to the organization for emotional support. Additionally, the section indicates that the Compass Family and Community Services number is not a number to report an incident or allegation of sexual abuse and provides information on mandatory reporting laws.

On June 24, 2022 the facility provided the auditor with the updated PREA poster which has a section on Victim Support Services. The section includes the phone number and mailing address to Compass Family and Community Services. The phone number indicates that it is 24 hours. The updated DRC Inmate Handbook indicates that victims shall be given access to victim advocates for emotional support. It states that telephone calls to the outside support services shall be provided in as confidential a manner as possible. The facility provided photos of the updated posters throughout the facility. Additionally, the facility provided confirmation that all inmates were educated on the information through distribution of the information on the inmate tablet system.

On July 13, 2022 the facility provide the auditor with confirmation that a call was placed to Compass Family and Community Services. The documentation showed that the call went through and it was free of charge.

Based on the information provided this standard has been corrected.

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
3. The Ethics Line Poster
4. 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. 14-2 Sexual Abuse Prevention and Response states that CoreCivic employees, contractors, volunteers and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-757-4448 or through the www.CoreCivic.ethicspoint.com. The DRC 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@DRC.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 DRC 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. 14-2 Sexual Abuse Prevention and Response, page 20 states that CoreCivic employees, contractors, volunteer, and interested parties may report allegation of sexual abuse and sexual harassment (including anonymous reports) to the CoreCivic 24-hour Ethics line at 1-866-461-9330 or through www.CoreCivic.ethicspoint.com. A review of the agency's website confirms that third parties can report via the phone number of the weblink above. The agency website and third party reporting information and direction is found at <https://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>. The auditor submitted the online form through the CoreCivic Ethics website on May 5, 2022 and also called the CoreCivic Ethics line number to report on the same date. Both CoreCivic reports were received and the auditor was provided information from the Director of Ethics and compliance via email that if the test was an allegation of sexual abuse it would be escalated to the Warden at NEOCC and the PC.

Based on a review of the PAQ, 14-2 Sexual Abuse Prevention and Response, the Ethics line poster, the PREA poster, the DRC website, the facility website and the agency (CoreCivic) 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. 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. 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Interviews with fifteen 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. The staff stated that they would immediately report the information to the Shift Supervisor and/or ADO.

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. 14-2 Sexual Abuse Prevention and Response, page 19 states that apart from reporting to designated supervisors or officials, employees/contractors shall not reveal any information related to a sexual abuse reported to anyone other than to the extent necessary and as specified in policy, to make treatment, investigation and other security and management decision. Interviews with fifteen 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. The staff stated that they would immediately report the information to the Shift Supervisor and/or ADO.

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. 14-2 Sexual Abuse Prevention and Response, page 19 states that unless otherwise precluded by federal, state, or local law, medical and mental health professionals shall be required to follow reporting procedures as outline in policy. At the initiation of providing medical care, both medical and mental health professionals will inform inmates/detainees of their professional duty to report and the limitations of confidentiality. Interviews with medical and mental health care staff confirm that they notify inmates at the initiation of services about their duty to report and limitations of confidentiality. One staff member stated that inmates sign a consent when they first come in. Another staff member stated she advises the inmates she is a mandatory reporter and she has to disclose any information the inmate provides on harm to self or others. All four staff indicated they are required to report any information or allegation related to sexual abuse and sexual harassment. Two of the four staff stated they had become aware of such information over their career and both stated they reported the information to security.

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. 14-2 Sexual Abuse Prevention and Response, page 19 states that If an alleged victim is under the age of eighteen or is considered a vulnerable adult under a state or local vulnerable person's statute, the allegation shall be reported to the investigating entity responsible for criminal investigations and the contracting agency or applicable contracting governmental agency. 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 do not house anyone under eighteen. He stated with regard to vulnerable adults they do not get that population on the DRC side. He stated if an allegation was made by a vulnerable adult they would report it to local law enforcement.

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. 14-2 Sexual Abuse Prevention and Response, page 19 states that in accordance with policy, employees/contractors are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that has occurred in any facility. Additionally, page 19 states that employees/contractors must take all allegations of sexual abuse seriously, including verbal, anonymous, and third party reports and treat them as if the allegation is credible. The interview with the Warden confirmed that sexual abuse and sexual harassment allegations are reported directly to the facility investigator, including third party and anonymous reports. A review of investigative files indicated that one of the fourteen allegations was reported through staff observation and one was reported anonymously from an unknown inmate. Both allegations were documented via an incident report and investigated by the facility investigator and one was referred to OSHP and had an open criminal investigation. The other twelve allegations were reported to the facility investigator and had an investigation initiated/completed.

Based on a review of the PAQ, 79-ISA-02, 79-ISA-04, 14-2 Sexual Abuse Prevention and Response, investigative report and interviews with random staff, medical and mental health care staff, the PREA Coordinator and the Warden indicates 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
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response

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. 14-2 Sexual Abuse Prevention and Response, pages 19 and 21 state that when it is learned that an inmate/detainee is subject to a substantial risk of imminent sexual abuse, immediate action shall be taken to protect the inmate/detainee. 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 if an inmate is at imminent risk of sexual abuse and they know who the perpetrator is they would separate them. He stated they would place the perpetrator in segregated housing or place the two inmates in separate housing units. He stated if the risk was due to a staff member they may be placed on administrative leave or not allowed to work around the inmate. He further stated that the allegation would be investigated. Interviews with fifteen staff indicated that they would immediately contact their supervisor and separate the individual from the imminent threat.

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. 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. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after

receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration. 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. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration.

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. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving an allegation that an inmate was sexually abused while confined at another facility the following actions shall be taken; the Warden/Facility Administrator of the facility that receives the allegation shall notify the Warden/Facility Administrator or appropriate headquarters office of the facility or agency where the alleged abuse took place as soon as possible, but no later than 72 hours after receiving the allegation. The facility shall document that it has provided such notification through the 5-1B Notice to Administration.

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. 14-2 Sexual Abuse Prevention and Response, page 25 states that upon receiving notification from another facility that an incident/allegation of sexual abuse had occurred while the inmate/detainee was previously confined at the facility, the facility shall record the name of the agency making the notification and any information that may assist in determining whether an investigation was conducted. If the allegation was not reported and/or not investigated facility staff shall initiate reporting and investigations procedures in accordance with policy. The incident shall be reported through the 5-1 incident report. The PAQ indicated there have been zero inmates who reported to another facility that they were abused while housed at the facility. A review of fourteen investigative reports indicated none were reported through a Warden to Warden notification. All fourteen were reported at NEOCC. 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 if they receive an allegation from another facility related to sexual abuse they would follow-up and investigate the allegation. He stated the facility has had examples of this during the audit period and that the examples were investigated.

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Allegations of Sexual Abuse – First Responders Flow Chart (Appendix C)
5. Institutional Sexual Abuse Coordinated Response Plan
6. Sexual Abuse – First Responder Checklist (Appendix D)
7. PREA Overview Facilitators Guide

