

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

Interim Final

Date of Report April 28, 2019

Auditor Information

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Mailing Address: P.O. Box 308	City, State, Zip: St. Petersburg, PA 16054
Telephone: (724) 679-7280	Date of Facility Visit: August 27-30, 2018

Agency Information

Name of Agency: CoreCivic		Governing Authority or Parent Agency (If Applicable): N/A	
Physical Address: 10 Burton Hills Blvd.		City, State, Zip: Nashville, TN 37215	
Mailing Address: Same as Above		City, State, Zip: Same as Above	
Telephone: (615) 263-3000		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 mission:
 We help government better the public good through: CoreCivic Safety – We operate safe, secure facilities that provide high-quality services and effective reentry programs that enhance public safety. CoreCivic Community: We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Agency Website with PREA Information: <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Agency Chief Executive Officer

Name: Damon Hininger	Title: President & Chief Executive Officer
Email: damon.hininger@corecivic.com	Telephone: (615) 263-6915

Agency-Wide PREA Coordinator

Name: Eric Pierson	Title: Sr. Director – PREA Compliance & Programs
Email: eric.pierson@corecivic.com	Telephone: (615) 263-6915
PREA Coordinator Reports to: John Robinson, Vice President – Correctional Programs	Number of Compliance Managers who report to the PREA Coordinator Indirectly – 63 Directly - 0

Facility Information

Name of Facility: Lake Erie Correctional Institution			
Physical Address: 501 Thompson Road, Conneaut, OH 44030-8668			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: (440) 599-4100			
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 type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	

Facility Mission:
We help government better the public good through: CoreCivic Safety – We operate safe, secure facilities that provide high-quality services and effective reentry programs that enhance public safety. CoreCivic Community: We deliver proven and innovative practices in settings that help people obtain employment, successfully reintegrate into society and keep communities safe. CoreCivic Properties – We offer innovative and flexible real estate solutions that provide value to government and the people they serve.

Facility Website with PREA Information: <http://www.corecivic.com/facilities/lake-erie-correctional-institution>

Warden/Superintendent

Name: Brigham Sloan	Title: Warden
Email: Brigham.Sloan@corecivic.com	Telephone: (440) 599-4101

Facility PREA Compliance Manager

Name: JoAnn King	Title: Assistant Warden
Email: Joann.King@corecivic.com	Telephone: (440) 599-4103

Facility Health Service Administrator

Name: Linda Witt	Title: Health Care Administrator
Email: Linda.Witt@corecivic.com	Telephone: (440) 599-4145

Facility Characteristics

Designated Facility Capacity: 1820	Current Population of Facility: 1765		
Number of inmates admitted to facility during the past 12 months			1599
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			1586
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1598
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			83
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-81	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0
Average length of stay or time under supervision:			3.93 years
Facility security level/inmate custody levels:			Medium Security
Number of staff currently employed by the facility who may have contact with inmates:			289
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			74
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			3

Physical Plant

Number of Buildings: 10	Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:	1 - TPU
Number of Open Bay/Dorm Housing Units:	6
Number of Segregation Cells (Administrative and Disciplinary):	50

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

The facility utilizes an extensive camera system to assist with the supervision of inmates. Cameras are placed in several places in all housing units. Each of the open bay units have approximately (24) cameras. The segregation unit contains (10) cameras throughout. The medical department has (5) cameras, but none of those cameras are placed in an area that would violate PREA standards. The kitchen area has (12) cameras that cover storage areas, serving lines, prep areas and offices. Seven cameras cover the gymnasium and chapel areas. The vocation building has (7) cameras. The commissary building, which includes education and R&D, has (12) cameras cover the area. The recreation yard has (8) cameras covering the interior of the facility. Twenty-two cameras cover the perimeter of the (52) acre institution.

Medical

Type of Medical Facility:	24 hours medical observation
Forensic sexual assault medical exams are conducted at:	Hillcrest Hospital and University Hospital Ahuja Medical Center

Other

Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	211
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	1 position open at time of audit

Audit Findings

Audit Narrative

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

This is the fifth CoreCivic facility this Auditor has provided auditing services for. This is the first CoreCivic facility in Ohio which this Auditor has provided auditing services for.

CoreCivic provided information prior to the onsite audit for review. These materials included policies related to PREA, the completed pre-audit questionnaire and additional supporting documentation.

The onsite audit began on the morning on August 27, 2018 and concluded at approximately noon on August 30, 2018. The onsite audit included an initial meeting, tour of the facility, interviews with staff and inmates, review of PREA related files, volunteer files, personnel files, training files, investigation files, and inmate files. The facility staff provided all materials requested by this Auditor.

The first day began with an initial meeting with key staff members to discuss the agenda for the onsite audit, interviews to be conducted, logistics of the process and answer any questions the staff members had. This initial meeting was attended by the following individuals.

