

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:
Lorain/Medina C.B.C.F.

Physical address: 9892
Murry Ridge Road,
Elyria, Ohio 44035

Date report submitted:
July 24, 2014

Auditor Information Pam Sonnen

Address: 4 Fitchs
Point Road, Garden
Valley, 83622

Email:
psonnen@msn.com

Telephone number:
208-462-2289

Date of facility visit:
July 8th and 9th of 2014

Facility Information

Facility mailing address: *(if different from above)*

Telephone number:
440-281-9708

The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input type="checkbox"/> State
	Private not for profit X Community Confinement Center		

Facility Type:	<input type="checkbox"/> Jail	x Prison
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Name of PREA Compliance Manager: Nicole Hepler	Title: H.R.
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Email address: nhepler@imcbcf.com	Telephone number:
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Agency Information

Name of agency:

Governing authority or parent agency: *Grant agreement with the Ohio Department of Rehabilitation and Corrections*

Physical address:

Mailing address: *(if*

<i>different from above)</i>		
Telephone number:		
Agency Chief Executive Officer		
Name: Michael Willets	Title:	Executive Director
Email address: mwillets@imcbcf.com	Telephone number:	440-281-9708
Agency-Wide PREA Coordinator		
Name: Donald V. Nickerson	Title:	Operations Director
Email address: dnickerson@imcbcf.com	Telephone number:	440-281-9708

AUDIT FINDINGS

NARRATIVE: The PREA audit of Lorain/Medina from July 8th and 9th 2014 was conducted by this writer Pam Sonnen. I wish to extend my sincere thanks to the team at Lorain/Medina for their openness and hospitality during the audit. I would like to compliment Nicole Hepler the PREA Compliance officer and Donald Nickerson the PREA Coordinator for all their hard work during the audit. I interviewed 14 staff and 10 residents, 5 females and 5 males. Upon arrival I had a meeting with the administration and toured the facility. The facility was very clean and orderly. I spoke with staff and residents during the tour and they were very open and engaging. All had been trained in PREA and when asked questions they answered very appropriately and knew all about PREA. The facility has an excellent camera system and most all areas were covered. I informed them they need to add a few windows to doors of closets and mechanical areas. I interviewed the Executive Director Michael Willets who was very supportive of PREA and his staff. I also interviewed staff in charge of Contract, H.R., Incident review staff, staff who monitor retaliation, a case manager who conducts intake, medical and intake, healthcare and I conducted a phone interview with one of their board members. I called the 24 hour help line and was connected to the Lorain County Rape Crisis center.

DESCRIPTION OF FACILITY CHARACTERISTICS: Lorain/ Medina is a community based Correctional Facility that serves both Lorain and Medina Counties for sentencing alternatives. The facility is located on a 90 acre site. The facility is regulated by the Ohio Department of Rehabilitation and Corrections. It is a minimum custody facility and the building is 21,300 square feet with 3 male dorms and 1 female dorm. The 2 male dorms house 28 beds each while the 3rd dorm houses 4 males. The female dorm houses 18 beds.

Lorain/Medina employs 35 staff as allocated in the ODRC annual grant. Medical contract is provided by LeMar Medical Services and GED services is contracted by Lorain County Joint Vocational School. The facility is ACA accredited. The facility is over seen by a governing board.

The facility updated their camera system in August of 2012, they have 48 cameras I viewed the camera locations during the tour. The audit occurred on July 7th and 8th 2014. There

were contracts that needed updates and training that needed to be completed and those updates were completed prior to writing this report.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: 4

Number of standards met: 33

Number of standards not met: 0

Non-applicable: 3

§115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

xx Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has a very strong policy on Zero tolerance of sexual abuse and sexual harassment. The facility has a PREA Compliance Officer and PREA Coordinator both are on the management team. There are posters all over the facility stating the Zero tolerance of sexual misconduct. All staff have been trained and during the interview with staff and residents everyone was very aware of the policy. Both staff stated they had plenty of time to complete the duties required by PREA. The policy clearly outlines prohibited behaviors and outlines the strategies for preventing, detecting, and responding to sexual abuse or harassment.

§115.12 - Contracting with other entities for the confinement of inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

N/A

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has a staffing plan and reviews it yearly or more often if the need arises. The plan identifies the lay out of the facility, the population, any blind spots and the need for any more cameras. My only recommendation is that they conduct a staffing analysis. Supervisors are regularly making unannounced tours of the facility.