8. 14-2C Sexual Abuse Incident Checklist
9. First Responder Card
10. Incident Reports/Investigative 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. 14-2 Sexual Abuse Prevention and Response, page 21 states that upon learning of sexual abuse, the first security responder is required to complete the following; separate the alleged victim from the alleged abuse and when the alleged abuser is an inmate/detainee, he/she shall be secured in a single cell to facilitate the collection of evidence; preserve and protect any crime scene until appropriate steps can be taken to collect evidence; ensure that the alleged victim is taken to the facility Health Services Department; and notify the highest supervisory authority on-site. Policy also states that while in the Health Services Department, and if the abuse occurred within a time period that allows for the collection of physical evidence, responding staff shall, to the best of their ability, request that the victim not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. Additionally, policy states that if the abuse occurred within a time period that allows for the collection of physical evidence and when the alleged abuser is an inmate/detainee, staff shall ensure that the alleged abuser does not take any actions that could destroy physical evidence. This would include as appropriate, washing, showering, removing clothing without medical supervision, urinating, defecating, smoking, drinking, eating or brushing his/her teeth. The PREA Overview Facilitators Guide confirmed that all staff are trained on first responder duties, including ensuring the victim does not shower, change clothes, use the restroom or consume fluids; notifying the highest ranking supervisor on site; securing the alleged perpetrator in a cell, file an incident report form, keep the information confidential, and secure the crime scene. An additional review of the Sexual Abuse Incident Check Sheet 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 20 allegations of sexual abuse. The PAQ stated eleven allegations involved the separation of the alleged victim and abuser, five still allowed for the collection of physical evidence and eleven included preservation of the crime scene and staff instructions to the inmates not to destroy any evidence through washing, brushing teeth, changing clothes, etc. A review of fourteen investigative reports (one incident report as the investigation is still

open) indicated that seven of the allegations involved the separated of victim and alleged perpetrator through a housing change. Five of the allegations reviewed indicated that the inmates were immediately separated. Five of the allegations involved securing a crime scene and occurred within a timeframe that still allowed for the collection of physical evidence. Five of the inmates were transported to the local hospital for a SAFE/SANE and were instructed not to take any action to destroy physical evidence. The interview with the security first responder indicated that first responder duties include immediately notifying medical, separating the inmates, notifying mental health, contacting the PCM and supervisor, securing the area, not letting the inmates brush their teeth, use the restroom or change their clothes and make sure no other evidence is destroyed. The non-security staff first responder stated she would keep the inmate victim with her, contact the Shift Supervisor, call medical and then contact the PCM. Interviews with inmates who reported sexual abuse indicated that one reported information verbally to staff and threatened to harm someone else so he was taken to segregated housing for threats. He stated staff attempted to talk to him through the door but he refused because he did not want to talk about it through the door. The second inmate stated he did not report the allegation. He stated he was called to the Captains office and shown a letter that said it was written by him, but it wasn't his handwriting and he didn't write it. He stated once he advised he didn't write it they let him go back to his housing unit. A review of the information related to the inmate placed in segregation indicated that the inmate did not advise about the sexual abuse during the initial report of the allegation. He was threatening harm to others and staff took him to segregated housing due to his actions and demeanor. Staff did not know it was a sexual abuse allegation until later.

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. 14-2 Sexual Abuse Prevention and Response, page 21 states that if the first staff responder is not a security staff member, the responder shall be required to request the alleged victim not taken any action that could destroy physical evidence, and then shall notify security staff. The PAQ indicated that during the previous twelve months there were nine times that a non-security staff member was a first responder and in all nine instances the first responder notified security staff and requested that the alleged victim not take any action that could destroy physical evidence. A review of fourteen investigative reports (one incident report due to the investigation still being open) indicated that seven of the allegations involved the separated of victim and alleged perpetrator through a housing change. Five of the allegations reviewed indicated that the inmates were immediately separated. Five of the allegations involved securing a crime scene and occurred within a timeframe that still allowed for the collection of physical evidence. Five of the inmates were transported to the local hospital for a SAFE/SANE and were instructed not to take any action to destroy physical evidence. All allegations were reported to security for action and investigation. The interview with the security first responder indicated that first responder duties include immediately notifying medical, separating the inmates, notifying mental health, contacting the PCM and supervisor, securing the area, not letting the inmates brush their teeth, use the restroom or change their clothes and make sure no other evidence is destroyed. The non-security staff first responder stated she would keep the inmate victim with her, contact the Shift Supervisor, call medical and then contact the PCM. Interviews with fifteen random staff indicated they were knowledgeable on first responder duties. Most staff stated they would separate the individuals, secure the area and notify the Shift Supervisor. Some of the staff further stated they would not allow evidence to be contaminated by instructing the inmates not to shower, use the restroom or change clothes.

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, Appendix C, Appendix D, the Institutional Sexual Abuse Coordinated Response Plan, the PREA Overview Facilitators Guide, the 14-2C Sexual Abuse Incident Checklist, staff First Responder Cards, 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. NEOCC Sexual Abuse Coordinated Response Plan
3. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. CoreCivic Policy 13-79 Sexual Assault Response Protocol
5. 13-79A Sexual Assault Response Protocol
6. 14-2C Sexual Abuse Incident Check Sheet

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. 14-2 Sexual Abuse Prevention and Response, page 20 states that in order to coordinate actions taken by initial first responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse, the facility has established a Sexual Abuse Response/Review Team (SART) that shall include, but is not limited to; PCM and/or ADO, medical representative, security representative, mental health representative and victim services coordinator. 13-79 Sexual Assault Response Protocol details facility specific information, additional medical and mental health requirements, additional reporting requirements and facility victim support/counseling. Additionally, 13-79A Sexual Assault Response Protocol and 14-2C Sexual Abuse Incident Check Sheet contain the requirements for an allegation of sexual abuse as it relates to first responders, Health Services, Shift Supervisors, victim advocates, SANE/SAFE, investigators and the PCM. A review of the NEOCC 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 coordinated response plan and that it includes all the required components under this standard. He stated the plan

outlines each areas responsibility and staff are aware of their responsibility through the plan, policy and procedure.

Based on a review of the PAQ, the NEOCC Sexual Abuse Coordinated Response Plan, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response Protocol, 13-79A, 14-2C 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. Memorandum from the Warden

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. Further communication with the PC indicated this was incorrect and NEOCC is not subject to a collective bargaining agreement. The memo from the Warden confirmed that NEOCC is not subject to a union contract. The interview with the Agency Head Designee confirmed that certain CoreCivic facilities have 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 memo from the Warden 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Investigative Reports
5. Memorandum from the Warden Related to Staff Responsible for Monitoring for Retaliation
6. Victim Inmate Protection Follow-Up (Electronic Form)
7. Reporting Staff Protection Follow-Up (Electronic Form)
8. 14-2C Sexual Abuse Incident Check Sheet
9. 14-2D PREA Retaliation Monitoring Report

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. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that inmates/detainees and staff who report sexual abuse or sexual harassment (or cooperate with sexual abuse or sexual harassment investigations) shall be protected from retaliation by other inmates/detainees or staff. The PAQ indicated that the Assistant Warden is responsible for monitoring for retaliation. The memo from the Warden further indicated that in addition to the Assistant Warden, three investigators and one case manager are also 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. 14-2 Sexual Abuse Prevention and Response, pages 24-25 describe the monitoring process. Specifically, it states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, it states that ADO staff, or the Warden/Facility Administrator will determine, on a case by case basis, whether or not placement of a staff member in a non-contact role with the victim and/or other inmates/detainees is warranted. This determination will take into account the gravity and credibility of the allegation. 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 the facility takes protective measures through a local separation or an institutional separation. He stated if it was a staff member they would be subject to discipline up to and including termination. He stated they can place staff on no inmate contact or change their work assignment. The interview with the staff designated for monitoring for retaliation stated that she monitors for retaliation and that she has an open door policy. She indicated that she sits down with the individual and goes over options and explains the process. She stated she then checks with them at the 30, 60 and 90 day mark. The staff member stated that possible protective measures could include housing changes for inmates, transfer of one of the inmates to a different facility and/or removal of the staff member from contact with the inmate. She further confirmed that she conducts period status check. She stated she checks with the individual the first day of the allegation, a few days later, and then at the 30, 60 and 90 day mark. Interviews with two inmates who reported sexual abuse indicated that both felt protected against retaliation. One inmate stated the other inmates were no longer at the facility and he has no issues and the second inmate stated he has no issues and didn't do anything wrong to be retaliated against. A review of a sample of fourteen investigations (one incident report for the open investigation) indicated seven required monitoring for retaliation. All included 90 day monitor, with the exception of one where the inmate was transferred prior to the end of the 90 day period. Additionally, documentation confirmed that all seven inmates were provided access to mental health

emotional support services and all seven were moved from contact with the perpetrator (either the victim was moved or the perpetrator was moved).