- Heather Baltz – Facility Support Center (FSC) PREA Director
- Brigham Sloan – Warden
- Tasha O'Brien – Human Resource Manager
- Gary Carter – Assistant Chief of Security
- JoAnn King – Assistant Warden/PREA Compliance Manager
- Joy Conley – PREA Case Manager/Victim Coordinator
- Daniel Pritchard – Assistant Warden
- Tonya Bowser – Quality Assurance Manager
- Jeff Fison – Executive Assistant
- Charlotte Owens – Ohio Department of Rehabilitation & Corrections (ODRC) PREA Implementation
- Jennifer Feicht – PREA Auditor

Following the initial meeting, a smaller group of individuals started the tour of the facility. The tour went through the entire facility including all housing units, the medical department, barber shop, laundry, receiving and discharge (D&C), maintenance, cafeteria, kitchen, dining, commissary, educational building, library, recreation and chapel, visitation and control room. The facility is clean and well maintained. Throughout the tour, this Auditor provided feedback to the facility staff regarding items implemented well and any deficiencies noted.

Interviews were conducted in accordance with the PREA Auditor's Handbook (September 2017). This Auditor interviewed key staff members, randomly selected staff members, randomly selected inmates and inmates who fall under specific categories. There were (40) inmate interviews conducted, (18) staff member interviews and (2) volunteer interviews and these were conducted in a formal setting. Staff interviews were

conducted from all shifts. Additionally, informal interviews were conducted during the facility tour with both inmates and staff members.

During the onsite audit, questions arose regarding the risk assessment process which facilitated this Auditor contacting the PREA Resource Center to request assistance with the issue. The request for assistance was not addressed until the post audit process.

At the end of the onsite audit, an exit meeting was held in order to update the facility staff on any issues that had been noted through the previous (3.5) days and any corrections that were discussed.

After the onsite audit was completed, the post audit began and the PREA Compliance Manager provided a correction to one of the deficiencies noted during the onsite audit. In addition, this Auditor was able to talk to a staff member from the PREA Resource Center regarding the questions submitted during the onsite audit.

Facility Characteristics

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

The Lake Erie Correctional Institution is a medium security facility located at 501 Thompson Road, Conneaut, Ohio 44030. This facility is owned and operated by CoreCivic, headquartered at 10 Burton Hills Boulevard, Nashville, Tennessee 37215.

This facility was opened in 2000 and was operated by Management and Training Corporation (MTC) until it was purchased by Corrections Corporation of America (CCA), now known as CoreCivic, in 2012. This facility has been under contract to the Ohio Department of Rehabilitation and Correction (ODRC) since its opening.

The facility's rated capacity at the time of the onsite audit was 1820. The population count on the first day of the onsite audit was 1765. The make up of the population are inmates who are serving Ohio state sentences and are nearing the end of their sentence.

The inmate population consists of a growing number of inmates who identify with the lesbian, gay, bisexual, transgender, intersex (LGBTI) group. Staff indicated that this population is growing in number. Additionally, there was one inmate at the time who identified as a transgender individual.

The facility has (10) buildings inside the secure perimeter. Seven of those buildings are housing units for the inmates. Six of the housing units are dormitory style with open bays. One unit is restrictive housing with (50) cells. This housing unit is known as the Transitional Program Unit (TPU). The inside yard of the facility is very open and all housing units utilize the same yard, which is in the center of the facility, with all the housing units surrounding it. The other buildings house education and vocation programs, commissary, laundry, a barber shop and R&D.

The facility operates programs to assist with the re-entry of the inmates who will be returning to society. The facility has a GED program for those who have not obtained a high school diploma. Other re-entry

programming includes workshops such as parenting and life skills. Vocational programs include a Computer Aided Drafting (CAD) program, dry wall, building trades and maintenance.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 6

115.15: Limits to cross gender viewing and searches; 115.31: Employee training; 115.32: Volunteer and contractor training; 115.34: Specialized training: Investigations; 115.54: Third-party reporting; 115.86: Sexual abuse incident review

Number of Standards Met: 39

115.11 Zero Tolerance of sexual abuse and sexual harassment; 115.12: Contracting with other entities for confinement of inmates; 115.14: Youthful inmates; 115.15: Limits to cross-gender viewing and searches; 115.16: Inmates with disabilities and inmates who are limited English proficient; 115.17: Hiring and promotion decisions; 115.18: Upgrades to facilities and technologies; 115.21: evidence protocol and forensic medical examinations; 115.22: Policies to ensure referrals of allegations for investigations; 115.31: Inmate education; 115.35: Specialized training: Medical and mental health care; 115.41: Screening for risk of victimization and abusiveness; 115.42: Use of screening information; 115.43: Protective custody; 115.51: Inmate reporting; 115.52: Exhaustion of administrative remedies; 115.53: Inmate access to outside confidential support services; 115.61: Staff and agency reporting duties; 115.62: Agency protection duties; 115.63: Reporting to other confinement facilities; 115.64: Staff first responder duties; 115.65: Coordinated response; 115.66: Preservation of ability to protect inmates from contact with abusers; 115.67: Agency protection against retaliation; 115.68: Post allegation protective custody; 115.71: Criminal and Administrative Agency Investigations; 115.72: Evidentiary Standard for Administrative Investigations; 115.73: Reporting to Inmates; 115.76: Disciplinary Sanctions for Staff; 115.77: Corrective Action for Contractors and Volunteers; 115.78: Disciplinary Sanctions for Inmates; 115.81: Medical and Mental Health Screenings; History of Sexual Abuse; 115.82: Access to Emergency Medical and Mental Health Services; 115.83: Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers; 115.87: Data Collection; 115.88: Data Review for Corrective Action; 115.89: Data Storage, Publication, and Destruction; 115.401: Frequency and Scope of Audits; 115.403: Audit Contents and Findings