§115.14 – Youthful Inmates

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

N/A the facility does not house anyone under 18 years old.

§115.15 – Limits to Cross-Gender Viewing and Searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility does not conduct cross-gender viewing or searches. Opposite gender staff announce themselves when entering the unit or restrooms. I observed this practice during the tour and all interviews stated that staff announce themselves when entering the unit. Medical would be the person to conduct body cavity searches but this has never occurred at this facility. All offenders stated that they were able to shower, dress and use the restroom without the opposite gender viewing. The facility has a policy on Trans genders and it states staff are not to strip search just to identify the sex of the resident. Staff are trained in cross gender searches.

§115.16 – Inmates with Disabilities and Inmates who are Limited English Proficient

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The policy states that they provide residents with disabilities and residents who are limited English proficient with alternatives to provide information on PREA. They have documents in Spanish and the use Nord Rape Crisis Center for interpreter services. The facility does not use residents for interpreters.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility strictly prohibits hiring, promoting or contracting with anyone who may have had contact with residents. The application asks if they have ever been civilly or administratively adjudicated in sexual misconduct. They do criminal background checks upon hiring and every five years after. Staff have a duty continuing affirmative duty disclose any sexual abuse.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility regularly analysis the need for added cameras. In August of 2012 they upgraded their current system.

§115.21 – Evidence Protocol and Forensic Medical Examinations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility does not do criminal investigations. They do conduct administrative investigations and our trained to do so by National Institute of Corrections. The Lorain County Sherriff's department investigates sexual abuse allegations. The MOU clearly outlines and the Sherriff agrees to follow uniform evidence protocol adapted from the Department of Justice Against Women. The facility has a MOU with NORD Crisis Center for victim services. Victim advocates will help escort the resident to the hospital and through all legal proceedings. The facility has never had a sexual abuse case. They have had one sexual harassment case with a male offender that proved unfounded. All of these services are at no cost to the resident.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy requires all allegations of sexual abuse or sexual harassment be investigated.

§115.31 – Employee Training

xx Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All staff are trained in the zero tolerance policy and conducting cross-gender searches. The training includes a test to insure understanding. All interviews with staff demonstrates the knowledge of PREA. They understand how to prevent, detect and report and knowledge on any allegation. They understood the dynamics of sexual abuse and harassment in a confinement setting.

§115.32– Volunteer and Contractor Training

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All contract staff are trained in their responsibilities of preventing, detecting, and reporting of sexual harassment or sexual abuse. Their contracts outline they must be trained and follow the policies as related to PREA. Interviews with education and medical indicated they were trained and know their responsibilities.

§115.33 – Inmate Education

xx Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

During intake residents are provided information through their handbook. This explains the zero tolerance policy, how to report, emergency grievance process and the facility response. This information is visible in posters. The residents are given a test to insure understanding. If necessary NORD can provide this information for residents who have trouble understanding the material. I looked at intake documents to insure compliance.

§115.34 – Specialized Training: Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Administrative investigations that are conducted at the facility are investigated by trained investigators. The training includes techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, collection of evidence and the criteria and evidence required to substantiate a case for administrative action.

§115.35 – Specialized training: Medical and mental health care

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Medical staff are trained in immediate care, but they do not conduct forensic medical exams.

§115.41 – Screening for Risk of Victimization and Abusiveness

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has an objective screening instrument for risk of victimization or predatory behavior. The residents are assessed within 72 hours of arrival. The form outlines all the criteria as stated in this standard. The intake considers prior acts of sexual abuse or any information on past victimization. The facility reassess the residents after 30 days to ascertain any changes. Residents are not disciplined for failure to answer any questions. All information is kept confidential.

§115.42 – Use of Screening Information

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility uses the screening information for decisions on housing, bed, work, education and program placement. With the design of the facility they are able to separate those residents who need to be kept separate. All residents stated they feel very safe at the facility. The facility has a policy on LGBTI residents and will work with each resident as an individual on any needs they may have and make accommodations. The resident's opinion will be given consideration. All residents can shower separately.

§115.51 – Inmate Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has multiple ways for residents to report any sexual misconduct. They may make reports verbally or in writing, they may call the 800 number, they may tell any staff and can remain anonymous if they desire and they may tell family or friends. While interviewing residents they all knew the ways to report.