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 at least 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. 14-2 Sexual Abuse Prevention and Response, pages 24-25 indicate that for at least 90 days (30/60/90) following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates/detainees who reported sexual abuse and inmate/detainees who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation against them by inmates/detainees or staff. Policy states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers; removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; periodic status checks; and monitoring disciplinary reports, housing and housing or program changes. Additionally, policy states that for at least 90 days (30/60/90) following a report of sexual abuse the agency shall monitor the conduct and treatment of staff who reported sexual abuse to see if there are any changes that may suggest possible retaliation by inmates/detainees or other staff. All monitoring shall be documented on the 14-2D PREA Retaliation Monitoring Report (30-60-90) or contracting agency equivalent form. Retaliation monitoring for staff shall include, but is not limited to, monitoring negative performance reviews, disciplinary reports and reassignments. Additionally, emotional support services may be provided for staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. 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, depending on the level, they would place the staff member on no inmate contact or leave or they would place the inmate perpetrator in segregated housing or put a separation order on them. He also stated there would be discipline for the inmate and/or staff member perpetrator. The interview with the staff designated for monitoring for retaliation indicates that she talks to the individual to determine if there are any problem. She stated she also checks conduct reports (disciplinary), housing changes, program changes, post changes for staff and she also reviews cameras to determine if there are any concerns for retaliation. The staff member stated that she monitors for retaliation for 90 days but that she keeps an eye on the individual the whole time they are at the facility. She confirmed that if there was a concern for retaliation she would keep monitoring them until there was no longer a concern. A review of a sample of fourteen investigations (one incident report for the open investigation) indicated seven required monitoring for retaliation. All included 90 day monitor, with the exception of one where the inmate was transferred prior to the end of the 90 day period. Monitoring included periodic status checks (in-person) and a review of housing, program and job changes.

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. 14-2 Sexual Abuse Prevention and Response, page 24 states that the facility shall employ multiple protective measures to monitor retaliation against inmates/detainees including but not limited to; housing changes or transfers for inmates/detainee victims or abusers;

removal of alleged staff or inmate/detainee abuser from contact with victims; emotional support services for inmates/detainees who fear retaliation for reporting sexual abuse or sexual harassment or cooperating with investigations; period status checks; and monitoring disciplinary reports, housing and housing or program changes. A review of a sample of fourteen investigations (one incident report for the open investigation) indicated seven required monitoring for retaliation. All included 90 day monitor, with the exception of one where the inmate was transferred prior to the end of the 90 day period. Monitoring included period status checks (in-person) and a review of housing, program and job changes. The staff member responsible for monitoring for retaliation confirmed that she conducts period status check. She stated she checks with the individual the first day of the allegation, a few days later, and then at the 30, 60 and 90 day mark.

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. 14-2 Sexual Abuse Prevention and Response, page 25 states if any other individual who cooperates with an investigation expresses fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. 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 the facility takes protective measures through a local separation or an institutional separation. He stated if it was a staff member they would be subject to discipline up to and including termination. He stated they can place staff on no inmate contact or change their work assignment. The Warden indicated that if an allegation of retaliation was reported or suspected, depending on the level, they would place the staff member on no inmate contact or leave or they would place the inmate perpetrator in segregated housing or put a separation order on them. He also stated there would be discipline for the inmate and/or staff member perpetrator.

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

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, investigative reports, the memo from the Warden, the electronic protection follow-ups and paper 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Inmate Victim Housing Documents

Interviews:

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

Site Review Observations:

1. Observations of the Segregated Housing Units

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. 14-2 Sexual Abuse Prevention and Response, page 15 states that inmate/detainees at high risk for sexual victimization shall not be placed in involuntary restricted 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 a facility cannot conduct such an assessment immediately, the facility may hold the inmate/detainee in involuntary restrictive housing for less than 24 hours while completing an assessment. Every 30 days a review of each inmate/detainee's status will be conducted to determine whether there is a continuing need for separation from the general population. It also states inmates/detainees placed in restrictive housing pursuant to section I.8 [provision (a)] shall have access to programs, privileges, education, and work opportunities to the extent possible. If access is programming, privileges, education or work opportunities is restricted, the facility shall document the following; the opportunities that have been limited; the duration of the limitation; and the reason for such limitations. Additionally, it indicates that restrictive housing shall be used only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days and if involuntary restrictive housing is warranted as outlined above [in provision (a), (b) and (c)] the documentation of such actions shall clearly specify a basis for the facility concern for the inmate/detainee's safety and the reason(s) why no alternative means of separation can be arranged. During the tour the auditor observed that the segregated housing units had an enclosed dayroom that inmates had access to for programs and privileges. The units had a small law library and a separate outside recreation area. During the tour the auditor observed that the inmates are able to place outgoing mail in any of the drop boxes around the facility. There are numerous drop boxes, including in housing units and program areas. The drop boxes

collect all mail, however there are specific boxes for grievances and US mail. None of the drop boxes were specific to sexual abuse or sexual harassment. All drop boxes were locked and staff confirmed that only specific individuals had keys to the boxes. Inmates have the ability to purchase writing materials and they are also provided these material by staff if requested. For inmates in segregated housing, a staff member makes rounds daily with a locked box for correspondence. Inmates in segregated housing can be provided a "security" pen and grievance or other forms upon request. When information is sent to the outside reporting entity or local rape crisis center, inmates are required to purchase an envelope and postage (there is a process for indigent inmates). Additionally, a return name and address are required for US mail, however staff do not monitor/screen outgoing mail. A review of fourteen investigations indicated that twelve were sexual abuse and none of the twelve inmate victims were involuntarily segregated. Six inmates remained in the same housing status as when they reported, two were placed in segregated housing due to disciplinary reasons, two were moved to the health services unit and one was not at the facility during the time of the report. 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. He stated they do not place the inmate victim in involuntary segregated housing and they would try to place the inmate in medical first in order to not segregate the inmate. He stated the policy indicates that inmates can be placed in segregation for up to 30 days, but they would never keep the inmate in that long. He confirmed that the facility has not placed an inmate victim in involuntary segregated housing. The interview with the staff who supervise inmates in segregated housing indicated that if an inmate who alleged sexual abuse was placed in involuntary segregated housing the inmate would be provided access to programs, privileges, education and work opportunities to the extent possible. He stated that the access may be limited based on the circumstances. The staff member confirmed that if the facility restricts any programs or privileges, the restrictions would be documented. 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. He further stated that they would only be in involuntary segregated until the facility could find a safe place in general population for the inmates. The staff further stated that the inmate would not be placed in involuntary segregated housing as a disciplinary type of action. He indicated that the facility would be able to find alternative housing pretty quickly but it would be contingent on what is available on the compound. The staff member confirmed that any inmate placed in involuntary segregated housing would be reviewed at least every 30 days for their continued placement in involuntary segregation. 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, 14-2 Sexual Abuse Prevention and Response, housing assignments for inmate victims of sexual abuse and the interviews with the Warden and staff who supervise inmates in segregated housing, this standard appears to require corrective action. Both the agency policy and the client policy only address involuntary segregation of inmates at high risk of victimization. The policies do not address inmate victims of sexual abuse.

Corrective Action

The facility will need to update their current policy to include the requirement of prohibition of involuntary segregated housing for inmates who report sexual abuse. Once the policy has been updated a copy should be provided to the auditor.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:**1. Policy Change Notice**

On June 22, 2022 the agency provided the Policy Change Notice for 14-2(03) Sexual Abuse Prevention and Response. The PCN was effective June 2, 2022. The PCN indicated that the following language is added to policy: "any use of restrictive housing to protect an inmate who is alleged to have been the victim of sexual abuse shall be subject to the requirements outlined above in section 1.8a-f. The facility was already following this practice and as such the addition of language to the policy has corrected this standard.

Based on the documentation provided this standard has been corrected.