Number of Standards Not Met: 0

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Summary of Corrective Action (if any)

Standard 115.41 was the only standard requiring corrective action. The actions taken to correct this standard are recorded below in the corresponding section.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic, based in Nashville, TN, employs a Sr. Director position and a PREA Director position to assist all facilities operated by CoreCivic in obtaining and maintaining PREA compliance. The PREA Director position was newly created in 2018.

At the facility level, there is a PREA Compliance Manager (PCM). PREA duties are incorporated into the duties of the Assistant Warden of Special Services. The Assistant Warden (AW) of Special Services oversees anything that falls outside of the realm of security at the facility.

An interview with the AW/PCM revealed that there is something related to PREA almost everyday that requires her attention. Through the use of the risk assessments, more and more inmates are identifying as part of the LGBTI population.

In addition, the AW/PCM has been very involved in investigations. The facility is in need of a solid investigator. Currently, the investigator position is open. However, a new investigator has been hired who has already had the specialized investigations training and investigated PREA cases at his previous position. This new investigator will be starting sometime in mid-September.

While the facility meets this standard, it is the recommendation of this Auditor that the agency revisit the duties of the AW/PCM duties to determine if this position truly has sufficient time to dedicate to all PREA related activities that occur at the facility.

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Lake Erie Correctional Institution does not contract with any other facility or company to house inmates. This facility is contracted by Ohio Department of Correction and Rehabilitation to house inmates serving state sentences in Ohio.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

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

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CoreCivic and Lake Erie Correctional Institution develop a staffing plan, which is reviewed by several levels of administration through CoreCivic. This plan discusses the makeup of the population of the facility, the posts which need to be covered on each shift throughout the facility and the video monitoring which the facility has throughout the facility.

This plan is reviewed by the PREA Coordinator for CoreCivic and by the Ohio Department of Corrections and Rehabilitation (ODRC). This staffing plan is reviewed on an annual basis, as required by this standard.

Through interviews onsite at the facility, it was determined that if there were deviations from the approved staffing plan, this would be documented through reports at the facility sent up through the Warden of the facility.

Standard 115.14: Youthful inmates

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

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Lake Erie Correctional Institution does not house any individuals under the age of 18.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Lake Erie Correctional Institution is an all-male facility. There are female staff members who work in security at the facility. However, the staff were all clear during interviews that strip searches were only conducted by male staff members in the facility. Female security staff are permitted to conduct pat searches, however, if a male security staff member is available and, in the vicinity, the male will do the search.

The facility allows inmates to shower, change clothes and perform bodily functions without non-medical staff viewing their genitals. In order to assist with ensuring this is the case, female staff not only announce themselves when entering a housing unit, they also have a buzzer that is activated at that time.

While on the onsite audit tour and confirmed by numerous interviews, it was noted that a couple of female case managers assigned to a housing unit did not announce themselves every time they entered the unit. They would announce themselves at the beginning of the shift, but that is the only time.

This issue was discussed with the AW/PCM during the onsite audit. Just after the closing meeting, the AW/PCM emailed a memo to this Auditor and indicated that this information was sent to all staff members to remind them of the facility's policy for making announcements every time a female staff member enters the unit.

The buzzer is utilized because it would be nearly impossible, with the layout of the housing units, for inmates to hear someone that only made a verbal announcement when walking into the door of the unit. This practice ensures that all inmates are made aware of this situation as soon as they hear the buzzer, as it is not used for any other purpose.

Staff indicated that there have been transgender inmates placed at this facility, and the AW/PCM was able to articulate the steps that need to be taken to review the placement of an inmate that identifies as transgender. There are currently (2) transgender individuals identified at the facility. The AW/PCM indicated that there are typically (3-5) transgender individuals at the facility.

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

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

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Lake Erie Correctional Institution works to provide PREA information in multiple formats. The institution provides written PREA information in both English and Spanish. The video with PREA information can be viewed in Spanish or with closed captioning for those who are deaf or hard of hearing.

If an individual is unable to read or has limited cognitive functioning, then staff members will read the information to an inmate or provide the information at a lower level of understanding.

Not only did staff provide this information about alternate formats, but inmates also confirmed this practice during their interviews with this Auditor.