§115.52 – Exhaustion of Administrative Remedies

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

There is no time limit on filing PREA grievances. The resident does not need to informally resolve the allegation. The policy requires that all time limits by staff are adhered to and the resident is updated on progress. Third parties may help the resident in the process. The facility has a policy on filing an emergency grievance. The only time a resident is disciplined for filing a grievance is if they only file it in bad faith. No grievances have been filed during this audit period.

§115.53 – Inmate Access to Outside Confidential Support Services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility will provide residents to outside victim advocates for emotional support services related to sexual abuse through the NORD rape Crisis center. This information is provided to residents at intake and on posters throughout the facility. The posters have the hot line number and address of the center. The phone does not monitor these calls. The facility has a MOU outlining responsibilities.

§115.54 – Third-Party Reporting

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility does have a method for third party reporting. The information is on posters in the visiting room, it's on the visiting application and is on their web site.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Staff are required to report any knowledge, suspicion, or information regarding any sexual abuse, harassment or retaliation immediately. They are required to keep all information confidential. They may do so privately.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Facility requires staff to take immediate action if they receive information a resident is at risk. This has not occurred at the facility.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The policy requires the facility head to report any knowledge of sexual abuse or harassment to any facility indicated.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy outlines the duties of response. While interviewing staff most of them gave the correct response. I recommend the facility do some drills so that staff feel more comfortable if a situation arsis. They all understood the need to preserve evidence. The facility has check lists located in the central control for first responders.

§115.65 – Coordinated Response

xx Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has an excellent document outlining the coordinated response. It clearly and simply outlines the duties of first responders, medical responsibilities, mental health responsibilities, investigators, administration, medical and mental health service, victim support services, discipline and administrative/criminal sanctions.

§115.66 – Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

N/A there is no collective bargaining.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has designated the Operations Director to monitor retaliation. During the interview Don stated he would monitor the situation for the entire time of the residents stay. Staff would be watched for as long as necessary. He would have staff and residents watched to insure safety. He would make moves if necessary. He would check with resident or staff regularly.

§115.71 – Criminal and Administrative Agency Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility only investigates administrative complaints, the Lorain Sherriff's Department investigates any alleged crime. The facility cooperates during a criminal investigation by providing any video evidence and any other information they may need. The MOU clearly outlines the responsibilities as related to PREA. The facility has trained investigators to investigate administrative investigations. There was one administrative investigation during this audit period. The investigation proved unfounded. I interviewed the resident and he stated he was kept informed and he felt good about the outcome. He did bring up that he received a disciplinary report not related to the investigation, but he felt it might be in retaliation. I reported this and the disciplinary report was reduced to the appropriate violation. The resident stated I was the first one he had reported his concerns. After reviewing the entire incident I did not see retaliation only a mistake in the disciplinary report. The facilities policy outlines all other requirements of this standard.

§115.72 – Evidentiary Standard for Administrative Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Policy requires only a preponderance of evidence.

§115.73 – Reporting to Inmate

- Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

While reviewing the one investigation the resident was kept informed and was notified of the finding.

§115.76 – Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The facility policy outlines all possible disciplinary actions for violations of sexual abuse or harassment. Termination will result on any sexual abuse findings. If a staff quits during the investigation the facility will refer complaint to the sheriff's department.

§115.77 – Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- xx Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

If any volunteers or contractors are violating any of the PREA standards they will be terminated. The contract amendments outline the actions to be taken. The facility will refer cases to any licensing boards.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy outlines all disciplinary sanctions if a violation occurs. The resident's mental capabilities will be considered. There have been no disciplinary action taken in this audit period.

§115.82 – Access to emergency medical and mental health services

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All requirements of this standard are outlined in policy. Staff interviews confirmed that they understood what to do in case of an incident. The MOU with the NORD outlines the responsibilities as related to the services.

§115.83 – Ongoing medical and mental health care for sexual abuse victims and abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has a MOU with NORD to provide ongoing services as needed.

§115.86 – Sexual abuse incident reviews

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility has an incident review team. There have not had any reviews this audit period, but the policy outlines the responsibilities of this team.

§115.87 – Data Collection

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The facility collects all data and submits report to the DOJ. I have reviewed the report and there were no reported cases.

§115.88 – Data Review for Corrective Action

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The policy outlines responsibilities for review of any incident. The information once approved be the facility head will be posted on their web site.

§§115.89 – Data Storage, Publication, and Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

All data is stored and maintained.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

_Pam Sonnen_____

Auditor Signature

Date