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 Policy 14-2 Sexual Abuse Prevention and Response
4. CoreCivic Policy 5-1 Incident Reporting
5. CoreCivic Records Retention Schedule
6. Memorandum of Understanding with the Ohio State Highway Patrol
7. Investigator Training Records
8. 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. 14-2 Sexual Abuse Prevention and Response, page 27 states that facility administrative investigations into allegations of sexual abuse and sexual harassment shall be done promptly, thoroughly and objectively for all allegations including third-party reports and anonymous reports. Additionally, 5-1 Incident Reporting, page 7 states that a 5-1G Incident Investigative Report must be completed for all Priority PREA incidents by supervisory level employee, to be determined by the ADO, not involved in the incident. 208.06, page 15 also states that an administrative and/or criminal investigation shall be completed for all allegations of sexual abuse and sexual harassment. Allegations that involve potential criminal behavior will be referred for investigation to OPS. This referral does not alleviate the facility from its responsibility of reaching a disposition on the administrative SART investigation. A review of the fourteen administrative investigations confirmed that seven were completed within 30 days, five were completed within 60 and one was still open (reported at the end of February 2022). All thirteen closed investigations reviewed were timely, thorough and objective. All thirteen involved interviews of the victim, alleged perpetrator and witness, when applicable. Eight involved the collection of evidence. The interviews with the investigators indicated that an investigation would be initiated immediately following an allegation of sexual abuse. Both of the investigators stated that third party and anonymous allegations of sexual abuse and sexual harassment would be investigated the same and they would follow the same investigative process.

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. 14-2 Sexual Abuse Prevention and

Detection, page 7 states that specialized training for investigators shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative action or prosecution referral. Specialized training is completed through the NIC: Investigation Sexual Abuse in a Confinement Setting. A review of the training curriculum 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 interviews with the investigators confirmed that the specialized 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. 14-2 Sexual Abuse Prevention and Detection, page 27 states investigators shall gather and preserve direct and circumstantial evidence including any available physical and DNA evidence and any available electronic monitoring data. Investigators shall interview alleged victims, suspected perpetrators and witnesses and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. A review of the fourteen administrative investigations confirmed that seven were completed within 30 days, five were completed within 60 and one was still open (reported at the end of February 2022). All thirteen closed investigations reviewed were timely, thorough and objective. All thirteen involved interviews of the victim, alleged perpetrator and witness, when applicable. Eight involved the collection of evidence. The interview with the one investigator indicated that her initial response would depend on when she finds out about the allegation. She stated the first thing she would do is separate anyone and make sure the crime scene is secure. The inmate victim would be interviewed and then the perpetrator. She stated she then would review any videos and calls and gather any other evidence. Witnesses would then be identified and if a SAFE/SANE occurred she would wait for the results. The investigator stated she would then analyze and determine the outcome. The second investigator stated she would separate the victim and perpetrator, get the necessary required services for the victim, refer the inmate for a SAFE/SANE, if appropriate, get statements from those involved, interview those involved, review camera footage, collect any evidence, look at everything surrounding the allegation and document it all. Both investigators indicated that they would be responsible for the collection of physical evidence, video, calls, statements and photos.

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. 14-2 Sexual Abuse Prevention and Detection, page 28 states that when the quality of evidence appears to support criminal prosecution, the investigating entity shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. A review of investigative reports indicated that none of the administrative investigations involved compelled interviews. Five of the allegations reviewed were investigated or being investigated by OHSP, however copies of OHSP reports were not available for review as the facility does not receive a copy, only the outcome. The interviews with the investigators indicated that outside law enforcement would handle compelled interviews typically. One investigator stated that they would contact local law enforcement for direction on how to handle the situation.

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. 14-2 Sexual Abuse Prevention and Detection, page 28 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 an inmate/detainee or staff. Additionally, it indicates that no agency shall require an inmate/detainee to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such allegation. The interviews with the investigators confirmed that an inmate victim would never be required to take a polygraph or truth telling device test. With regard to credibility, one investigator stated that they take every allegation seriously. The other investigator stated that credibility would be on a case-by-case situation and that they go off of the evidence. The two inmates who reported sexual abuse confirmed that neither 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. 14-2 Sexual Abuse Prevention and Detection, page 27 states that administrative investigation shall include an effort to determine whether staff actions or failures to act contributed to the abuse. Such investigations shall be documented on the 5-1G Incident Investigation Report and shall detail the following components: investigative facts, physical evidence, testimonial evidence, reasoning behind credibility assessments, investigative findings and an explanation as to how the conclusion of the investigations was reached. 29 administrative investigations were completed in the previous twelve months. A review of thirteen closed 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 one investigator indicated that administrative investigations are documented in a written report and include a summary of the incident, interviews, statements, any evidence collected, what was stated during the medical exam and the conclusion. The second investigator also confirmed that administrative investigations are documented. She stated the document would include interviews notes, the PREA checklist, photos, medical forms, calls, videos, a written summary, a breakdown of the inmates involved, interview summaries, facts, findings, a timeline and an outcome. Both staff indicated that they determine if staff action or failure to act contributed to the incident. The one investigator stated that she makes sure staff were conducting rounds and cell checks. She stated she would review logs and video to ensure they did what they were supposed to. The other investigator stated they always review the investigation after the case closure. He stated they would review cameras and staff actions during the incident.

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. 14-2 Sexual Abuse Prevention and Detection, page 29 states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible. There were two closed criminal investigations completed during the audit period, however the facility does not receive a copy of the investigative report, only the outcome. The interviews with the investigators confirmed that all criminal cases are completed by an outside law enforcement agency. Both staff stated the investigations are documented but they typically do not get copies of the reports.

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. 14-2 Sexual Abuse Prevention and Detection, page 29 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. All fourteen investigations reviewed were referred to the OSHP, five were picked up for investigation. Two were closed and the facility had documentation indicating the District Attorney declined to prosecute. Three were still open and as such the facility did not have any information related to referral for prosecution. The interviews with the investigators confirmed that all cases are referred to the local law enforcement and they 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. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the agency shall retain all investigative reports into allegations of sexual abuse 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. 14-2 Sexual Abuse Prevention and Detection, page 27 states that the departure of the alleged abuser or victim from employment control of the facility or agency shall not provide a basis for terminating an investigation. The investigators confirmed that an investigation would still continue regardless of the departure of the alleged staff member or inmate. Both investigators stated that they would contact outside law enforcement and/or the other facility to assist with completing the investigation if the inmate and/or staff departed the facility.

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. 14-2 Sexual Abuse Prevention and Detection, page 29 states that the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. The MOU with the Ohio State Highway Patrol, executed on October 8, 2021 (prior MOU was signed 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 investigator and the OHSP have a relationship and the OSHP keeps the facility updated. The interview with the PCM indicated they remained informed of the progress of the investigation by communication between the facility investigator and the OSHP. The facility investigators stated when an outside agency investigates they act as liaisons and provide any assistance they may need.

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, 5-1 Incident Reporting, 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 investigators 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. 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. 14-2 Sexual Abuse Prevention and Response, page 27 states that in any sexual abuse or sexual harassment investigation in which the facility is the primary investigating entity, the facility shall utilize a preponderance of the evidence standard for determining whether sexual abuse or sexual harassment has taken place. 29 administrative investigations were completed in the previous twelve months and four criminal investigation were still ongoing. A review of the thirteen closed investigative reports indicated the findings were accurate based on the evidence. All investigation were closed unfounded or unsubstantiated. The interview with one investigator indicated that the level of evidence to substantiate an administrative investigation is a preponderance of evidence. The other investigator stated that the level of evidence to substantiate an investigation would be the availability of DNA evidence or having video footage confirming something occurred.