The inmate population consists of a majority of individuals who are able to speak and understand English. One inmate was interviewed who had a limited vocabulary of English, but knew English well enough to participate in the interview without an interpreter. This individual was in a class at the time to learn to speak, read and write English.

While there were not any LEP inmates identified at the time of the audit, the staff, when questioned, were able to articulate what they would do in a situation if an inmate was unable to communicate in English. All were clear that they would not utilize inmate interpreters in that situation.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.17 (b)

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

115.17 (c)

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

- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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The Human Resources Department at Lake Erie Correctional Institution keeps files on both regular employees and contracted employees that work for the facility. Regular employees are designated with red file folders and contracted employees are designated with green file folders.

Background checks are conducted on any person that works for the facility, whether they would be a regular employee or a contracted employee. If the individual applies for a position at the facility and is interviewed, then the background check is conducted. Recently, the Human Resource Director and the AW/PCM have started a practice where both will review the background checks to ensure that the applicant and/or employee have no issues that would violate PREA policy.

The HR Department does attempt to contact any correctional facility that an applicant has worked at previously to ask the required questions. If they receive a response, that information is kept in their personnel file. If the facility receives such a request from another correctional facility, they will respond to the inquiry and keep a record of that.

When a position is open and there may be promotion opportunities, the position is posted internally to CoreCivic. The HR Department will provide the top (5) candidates' information for consideration and those individuals will be interviewed. Previous job performance and any disciplinary information is taken into consideration for the possible promotion.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Through interviews with key staff members, it was found that the facility has not had any major renovations or additions built in the physical plant of the facility. The AW/PCM did indicate that she is aware that she, as well as the PREA Coordinator for the company, must be involved in any conversations that would occur in relation to major renovations or additions being built to the facility.

The PREA policy 79-ISA-01, Pg. 10, #6 and #7 state the following in relation to the renovation or building in the facility.

- “6. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion or modification upon the agency's ability to protect inmates from sexual abuse. This consideration must be documented in written form and forwarded to the Agency PREA Coordinator and appropriate Regional Director.
7. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. This consideration must be documented in written form and forwarded to the Agency PREA Coordinator and appropriate Regional Director.”

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility staff are responsible for conducting administrative investigations regarding PREA and the Ohio State Highway Patrol is responsible for conducting any criminal investigations. When staff were questioned about the collection of evidence in allegations of sexual abuse, the large majority of staff were able to articulate the appropriate procedures to take to ensure that there is proper evidence collection, or how to secure the crime scene until the investigator from the Ohio State Highway Patrol was able to get there to collect evidence themselves.

Through interviews with staff and the local hospital, it is clear that the facility does not perform forensic medical examinations. These are performed at Hillcrest Hospital in Mayfield Heights, OH. When a forensic examination is conducted as a result of a sexual abuse at the facility, there is no cost to the victim as per CoreCivic policy.

The facility has established a relationship with the local rape crisis center. The Cleveland Rape Crisis Center provides services to inmates if they are taken out to the hospital for a forensic medical exam. However, if the inmate requests other types of service, the facility has a victim support staff member, the PREA Case Manager, who meets with inmates to assist them if they are requesting it.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy review and staff interviews confirmed the compliance with this standard. The AW/PCM and facility investigator (once position is filled) are responsible for conducting the administrative investigations for allegations of sexual abuse and sexual harassment.

These internal investigators are also responsible for referring the allegation to criminal investigator. The Ohio State Highway Patrol conduct the criminal investigations at the facility. The facility has an assigned investigator from the Ohio State Highway Patrol barracks. The AW/PCM indicated that the trooper assigned to the facility is very responsive when cases are referred to him for investigations.

The AW/PCM stated that all sexual abuse allegations are referred to the assigned trooper to allow him to make the determination if the case has the merits of criminal elements and should be investigated criminally. If the trooper determines it should be investigated criminally, the AW/PCM or facility investigator keep up to date on the status of the investigation.

The facility has published the PREA policy on their website for public viewing and can be found at <https://www.corecivic.com/hubfs/files/PREA/Facilities/Lake-Erie-79-ISA-01-1.pdf>

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
 Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic provides extensive education to its staff members regarding PREA. Interviews with staff members of all levels confirmed education of several types are provided to them.

CoreCivic staff members receive PREA education during their initial training upon being hired. Additional all staff members interviewed confirmed annual PREA training being required for everyone.

When staff were questioned about the contents of the training, all were able to articulate multiple content points required of PREA training for staff members.

The facility keeps training files and spreadsheets to track employee training as well. The training files include the roster of the training the employee participated in, as well as copies of the exams that the employee took.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility utilizes both contractors and volunteers to fill different roles in the facility. Facility staff keep extensive records for the large number of volunteers they have. Currently the facility has (211) active volunteers which provide services for the inmates at the facility. According to staff who work closely with volunteers, approximately 70% are religious volunteers.

The volunteer files contain information regarding all the training they have taken at the facility, the application they completed and any background checks they have done.