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, investigative reports and information from the interviews with the facility investigators 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Investigative Reports
5. 14-2E Inmate PREA Allegation Status Notifications
6. 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. 14-2 Sexual Abuse Prevention and Response, page 30 states that following an investigation into an inmate/detainee's allegation that he/she suffered sexual abuse at the facility, the inmate/detainee shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded. If the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ indicated that there were 20 investigation completed within the previous twelve months, and all 20 included a notification to the inmate victim of a result of the investigation. The interviews with the Warden and investigators confirmed that inmates are informed of the outcome of the investigation into their allegation. The Warden stated inmates are provided a letter related to the outcome. The interviews with the two inmates who reported abuse indicated that one did not know if he was supposed to be informed of the outcome, but he did receive a piece of paper indicating the allegation was unsubstantiated a couple of weeks after the reported incident. The second inmate stated he just told the investigator that he did not write the letter and he had no sexual abuse allegation. He confirmed that he signed a paper related to the allegation with the PCM. A review of eleven closed sexual abuse investigations indicated that ten were notified of the outcome of the investigation. The one inmate without a notification was released prior to the conclusion of the investigation.

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. 14-2 Sexual Abuse Prevention and Response, page 30 states if the facility did not conduct the investigation, the relevant information shall be requested from the outside investigating agency or entity in order to inform the inmate/detainee. The PAQ indicated that there were nineteen investigations completed within the previous twelve months by an outside agency with nineteen inmates who were notified of the results of the investigation. Further communication with the PCM indicated that all sexual abuse allegations are referred to the OHSP for investigation but typically they decline to conduct a criminal investigation. A review of fourteen allegations indicated five were accepted by the OHSP. Two of the five were closed by OHSP as declined to prosecute. The agency advised that the OHSP Troopers provide the inmate with information related to their activities. The auditor and the PC discussed the investigative process with OHSP. The PC advised that the facility conducts administrative investigations and that all investigations are referred to OHSP for criminal prosecution. They do not provide an update at the facility level to the inmate unless OHSP does an investigation and it results in prosecution (i.e. indicted or convicted). Because the facility has already completed an administrative investigation and provided notification related to the outcome the auditor determined that a subsequent notification to the inmate related to OHSP declining to prosecute was not required.

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. 14-2 Sexual Abuse Prevention and Response, page 30 states following an investigation into an inmate/detainee's allegation that an employee has committed sexual abuse against the inmate/detainee, the facility shall subsequently inform the inmate/detainee 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. 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 there were six staff-on-inmate sexual abuse allegations, two of which were unsubstantiated. A review of the investigative log confirmed none of the twelve total staff-on-inmate sexual abuse allegations were substantiated. 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. 14-2 Sexual Abuse Prevention and Response, page 30 states following an inmate/detainee's allegation that he/she has been sexually abused by another inmate/detainee, the facility shall 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 or the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility. A review of fourteen investigative reports indicated that eight were inmate-on-inmate sexual abuse allegations. An additional review of the investigative log indicated that none of the fourteen total inmate-on-inmate sexual abuse allegations were substantiated and as such no notification were required under this provision. The interviews with inmates who reported sexual abuse indicated that both were inmate-on-inmate. Both inmates stated they were not informed of anything related to the inmate. One inmate stated he did know they took the perpetrator to the segregated housing unit.

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 Eric 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. 14-2 Sexual Abuse Prevention and Response, page 30 states all inmate/detainee notifications or attempted notification shall be documented on the 14-2E Inmate/Detainee Allegation Status Notification. The inmate/detainee shall sign the 14-2E, verifying that such notification has been received. Upon further review it was determined that there were seventeen allegations of sexual abuse reported in the previous twelve months, all of which had a completed investigation. The PAQ indicated there were 24 total notifications provided pursuant to this standard and all 24 were documented. A review of eleven closed sexual abuse investigations indicated that ten were notified of the outcome of the investigation. The one inmate without a notification was released prior to the conclusion of the investigation.

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

Based on a review of the PAQ, 79-ISA-02, 14-2 Sexual Abuse Prevention and Response, a review of investigative reports, inmate notifications (14-2E) and information from interviews with the Warden, facility investigators and inmates who reported sexual abuse, this standard appears 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. 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. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that employees shall be subject to disciplinary sanctions up to and including termination for violating CoreCivic sexual abuse or sexual harassment 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. 14-2 Sexual Abuse Prevention and Response, page 31 states that termination shall be the presumptive disciplinary sanction for employees who have engaged in sexual abuse. A review of the investigative log and 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. 14-2 Sexual Abuse Prevention and Response, page 31 states that disciplinary sanctions for employee violations of CoreCivic policies relating to sexual

abuse or sexual harassment shall be 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. 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 logs and 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. 14-2 Sexual Abuse Prevention and Response, page 31 states all employee terminations for violations of CoreCivic sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to 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 logs and 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, 14-2 Sexual Abuse Prevention and Response 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. CoreCivic Policy 22-1 Volunteer Services and Management
6. Standards of Conduct for Contractors, Volunteers and Interns
7. 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. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. 22-1 Volunteer Services and Management, page 5 also addresses this provision. It states that volunteers are expected to abide by CoreCivic and applicable government agency policy, procedures, regulations and prevailing law. Failure to do so may result in immediate termination or removal from the Volunteer Roster. 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 stated there have not been any contractors or volunteers reported to law enforcement or relevant licensing bodies within the previous twelve months. A review of the investigative log and 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. 14-2 Sexual Abuse Prevention and Response, page 31 indicates that any civilian, volunteer, or contractor who engages in sexual abuse shall be prohibited from contact with inmate/detainees and shall be reported to law enforcement agencies and to any relevant licensing body. Any other violations of CoreCivic sexual abuse or sexual harassment policies by a civilian or contractor will result in appropriate corrective action up to and including restricting contact with inmate/detainees and removal from the facility. The interview with the Warden indicated that any violation of the sexual abuse and sexual harassment policies would result in the contractor or volunteer being

banned from coming into the facility and the allegation would be reported like the volunteer or contractor was a staff member. 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, 14-2 Sexual Abuse Prevention and Response, 22-1 Volunteer Services and Management, 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 5120-9-06 – Inmate Rules of Conduct
5. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
6. CoreCivic Policy 15-1 Offense and Penalty Code
7. CoreCivic Policy 15-2 Discipline Procedure
8. Investigative Reports
9. 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 5120-9-06, number 11 outlines non-consensual sexual conduct with another. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees shall be subject to disciplinary sanction pursuant to a formal disciplinary process following an administrative finding that an inmate/detainee engaged in inmate/detainee on inmate/detainee sexual abuse or following a criminal finding of guilt for inmate/detainee on inmate/detainee sexual abuse. 15-1 Offense and Penalty Code and 15-2 Discipline Procedure outline the disciplinary process including a pre-hearing detention, supervisor investigation and a finding/discipline as it pertains to a major offense or a minor offense. Page 3 of 15-1 Offense and Penalty Code states that sexual misconduct is a major offense and as such discipline would fall under the appropriate major offense guidelines. The PAQ indicated there have been zero 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 zero substantiated inmate-on-inmate sexual abuse and sexual harassment allegations. Therefore there were no disciplinary records to review.

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. 14-2 Sexual Abuse Prevention and Response, page 30 states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate/detainee's disciplinary history and sanctions imposed for comparable offenses by inmates/detainees with similar histories. The interview with the Warden indicated that if an inmate violated the sexual abuse or sexual harassment policies he could be criminally charged and he would have sanctions at the facility level. He stated that the inmate can be placed in segregated housing, could have an increased security level, could be transferred from the facility and could have other disciplinary sanctions. The Warden 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. 14-2 Sexual Abuse Prevention and Response, page 30 states that the disciplinary process shall consider whether and inmate/detainee's mental disability or mental illness contributed to his/her behavior when determining what type of sanctions, if any, should be imposed. 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. 14-2 Sexual Abuse Prevention and Response, page 30 states that if 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 alleged perpetrator to participate in such interventions as a condition of access to programming or other benefits. Interviews with medical and mental health staff indicated that the two mental health care staff confirmed that the facility offers therapy, counseling and other interventions services designed to correct underlying reasons or motivations for sexual abuse to the inmate perpetrator. One staff member stated that they have contemplated requiring the inmate perpetrator to participate in order to gain access to other benefits and services, but they have not enacted it. The other staff member stated that it is standard that they offer services to the victim and perpetrator and the inmates can decide if they want services and/or follow-up.