The training volunteers receive is approximately (2-3) hours in length, depending on the size of the class. The facility conducts the volunteer training at least (1) time per quarter.

The staff member that is responsible for keeping track of all volunteer information keeps a spreadsheet with the date of the last background check that each volunteer had and when the date of the (5) year background check is due. In addition, she performs an audit of the volunteer files once a year to ensure that all information required is included in the file.

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

- Have all inmates received such education? Yes No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
 Yes No

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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CoreCivic provides PREA education to inmates as soon as they arrive at the facility and within (7) days after arrival.

A majority of the inmates interviewed as part of the onsite audit, indicated that they recalled receiving basic PREA information very shortly after the arrival at the facility. They were also given a handbook, which includes PREA reporting information, during their arrival at the facility. They did indicate that they were required to return the handbook at their orientation.

Orientation typically occurs within the first (7) days an inmate arrives at the facility or less. During the orientation session, the majority of inmates interviewed indicated they were shown a video about PREA.

Staff were able to provide verification that an inmate received the orientation. Inmates signed forms which showed that they were at the orientation session.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Review of documentation and interviews with the AW/PCM verified that the facility has not only met but exceeded this standard. As mentioned earlier in this report, the facility did not have the investigator position filled, but had hired someone that would begin in mid-September.

The AW/PCM does conduct PREA related investigations and has completed not only the basic level of specialized investigations training from the National Institute of Corrections (NIC), but also the second level offered by NIC.

The Warden for the facility indicated during his interview that he has taken the specialized investigations training and that the Chief of Security will also be taking the training.

In addition, the new investigator that has been hired has completed specialized investigations training for PREA at the position that he is leaving and has conducted PREA investigations. As this is the case, the new investigator will be able hit the ground running when he begins in September 2018.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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This facility has a full-time medical department which operates (24) hours per day, (7) days per week. There are both regular CoreCivic employees and contracted staff in the medical department. All staff, regardless of their employer, is required to take the basic level and specialized medical/mental health training.

As indicated earlier, the human resources department keeps verification that the staff member or contractor has taken the required training and they understand that training.

The staff interviewed in these disciplines remembered that this training was an online training and they are required to take training each year. The staff members also have their participation documented.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

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

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? Yes No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Lake Erie Correctional Institution is required by the ODRC to utilize the assessment system of ODRC. This system is computerized and is part of the larger electronic inmate management system.

The risk assessment contains all the required questions from standard 115.41. Inmates are asked these questions when they arrive in through R&D. The medical staff are the ones to administer the questions to the inmates during this intake process.

All inmates are asked these questions when they arrive for the first time during this intake process. The majority of the inmates interviewed during this audit process indicated that they remembered being asked these questions during that process. Inmates are informed, at the time of the assessment that they will not be punished for not answering questions.

The (30) day reassessment is conducted by the case management staff. The PREA Case Manager is responsible to ensure that all reassessments are conducted in the appropriate timeframe. If there is an issue that arises during this reassessment, the PREA Case Manager will meet individually with the inmate to further assess the situation.

The PREA Case Manager will conduct the reassessments when there is an allegation of sexual abuse or if there is additional information that is learned and case management staff may feel there is a need for an additional assessment.

Access to the risk assessment information is limited to the case management staff, medical staff and the AW/PCM.

During the interview with the PREA Case Manager, it was found that if an inmate is transferred out of the facility for a court appearance or other requirement, and the inmate is out of the custody of the staff of Lake Erie Correctional Institution, a full risk assessment is not administered upon the return of the inmate to Lake Erie Correctional Institution. The inmate is asked one question, if they were abused/victimized when they were out of the custody of the Lake Erie staff. It was also determined that it does not matter how long the inmate has been out of the custody of the Lake Erie staff, this is the only question asked upon the return of the inmate.

Initially, this Auditor felt that this practice did not meet the standard for assessing inmates when they have returned to the facility, no matter the reason. Initially ODRC staff did not agree with this determination.

However, through review of the standard, FAQ's provided on the PREA Resource Center website and discussion with PREA Resource Center staff, Welcome Rose, the ODRC agreed that this practice does not meet the standard and will be changing it for all ODRC facilities.

In order to show compliance, the facility and ODRC provided several items to this Auditor for review. First, ODRC provided an update to the policy guiding the administration of risk assessments conveying the new process. Secondly, it was agreed upon that the facility and ODRC would provide documentation for a two (2) month period showing that the new process has been implemented.

Ohio Department of Rehabilitation and Corrections provided a listing of all inmates, from January 25 through March 25, 2019, who returned to the facility from another corrections facility. This report showed the date of the return of the inmate, the facility the inmate was returning from, the date the (72) hour full risk assessment was conducted and the date the (30) day risk assessment was conducted.

This Auditor is confident that the new practice/procedure is in place and continues to occur as required by standard and policy at the facility.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Lake Erie case management staff were able to provide information regarding the use of the information gained through the risk assessments of the inmates. This information is utilized in all four areas required by PREA standard of housing, education, work and programming.

The case management staff are responsible for ensuring that this information is taken into consideration for placement in these areas, along with the use of good correctional judgement. The case management staff is responsible for utilizing this information for housing placement and reassignments.

The PREA Case Manager discussed how she utilizes this information when she reviews placements for work, programming and education. While these three areas are important for monitoring, the focus is placed on the housing placement for inmates.

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? Yes No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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Through interviews with staff and review of the PREA policies, it is clear that involuntary protective custody is only used as a last resort for the safety of the inmate. The AW/PCM could not recall any recent placement of an inmate involuntarily in protective custody. The staff feel as though there are enough housing options on this yard that involuntary protective custody is rarely necessary.

Inmates from the segregation unit that were interviewed indicated that none of them were placed there involuntarily for protection. Those inmates interviewed during the onsite audit were placed for disciplinary reasons.

While this practice is not done, the facility does have the policy in place to document this situation should it occur. The AW/PCM was able to discuss the review process for those placed in the TPU (segregated housing) and those reviews fall within the PREA standard requirement.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

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

Auditor Overall Compliance Determination

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

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Through information gained from review of facility policy and interviews with staff and inmates, it is clear that inmates at this facility have multiple reporting options. Inmates were able to articulate a number of options for reporting such as going to a staff member, writing a "kite", contacting the rape crisis center or calling the reporting number on the posters by the phones (*89).

When the inmates were asked where the (*89) went to, the majority were unable to provide that information. On the first two days of the onsite audit, this reporting number was not functioning properly. However, this Auditor did go to a housing unit on the last day of the audit to test this number and it did ring through and work as is required. This line goes outside of the ODRC to the Ohio Department of Youth Services. In addition, inmates have options through CoreCivic to make reports to an outside entity.

Staff were able to articulate clearly what their responsibilities are if they would receive a report of sexual abuse or sexual harassment from an inmate. All indicated that they would immediately contact their supervisor to initiate the investigation process.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- Does Not Meet Standard** (*Requires Corrective Action*)

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Lake Erie Correctional Institution does not handle sexual abuse cases through the grievance process. All allegations of sexual abuse and sexual harassment are handled through the investigation process in accordance with PREA policy.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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During the onsite audit tour of the facility, it was noted that contact information was posted in all housing units for the Cleveland Rape Crisis Center. At least half the inmates interviewed remember also seeing information on a pamphlet they received when they arrived at the facility.

In addition, staff indicated that the local rape crisis center recently opened an office in Ashtabula County in the town of Ashtabula, OH. This location is significantly closer to the facility and the staff indicated that they may be able to have some onsite services in the future.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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The agency does have several methods to receive third party reports through both CoreCivic and the ODRC. Information can be found on the CorCivic website at <http://www.corecivic.com/facilities/lake-erie-correctional-institution>. Information for reporting can also be found on the ODRC website at <https://drc.ohio.gov/prea>.

Anyone wishing to report may do so by calling the Operations Support Center of CoreCivic and/or by emailing the ODRC.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA policy 79-ISA-02 indicates that all staff are required to report any knowledge, suspicions, or information regarding PREA related events. During staff interviews, all staff indicated that they would report any indications of PREA activity immediately to their supervisors so that the incident could be investigated.

Staff are also required to keep any information confidential so not to endanger the potential victim.

Standard 115.62: Agency protection duties

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

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of agency policy and interviews with staff confirmed compliance with this standard. All staff indicated that they would take immediate action to keep an inmate safe if they learned of imminent danger. All staff indicated that they would immediately separate the potential victim from the potential abuser. An example given could be placing an inmate in an office in a housing unit until arrangements with upper level staff could be made.

Interviews with the AW/PCM and PREA Case Manager indicated they do not recall any situations in the last (12) months requiring immediate action being taken to protect an inmate from a PREA related situation.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA policy requires that all allegations occurring at another correctional facility be immediately reported to the Warden. The Warden at Lake Erie is required to report this allegation to the Warden or head of the facility where it is alleged to have taken place within (72) hours of receiving the information. In addition, the facility is required to investigate any allegations it receives from another facility.

The facility provided this Auditor with written examples of a notification made to Trumbull County Correctional Camp. These was a clear chain with dates to show the notification was made in the appropriate timeframe required by the standard.

Standard 115.64: Staff first responder duties

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

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA policy 79-ISA-02 outlines the responsibilities of the first responders to allegations of sexual abuse which includes the following:

The first security supervisor to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;*
- b. 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;*
- c. Request the alleged victim not take any actions that could destroy physical evidence;*
- d. Ensure the alleged abuser does not take any actions that could destroy physical evidence.*

The first non-security or the first line security staff member to respond to the report shall be required to:

- a. Separate the alleged victim and abuser;*
- b. Request the alleged victim not take any actions that could destroy physical evidence and then notify the security shift supervisor.*

Interviews with staff of all levels confirmed that the steps listed above are the actions they would take should they receive an allegation of sexual abuse. All staff interviewed were able to articulate the appropriate steps that should be taken.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility provided a written institutional response plan to this auditor for review in the pre-audit phase. This plan is well written and addresses each department's responsibility in the event that an allegation of sexual abuse is made at the facility.