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. 14-2 Sexual Abuse Prevention and Response, page 30 indicates that an inmate/detainee may be disciplined for sexual conduct within an employee only upon a finding that the employee did not consent to such 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. 14-2 Sexual Abuse Prevention and Response, page 30 states that inmates/detainees who deliberately allege false claims of sexual abuse may be disciplined. For the purpose of a disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, shall not constitute falsely reporting an incident or lying even if the investigation does not establish evidence sufficient to substantiate the allegation.

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 5120-9-06, number 13 confirms that consensual physical contact for the purpose of sexually arousing or gratifying either person is prohibited. 14-2 Sexual Abuse Prevention and Response, page 30 states that sexual activity between inmates/detainees is prohibited in all CoreCivic facilities, and inmates/detainees may be disciplined for such activity. Such activity shall not be deemed sexual abuse if it is determined that the activity is not coerced.

Based on a review of the PAQ, 79-ISA-02, 5120-9-06, 56-DSC-01, 14-2 Sexual Abuse Prevention and Response, 15-1 Offense and Penalty, 15-2 Disciplinary Procedures, 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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. Risk Screening Documents
5. 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. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were offered a mental health follow-up within fourteen days. 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 20 inmates identified who disclosed prior sexual victimization during the risk screening revealed that fifteen were

offered a follow-up with mental health. The interviews with the staff responsible for the risk screening indicated that inmates are referred to mental health the same day of the disclosure. One staff member stated that they were not doing referrals but they are now. She stated she would do the referral immediately and the inmate would be seen by mental health within 72 hours. Interviews with four inmates who disclosed prior victimization during the risk screening indicated that only one was offered a follow-up with mental health.

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. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees, excluding jail inmates/detainees, identified during the intake screening as high risk of sexual assaultive behavior, whether it occurred in an institutional setting or the community, shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated 99% of those inmates who had a history or prior perpetrated sexual abuse were offered a follow up with mental health within fourteen days. Further communication with the PCM indicated that one inmate was not referred for a mental health follow-up. 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 NEOCC. As such, no documentation was necessary for this provision. The interviews with the staff responsible for the risk screening indicated that inmates are referred to mental health the same day of the risk screening. One staff member stated that they were not doing referrals but they are now. She stated she would do the referral immediately and the inmate would be seen by mental health within 72 hours.

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. 14-2 Sexual Abuse Prevention and Response, page 11 states that inmates/detainees identified during the intake screening as at risk for sexual victimization with a history of prior sexual victimization whether it occurred in an institutional setting or the community shall be offered a follow-up meeting with a medical or mental health practitioners or other qualified professional within fourteen days of the intake screening. The inmate/detainee at risk for sexual victimization will be identified, monitored and counseled. The PAQ indicated that 100% of those inmates who reported prior victimization were offered a mental health follow-up within fourteen days. 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 20 inmates identified who disclosed prior sexual victimization during the risk screening revealed that fifteen were offered a follow-up with mental health. The interviews with the staff responsible for the risk screening indicated that inmates are referred to mental health the same day of the disclosure. One staff member stated that they were not doing referrals but they are now. She stated she would do the referral immediately and the inmate would be seen by mental health within 72 hours. Interviews with four inmates who disclosed prior victimization during the risk screening indicated that only one was offered a follow-up with mental health.

115.81 (d): The PAQ stated 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 is only shared with other staff, as necessary, to inform treatment plans and security management decision, including housing, bed, work, education and program assignments. During the tour the auditor spoke with health service staff that confirmed medical and mental health care records are paper and are maintained in the medical records room. The medical records room is staffed during administrative hours and is locked after hours. Only medical and mental health care staff have access to medical records and any other staff must request the records through medical or mental health care staff. Classification files are paper and electronic. US Marshall inmate records are paper and are maintained in the inmate file, which is located in records. This area is staffed during the day and is locked after hours. Staff with a need to know are only permitted to access files. DRC inmate files are electronic and the system only allows access to staff with specific profiles. The auditor confirmed this was accurate by asking a security staff member to attempt to pull up the screen. The staff did not have access to view the information.

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. 14-2 Sexual Abuse Prevention and Response, page 12 states that medical and mental health practitioners shall obtain informed consent from inmates/detainees prior to reporting information about prior sexual victimization that did not occur within an institutional setting, unless the inmate/detainee was under eighteen. Interviews with medical and mental health staff indicate that all four staff would obtain informed consent prior to reporting any sexual abuse that did not occur in an institutional setting. Additionally, all four staff stated they do not house inmates under eighteen and as such they are not certain about special mandatory reporting laws for those under eighteen.

Based on a review of the PAQ, 79-ISA-04, 14-2 Sexual Abuse Prevention and Response, 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 require corrective action. A review of medical and mental health files for 20 inmates identified who disclosed prior sexual victimization during the risk screening revealed that fifteen were offered a follow-up with mental health. The interviews with the staff responsible for the risk screening indicated that inmates are referred to mental health the same day of the disclosure. One staff member stated that they were not doing referrals but they are now. She stated she would do the referral immediately and the inmate would be seen by mental health within 72 hours. Interviews with four inmates who disclosed prior victimization during the risk screening indicated that only one was offered a follow-up with mental health.

Corrective Action

The facility will need to provide a list of inmates that disclosed victimization during the risk screening (during the corrective action period). The auditor will select a sample of inmates to review to ensure that all inmates were offered a follow-up with mental health.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. List of Inmates who Disclosed Prior Victimization
2. Inmate Risk Screenings
3. Mental Health Follow-Up Documents

On May 9, 2022 the facility provided two lists (USMS and DRC) of inmates who disclosed prior sexual victimization during the risk screening. The auditor selected seven inmates from the DRC list and five inmates from the USMS list. On June 23, 2022 the facility provided documentation confirming that all seven DRC inmates were offered and/or provided a follow-up with mental health within fourteen days. On June 24, 2022 the facility provided documentation indicating that five of the USMS inmates selected disclosed prior sexual victimization. All five were offered a follow-up with mental health within fourteen day and three were seen by mental health within the fourteen day. One was seen three weeks after the referral and one was seen over a month after the referral. One inmate disclosed prior sexual harassment (being approached for sex) and was offered a follow-up and seen by mental health within fourteen days. The last inmate had a history of prior sexual abusiveness and he was also offered and received a follow-up with mental health within fourteen days.

Based on the documentation provided, the facility has corrected this standard.

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

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

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

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

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

Auditor Overall Compliance Determination

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

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

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. CoreCivic Policy 13-79 Sexual Assault Response
5. 13-79A Sexual Assault Response
6. 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 there were two medical areas (one for DRC inmates and one for USMS inmates). The areas consisted of a reception area, exam rooms, treatment rooms, an emergency room and suicide observation cells. The exam rooms, treatment rooms and emergency room all had a solid door for privacy. Inmate medical, mental health and classification records are both paper and electronic. During the tour the auditor spoke with health service staff that confirmed medical and mental health care records are paper and are maintained in the medical records room. The medical records room is staffed during administrative hours and is locked after hours. Only medical and mental health care staff have access to medical records and any other staff must request the records through medical or mental health care staff. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse indicated that nine were seen by medical and/or mental health and that records of the contact were maintained by medical and mental health staff. One inmate was not at the facility at the time of the report and one inmate denied the allegation occurred and as such medical and mental health services were not required. Five inmates were transported to outside hospital for services and also received services at the facility. The two inmates who reported sexual abuse indicate that both were seen by medical and/or mental health after they reported sexual abuse. Interviews with medical and mental health care staff confirm that inmates receive timely unimpeded access to emergency medical treatment and crisis intervention services. The two mental

health care staff indicated that the timeframe would depend on the situation. One staff member stated they typically see them immediately but if it was an allegation that a cell mate said something to another they have up to two weeks per policy to see the inmate. The two medical staff indicated that they would see the inmate as soon as they are made aware of the situation and the inmate is brought to medical. All four staff confirmed that the nature of scope of services are based on their professional judgment. One staff member stated it would also be based on what the inmate was telling them occurred.

115.82 (b): NEOCC 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 first responder duties include immediately notifying medical, separating the inmates, notifying mental health, contacting the PCM and supervisor, securing the area, not letting the inmates brush their teeth, use the restroom or change their clothes and make sure no other evidence is destroyed. The non-security staff first responder stated she would keep the inmate victim with her, contact the Shift Supervisor, call medical and then contact the PCM. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse indicated that nine were seen by medical and/or mental health and that records of the contact were maintained by medical and mental health staff. One inmate was not at the facility at the time of the report and one inmate denied the allegation occurred and as such medical and mental health services were not required. Five inmates were transported to outside hospital for services and also received services at the facility.

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. 13-79 Sexual Assault Response, page 4 states that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with accepted standards of care, where medically appropriate. A review of fourteen investigations indicated that five involved penetration. One inmate refused all medical services and signed a refusal form. One inmate was documented with prophylaxis at the local hospital but the other three did not have documentation of access to sexually transmitted infection prophylaxis. All the inmates who reported sexual abuse were male and as such no emergency contraception was require. The interviews with the inmates who reported sexual abuse indicated that one involved penetration. The inmate stated that his blood was drawn for labs but he did not hear anything else. 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. One staff member answered the question prior to the auditor asking and another stated that the inmate is sent to the outside hospital for those services.

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. 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provide to the victim without financial cost and regardless whether the victim names the alleged abuser

or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims.

Based on a review of the PAQ, B-11, 79-ISA-02, 13-79 Sexual Assault Response, 13-79A, 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. A review of fourteen investigations indicated that five involved penetration. One inmate refused all medical services and signed a refusal form. One inmate was documented with prophylaxis at the local hospital but the other three did not have documentation of access to sexually transmitted infection prophylaxis.

Corrective Action

The facility will need to educate medical and mental health staff about the requirement under provision (c). Copies of the training should be provided to the auditor. A list of sexual abuse allegations during the corrective action period should be provided to the auditor. Documentation related to emergency contraception and sexually transmitted infection prophylaxis for inmates who alleged sexual abuse (involving penetration) should be provided to the auditor.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Medical and Mental Health Staff Training
2. Sexual Abuse Investigations
3. Medical Documentation

On May 9, 2022 the facility provided documentation confirming that medical and mental health care staff were provided training between April 1, 2022 and April 14, 2022 on medical guidelines for sexual conduct or recent sexual abuse. The facility provided the policy, a flow chart and the Rape/Sexual Assault Protocol form which were utilized during the training. All medical staff signed a training sheet confirming their attendance and understanding.

On May 20, 2022 the facility provided the auditor with two sexual abuse investigations that occurred during the corrective action period. Both incidents involved the transportation of the inmate to the local hospital for a forensic medical examination. Medical documentation confirmed that both inmate victims were offered sexually transmitted infection prophylaxis (both victims were male) the same day or the following day of the reported allegation. One victim declined and one accepted.

Based on the information provided this standard has been corrected.

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
5. CoreCivic Policy 13-79 Sexual Assault Response
6. 13-79A Sexual Assault Response
7. 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. 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. 14-2 Sexual Abuse Prevention and Response, page 5 states that the facility shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates/detainees who have been victimized by sexual abuse in any prison, jail, lockup or juvenile facility. During the tour, the auditor noted there were two medical areas (one for DRC inmates and one for US Marshall inmates). The areas consisted of a reception area, exam rooms, treatment rooms, an emergency room and suicide observation cells. The exam rooms, treatment rooms and emergency room all had a solid door for privacy. Inmate medical, mental health and classification records are both paper and electronic. During the tour the auditor spoke with health service staff that confirmed medical and mental health care records are paper and are maintained in the medical records room. The medical records room is staffed during administrative hours and is locked after hours. Only medical and mental health care staff have access to medical records and any other staff must request the records through medical or mental health care staff. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse indicated that nine were seen by medical and/or mental health and that records of the contact were maintained by medical and mental health staff. One inmate was not at the facility at the time of the report and one inmate denied the allegation occurred and as such medical and mental health services were not required. Five inmates were transported to outside hospital for services and also received services at the facility. Additionally, a review of medical and mental health files for 20 inmates identified who disclosed prior sexual victimization during the risk screening revealed that fifteen were offered a follow-up with mental health.

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. 14-2 Sexual Abuse Prevention and Response, page 5 states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse indicated that nine were seen by medical and/or mental health and that records of the contact were maintained by medical and mental health staff. One inmate was not at the facility at the time of the report and one inmate denied the allegation occurred and as such medical and mental health services were not required. Documents show that four of the five inmates who were transported to the hospital were provided follow-up services at the facility upon return. Additionally, inmates were offered follow-up services with mental health. One inmate was released two weeks after the reported allegation, however there was no documentation provided related to any referrals outside the facility. Interviews with inmates who reported sexual abuse indicated that both were provided follow-up services. One inmate stated he was provided follow-up services with mental health and the other indicated he didn't need follow-up services, but that he regularly sees mental health. Interviews with medical and mental health care staff confirmed that they would offer/provide necessary follow-up services. The staff members indicated services would include group treatment, treatment model, on-going services, independent counseling, additional medical examinations, referral to SAFE/SANE and any referrals for mental health and lab work for HIV/STIs.

115.83 (c): All medical and mental health staff are required to have the appropriate credentials and licensure. 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 indicated that nine were seen by medical and/or mental health and that records of the contact were maintained by medical and mental health staff. One inmate was not at the facility at the time of the report and one inmate denied the allegation occurred and as such medical and mental health services were not required. Five inmates were transported to outside hospital for services and also received services at the facility. Interviews with medical and mental health care staff confirm that the services they provide are consistent with the community level of care. Two staff stated they believed the services were above the standard level of care in the community. One staff member stated that while services are consistent they are not able to provide mental health services every 30 days like they do in the community.

115.83 (d): The PAQ indicated that female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. B-11, page 3 states upon return to the institution, a registered nurse will evaluate and document the patient's health status. A pregnancy test is mandatory and will be performed three weeks after alleged vaginal intercourse between a male and a female. 13-79, page 3 states that inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information regarding lawful pregnancy related services in a timely manner. It further states that should pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. A review of investigative log as well as a sample of investigative reports confirmed that none of the 25 reported allegations were by a female inmate. As such, no documentation was applicable for review. There were zero female inmates who reported sexual abuse and as such no interviews applied to this provision.

115.83 (e): The PAQ indicated that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. B-11, page 3 states upon return to the institution, a registered nurse will evaluate and document the patient's health status. A pregnancy test is mandatory and will be performed three weeks after alleged vaginal intercourse between a male and a female. 13-79, page 3 states that inmate/detainee victims of sexually abusive vaginal penetration will be offered pregnancy tests. In the event the inmate/detainee tests positive for pregnancy, the inmate/detainee patient will be provided information

regarding lawful pregnancy related services in a timely manner. It further states that should pregnancy occur as a result of a rape/sexual assault, the inmate/detainee patient will be provided with education/information related to pregnancy termination, pregnancy care and options available. A review of investigative log as well as a sample of investigative reports confirmed that none of the 25 reported allegations were by a female inmate. As such, no documentation was applicable for review. There were zero female inmates who reported sexual abuse and as such no interviews applied to this provision. Interviews with medical and mental health care staff indicated that inmate victims of vaginal penetration would be offered pregnancy tests. All four staff stated that pregnancy related information would be provided to female victims of vaginal sexual abuse upon learning that the inmate is pregnant.

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. 13-79 Sexual Assault Response, page 4 states that inmate/detainee victims of sexual abuse shall be offered testing for sexually transmitted infections and timely information about, and timely access to, emergency contraception and sexually transmitted infection prophylaxis, in accordance with accepted standards of care, where medically appropriate. A review of fourteen investigations indicated that five involved penetration. One inmate refused all medical services and signed a refusal form. One inmate was documented with HIV and STI testing, however the remaining three did not have any documentation related to these services. The interviews with the inmates who reported sexual abuse indicated that one involved penetration. The inmate stated that his blood was drawn for labs but he did not hear anything else.