Interviews with staff confirm that they are aware of their role in the response to sexual abuse and are aware of the responsibilities of the other departments in the facility.

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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The Warden of the Lake Erie Correctional Institution indicated that there was no union at this facility at the current time.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.67 (c)

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

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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The AW/PCM is the staff person responsible for monitoring anyone participating in an investigation of sexual abuse for signs of retaliation. She indicated that in the ODRC electronic inmate system, there is an area for the documentation of that monitoring which is required by this standard.

This monitoring is required to be done at 30, 60 and 90 days. Once she meets with the individual, it must all be documented electronically in the PREA application in the system. She is also required to review items and make any necessary notes. The individuals that she meets with in each case are the inmate victim, reporting staff member and any inmate witnesses.

She has not had any issues with retaliation in relation to PREA so far.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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As documented under standard 115.43, this facility does not involuntarily place inmates in protective custody. However, if they had no other option, the paperwork is available for the staff to complete.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

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

115.71 (g)

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

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Lake Erie Correctional Institution conducts the administrative investigations for all PREA related allegations. There is a facility investigator and the AW/PCM who conduct the investigations. As mentioned earlier in this report, the facility investigator position is open, however, the replacement has been hired and will begin in mid-September 2018.

During the onsite audit, this Audit reviewed (9) investigation files for PREA. These files were in good order and easy to follow and identify the necessary components.

The Ohio State Highway Patrol is responsible for conducting the criminal investigations related to PREA. The Ohio State Highway Patrol has assigned one investigator to the facility, Trooper Royco. The AW/PCM notifies the trooper of all PREA allegations and he determines whether or not they will be investigated criminally.

This trooper has investigated numerous allegations of sexual abuse for criminal charges. He has taken a couple of these investigations to the district attorney in Ashtabula County. The district attorney has refused to prosecute any of these cases because he feels that there is not enough evidence to proceed. To date, no PREA cases in Ashtabula County have been prosecuted.

PREA standard 79-ISA-02 guides the investigation process for both administrative and criminal investigations. The policy includes all the requirements of this PREA standard. The AW/PCM was able to articulate the definitions and standards which apply to the administrative investigations for PREA.

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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PREA policy 79-ISA-02, Page 14 of 17, item (i.) states the following.

- The DRC shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual misconduct are substantiated.*

An interview with the AW/PCM confirmed this policy, as well as articulating what the definition of preponderance of the evidence is.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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 resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident 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*)

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As confirmed by policy review and interviews with staff and inmates, inmates involved in a PREA investigation receive written notification of the outcome of the case from the AW/PCM. She in turn keeps a copy of this notification in the investigation file. The facility has a form which is utilized for this notification that includes all required information.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Through documentation review and interviews with the Warden and AW/PCM, the facility was found to be in compliance with this standard. If a staff member is involved in an allegation of sexual abuse, that staff member will be moved to another post in the facility, or suspended from duty upon the Warden's determination, until the conclusion of the investigation.

As with all allegations of sexual abuse at the facility, the AW/PCM will contact the assigned trooper for his determination whether a criminal investigation is warranted. And if there is a substantiated case, any relevant licensing bodies will be notified of such.

Additionally, as per policy, if there is a substantiated case, the presumptive disciplinary action is termination. When questioned, the AW/PCM could not think of a situation where the employee would not be terminated from there position.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Allegations of sexual abuse against a contractor or volunteer are investigated in the same manner as any other allegation of sexual abuse in the facility. The AW/PCM indicated that there will be an administrative investigation and that the Ohio State Highway Patrol assigned trooper will be notified to determine if this allegation should be investigated criminally.

If a contractor or volunteer are involved as the alleged abuser in an investigation, they will not be allowed access to the institution until the conclusion of the investigation and the investigation is determined to be unfounded.

If there are criminal charges, CoreCivic policy states that the institution will notify any relevant licensing bodies the individual may be certified through.

At the time of the onsite audit, staff could not remember any volunteers or contractors being removed from the facility for reasons related to PREA.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

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PREA Policy 79-ISA-02, Page 15 of 17, #6, indicates that:

"Disciplinary action may be taken when it is determined that an inmate made a false report of sexual misconduct. If the RIB finds an inmate guilty of making a false report, restitution may be ordered for the costs incurred by the DRC in response to the false report. However, no inmate reporting sexual misconduct shall be issued a conduct report for lying based solely on the fact their allegations could not be substantiated or that the inmate later recanted his allegation. 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."

While the ODRC policy does not include all of the elements of this standard, the CoreCivic policy 14-02, does include elements such considering whether or not the inmate should participate in therapy or counseling services to address the behavior displayed.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

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

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The facility has both medical and mental health staff working at the facility. The medical staff are responsible for administering the (72) PREA risk assessment. During interviews with medical staff who administer this assessment, it was noted that they provide inmates with information regarding informed consent before they ask any PREA related questions.