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. 13-79 Sexual Assault Response, pages 3-4 states that treatment services shall be provided to the victim without financial cost and regardless whether the victim names the alleged abuser or cooperates with any investigation. The policy indicates that bureau policies related to co-pays do not apply to sexual abuse victims. Interviews with inmates who reported sexual abuse indicated that neither were required to pay for medical and/or mental health care services related to the sexual abuse.

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. 14-2 Sexual Abuse Prevention and Response, page 12 indicates that a mental health evaluation shall be completed 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. Fourteen inmate-on-inmate sexual abuse allegations were reported in the previous twelve months. None of the allegations were substantiated and required a mental health evaluation of the perpetrator. A review of documentation for six inmate-on-inmate sexual abuse allegations indicated that all inmate perpetrators of the sexual abuse allegations were offered medical and/or mental health services after the reported allegation. The interviews with mental health staff indicated that they would attempt to conduct an evaluation on all known inmate-on-inmate abusers. One staff member stated they have 60 days to complete the evaluation but she would typically do it within 24 hours of learning of the abuse. The other staff member stated that she would typically see the inmate within a week or two of learning of the abuse.

Based on a review of the PAQ, 79-ISA-02, B-11, 14-2 Sexual Abuse Prevention and Response, 13-79 Sexual Assault Response, 13-79A, 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. A review of medical and mental health documentation for thirteen inmate victims of sexual abuse indicated that nine were seen by medical and/or mental health and that records of the contact were maintained by medical and mental health staff. One inmate was not at the facility at the time of the report and one inmate denied the allegation occurred and as such medical and mental health services were not required. Documents show that four of the five inmates who were transported to the hospital were provided follow-up services at the facility upon return. Additionally, inmates were offered follow-up services with mental health. One inmate was released two weeks after the reported allegation, however there was no documentation provided related to any referrals outside the facility. A review of fourteen investigations indicated that five involved penetration. One inmate refused all medical services and signed a refusal form. One inmate was documented with HIV and STI testing, however the remaining three did not have any documentation related to these services.

Corrective Action

The facility will need to educate medical and mental health staff about the requirement under provisions (a) and (f). Copies of the training should be provided to the auditor. A list of sexual abuse allegations during the corrective action period should be provided to the auditor. Documentation related to follow-up services, treatment plans and referrals should be provided to the auditor. Additionally, documentation of HIV/STI testing, where applicable, should be provided as well.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered and analyzed the following additional evidence provided by the facility during the corrective action period relevant to the requirements in this standard.

Additional Documents:

1. Medical and Mental Health Staff Training
2. Sexual Abuse Investigations
3. Medical Documentation

On May 9, 2022 the facility provided documentation confirming that medical and mental health care staff were provided training between April 1, 2022 and April 14, 2022 on medical guidelines for sexual conduct or recent sexual abuse. The facility provided the policy, a flow chart and the Rape/Sexual Assault Protocol form which were utilized during the training. All medical staff signed a training sheet confirming their attendance and understanding.

On May 20, 2022 the facility provided the auditor with two sexual abuse investigations that occurred during the corrective action period. Both incidents involved the transportation of the inmate to the local hospital for a forensic medical examination. Medical documentation confirmed that both inmate victims were provided HIV and STI testing within two days of the reported allegation.

Based on the information provided this standard has been corrected.

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. CoreCivic Policy 14-2 Sexual Abuse Prevention and Response
4. 14-2F Sexual Abuse or Assault Incident Review Form
5. 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, page 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. 14-2 Sexual Abuse Prevention and Response, page 29 states that the Warden/Facility Administrator will ensure that a post investigation review of a sexual abuse incident is conducted at the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded. The PAQ indicated that there were fourteen investigations completed within the previous twelve months, excluding those that are unfounded. A review of fourteen investigations indicated that eleven were sexual abuse and eight required a sexual abuse incident review. Documentation confirmed that all eight had a completed sexual abuse incident review.

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, page 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. 14-2 Sexual Abuse Prevention and Response, page 29 states that sexual abuse incident reviews shall occur within 30 days of the conclusion of the investigation. The PAQ indicated that fourteen reviews were completed within the previous twelve months within 30 days of the conclusion of the investigation. A review of fourteen investigations indicated that eleven were sexual abuse and eight required a sexual abuse incident review. Documentation confirmed that all eight had a completed sexual abuse incident review. Six of the eight were 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. 14-2 Sexual Abuse Prevention and Response, page 29 states the incident review team shall include upper level facility management and the facility SART, with input from line supervisors, investigators, and medical and mental health practitioners. A review of the eight sexual abuse incident reviews indicated the sexual abuse incident review team consisted of the PCM, the victim services coordinator, medical and/or mental health and Shift Supervisor/Unit Manager or Assistant Warden of Operations. The Warden confirmed that the facility has a sexual abuse incident review team and that the team consists of upper level management officers, line supervisor, investigators, medical and mental health practitioners.

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 cause 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. 14-2 Sexual Abuse Prevention and Response, page 29 states the review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI and/or gender non-conforming identification, status or perceived status or gang affiliation, or was motivated or otherwise cause by other group dynamics at the facility; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess the adequacy of staffing levels in that area during different shifts; and assess whether monitoring technology should be deployed or augmented to supplement supervision by staff. A review of the eight sexual abuse incident reviews via the PREA incident report application or the 14-2F indicated that they all included the required components under this provision. Each form had a section where the team would indicate yes or no and then notes/comments related to the response. Interviews with the Warden, PCM and sexual incident review team member confirmed that these reviews are being completed and they include all the required elements. The sexual abuse incident review team member stated that they review demographics that may have contributed to the abuse, they look at staffing and they determine if there were any barriers that may have contributed to the sexual abuse. The Warden stated that information from the risk screening is used to protect victims. He stated they use it to make any recommendation for policy changes, facility modifications and staff training. The PCM confirmed that the facility conducts sexual abuse incident reviews and that he is part of the review team. He stated the review team prepares a report of findings and that once the report is submitted he would follow up on any corrective action plan that was necessary.

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. 14-2 Sexual Abuse Prevention and Response, page 29 states all findings and recommendations for improvement will be documented on the 14-2F Sexual Abuse or Assault Incident Review Report or required equivalent contracting agency form. The facility shall implement the recommendations for improvement or shall document reasons for not doing so. A review of the eight sexual abuse incident reviews indicated that a section exists for recommendations and corrective action, however none had recommendations or corrective action noted.

Based on a review of the PAQ, 79-ISA-03, 14-2 Sexual Abuse Prevention and Response, sexual abuse incident reviews via the PREA incident reporting application and 14-2F's 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. Further communication with the PC indicated this is inaccurate. 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 the facility data is taken into account when they draft and modify policy and that they use it to send out information about misunderstandings of standards and any concerns. He further stated that they use the data to identify issues that are occurring across facilities to ensure that all facilities consider the information and use it to help their operations.

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 maintain 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 agency website to include the list of facilities and the PREA reports, confirms that all CoreCivic facilities were audited at least once over the three year audit cycle.

115.401 (b): The facility is a private for profit company. A review of the agency website to include the list of facilities and the PREA reports, confirms that all CoreCivic facilities were audited at least once over the three year audit cycle with one third being audited each year.

115.401 (h) – (n): 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. During the tour the auditor viewed the audit announcements posted in housing units and common areas. The notices were in both English and Spanish. Informal conversation confirmed the announcements were put up over a month prior to the audit. The auditor confirmed that letters received (post on-site audit) were unopened, sealed and afforded inmates confidentiality via correspondence with the auditor.

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 June 10-13, 2019. The final audit report is publicly available on the agency's website. A review of the list of CoreCivic audits conducted over the previous six months as well as a review of the agency website, confirmed that each audit report was available online.

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

July 14, 2022

Date