If an inmate identifies as a victim of sexual abuse, a referral is made for the inmate to speak with one of the mental health professionals at the facility. This referral occurs immediately and someone on the

mental health staff are able to see the inmate usually within (14) days, but usually can be seen within (8) days on average.

Additionally, if someone is identified as a perpetrator of sexual abuse, they are also referred to the mental health staff and offered time to be seen within the required (14) days.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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As stated, the facility has a (24) hour per day, (7) day per week medical department with nurses on duty all shifts. Medical staff are available to provide care at any time day or night. While the mental health staff are not (24/7), medical is able to provide assistance until the mental health professionals are available.

If a situation occurs in which an inmate would need to be seen at a hospital for a forensic examination, the medical staff are the ones to make that decision. If medical staff indicate that the inmate must be transported out, the security staff put the process in motion to make that occur.

As per policy, the inmate will not be charged for the treatment they receive as a result of a PREA incident that they have reported.

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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Through discussions with both the medical and mental health staff members, it is clear to this Auditor that the services received through these departments are above those services they would receive in the community.

Emergent medical issues will be addressed as soon as they are identified. Inmates may also request an appointment with the medical department by submitting a request. Interviews with staff and inmates indicated that a medical request slip can usually be accommodated within a week of the receipt of the request.

Requests for mental health services by an inmate can usually be accommodated within (3) days of the receipt of the request by an inmate.

If the mental health staff learn of an abuser who has perpetrated institutional sexual violence, they will conduct an evaluation on that individual as soon as possible.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

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

115.86 (e)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

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The facility conducts sexual abuse incident reviews as required by PREA standard. The AW/PCM heads the review team and is done for all investigations that are determined to be both substantiated or unsubstantiated.

CoreCivic utilizes a two-step review. The first review is done through a conference with staff at CoreCivic headquarters (FSC) and occurs very shortly after the allegation is made. The second review is completed after the investigation has been completed and an outcome is determined.

This second facility review is conducted with the following individuals and occurs within (30) days after the conclusion of an investigation. The following departments are involved in this review.

- Ms. King (AW/PCM)
- Ms. Conley (PREA Case Manager)
- Medical
- Mental Health
- Facility Investigator

- Any other staff deemed necessary

CoreCivic has developed a form that is utilized for the facility review of the investigation. Due to the extensive review and oversight of these investigations, the facility exceeds this standard.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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Instructions for Overall Compliance Determination Narrative

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CoreCivic collects data from all of the facilities it operates on a monthly basis. The AW/PCM is required to compile information regarding all allegations, investigations and outcomes of investigations which occurred during that month.

The facility is also required to provide this information to the ODRC for inclusion in their reporting to the Bureau of Justice Statistics on the annual SVV survey.

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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CoreCivic completes an annual PREA report as required by this standard. The facility includes items in the report such as the number of allegations and investigations at each facility related to PREA. It also includes additional information regarding any steps that were taken to correct any PREA issues at a facility.

Currently the PREA reports for 2013-2017 can be found on the company website at the following address. <http://www.corecivic.com/the-prison-rape-elimination-act-of-2003-prea>

Additionally, the Ohio Department of Rehabilitation and Correction also compiles an annual PREA report and posts it on the agency website. These reports are available on this website from the years 2013-2017. That address is <https://drc.ohio.gov/prea>

The ODRC also includes attachments on this page with specific information regarding privately operated facilities who are contracted with ODRC and their statistics. This information is available for the years 2013-2016.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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PREA information is maintained on the computer system at the facility and all staff have individual passwords required for access to any PREA information. However, access to PREA files are restricted to certain individuals in the institution.

Statistical information is provided to the ODRC annually as required by PREA standard. And no identifying information is included in any of the reports by CoreCivic or ODRC.

All PREA information is available since 2013 and policy indicates that information is kept for (10) years.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, 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? Yes No

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

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This Auditor was able to review the prior audit report from 2015-2016 for the Lake Erie Correctional Institution.

CoreCivic operates approximately (129) facilities including prisons, jails and community corrections centers throughout the United States. CoreCivic works to ensure that all facilities are audited once during each (3) year audit cycle. The majority of the facilities were audited in the first two years of the audit cycle.

This Auditor was provided with a great deal of information prior to the onsite visit. In addition, this Auditor requested multiple documents while onsite and was provided with all information requested.

All interviews were conducted in private. Interviews were conducted in a conference room in the administration building, with the exception of those inmates that are housed in the TPU. Those interviews were conducted in a staff office in the unit itself.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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The facility's prior onsite audit was conducted September 21-23, 2015. The date of the report is January 19, 2016. This report can be found on the CoreCivic website at the following address: <https://www.corecivic.com/hubfs/files/PEA/Facilities/2016-Lake-Erie-PEA-Report.pdf>.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

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

Jennifer L. Feicht

April 28, 2019

Auditor Signature

Date

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

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