

**CORRECTIONAL INSTITUTION INSPECTION COMMITTEE REPORT:  
INSPECTION AND EVALUATION  
OF THE  
ROSS CORRECTIONAL INSTITUTION**

**Prepared and Submitted by  
CIIC Staff**

**December 13, 2007**

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**CORRECTIONAL INSTITUTION INSPECTION COMMITTEE REPORT:  
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ROSS CORRECTIONAL INSTIUTION**

**INSPECTION PROFILE**

<b>Date of Inspection</b>	October 18, 2007
<b>Type of Inspection</b>	Unannounced
<b>CIIC Member and Staff Present</b>	Representative John White, Chair Shirley Pope, CIIC Director Gregory Geisler, Inspector Brianna Michalak, Inspector
<b>Facility Staff Present</b>	Michael Sheets, Warden

**Areas and Activities included in Inspection:**

Entry and exit conference with Warden	Inmate dining room
Segregation housing units	General population housing units
Medical infirmary	New Life Therapeutic Community

**BRIEF INSPECTION SUMMARY**

On October 22, 2007, shortly after the inspection, the CIIC Director provided a brief summary of the inspection to the DRC Assistant Director. The following is based on that communication. The Warden was most kind and accompanied the CIIC throughout the inspection. Still, he maintained enough distance in each of the areas to enable staff and inmates to speak freely with the CIIC without being overheard.

Communication from staff and inmates was good. There were no burning issues relayed. In fact, morale appeared to be and was described as “good”. There were no signs of tension among the inmates, and staff spoke of the team spirit among co-workers. Staff expressed that they truly appreciate their Warden. Facility staff expressed that at least two excellent vocational programs cannot operate due to funding constraints affecting the ability to fill the needed instructor positions.

The CIIC attended a group meeting in the therapeutic community alcohol and drug treatment program and residential unit, which was very worthwhile. The attendance met the statutory requirement to attend a rehabilitative or educational program on each inspection. Also, in accord with the statutory requirement, the CIIC attended a general meal period.

Further, the inspection included the segregation units, medical services, and level two and level three housing units. While maintenance needs were noted in the housing units, there were no serious issues of concern observed or expressed.

Staff discussion included the disturbing population predictions. For now, the facility appears to be doing well in maintaining a very large population.

## **THE SURVEYS**

The Warden was provided with two questionnaires, which are being used in the CIIC 2007-2008 inspections. One is based on the 16 recommendations of the Correctional Faith-Based Initiatives Task Force to gather information on the extent to which progress is being made in implementation. The questionnaire and responses are provided at the end of this report.

The second questionnaire is based on selected sections of *Expectations*, which contain inspection criteria used by the British Inspectorate. These Expectations were discussed at an international conference on effective prison oversight in 2006 in which the DRC Director and CIIC Director were presenters. *Expectations* are reported to be consistent with international standards. The purpose of gathering information on the extent to which Ohio correctional institutions are similar or different from selected sections of *Expectations* is twofold: To identify possible areas in need of improvement, and to identify possible means of addressing reported areas of concern.

To avoid burdening any one staff person at the facility with the task of responding to the entire questionnaire, sections and subsections identified by topic were separated and stapled, ranging from one to three pages each. Each could be given to a different staff person to complete who is knowledgeable of the particular area. Staff were requested to respond briefly, with “yes,” “no,” and/or to explain, indicating the extent to which the facility’s practices are similar or different from the *Expectations*. The Warden was requested to return the completed questionnaires in time to be included in the inspection report.

### **Environment and Relationships: Residential Units**

Based on the staff responses, RCI practices and provisions are consistent with all *Expectations* regarding Residential Units, except for the following:

- Do all prisoners have access to an in-cell emergency call button/bell that works and is responded to within five minutes? **No – verbal contact.**
- Do prisoners have ready access to both communal and in-cell toilets, baths and showers in private? **Not in shared cells.**
- Are screened toilets in shared cells? **No**
- Is there a shower cubicle adapted for use by older, less able or disabled prisoners as well as baths with grab handles? **Not in general population.** (It is important to note that the staff responded to the question, “Are older, less able or disabled

prisoners helped to have a bath or shower every day?” with **N/A**, indicating that no such prisoners are assigned to RCI.)

- Are clean pillows available for new prisoners as well as other bedding? **No, built into mattresses.** (In CIIC staff’s view, RCI’s provision is a positive aspect.)

**Environment and Relationships: Staff-Prisoner Relationships:** The staff responses to this section of the survey were all in the affirmative, indicating practices consistent with *Expectations*. The responses are also thorough, reflecting a clear understanding of each expectation and noting specifically how RCI meets or exceeds the expectation.

### **Duty of Care: Complaint/Grievance Procedure**

Similarly, the staff responses to this section of the survey indicate that in most instances, practices are consistent with the expectations. The responses are also thorough, informative and reflect a positive, enlightened perspective on the grievance procedure. The few areas in which practices or policy differ somewhat from the expectations are indicated below:

- Are there posters in prominent places on all residential units, including for those with literacy problems and those with disabilities so that they can understand and are able to access the procedures? **No, the pamphlets accomplish this goal. Orientation is verbal, not written. Interpreter services are available.** (In CIIC staff’s view, RCI provisions accomplish the intent reflected in the expectation.)
- Is information on the units/blocks always displayed and do prisoners understand it? **No, they have their own copy.** (In CIIC staff’s view, RCI provisions accomplish the intent reflected in the expectation.)
- Are all complaints and grievances, whether formal or informal, dealt with fairly and answered within three days, or 10 days in exceptional circumstances, with either a resolution or a comprehensive explanation of future action? **No, administrative rules provide for 14 days to respond to formal complaints, seven days for informal complaints.**
- Are complaints answered within three working days, or within 10 days in exceptional circumstances? **If an emergency is identified, grievances are processed immediately (i.e. deteriorating condition medical)**
- Are forms sent back to prisoners because of technicalities in procedure? **Yes, substantial compliance is required.**
- Are such complaints referred to the relevant staff member, not back to the prisoner? **Informal complaints: Inmates are advised who to re-send their complaints to if they need re-directed.**
- Does the staff member who dealt with the complaint clearly print their name on the response? **A signature line is available on both informal complaints and grievance disposition forms for staff to sign.** (CIIC staff believe the clearly printed name would not be satisfied by the available signature line.)
- What are the adverse effects of filing complaints? **Changes to institutional operations, staff and inmates slow to adapt.**

- Are appeals dealt with fairly, and responded to within seven days? **Administrative rules allow for 30 days to respond to appeals.**
- Do prison managers analyze complaints (both granted and denied) each month, by ethnicity, disability, block/dorm/unit, prisoner type, etc., and if necessary, make any appropriate changes? **The grievance procedure is transparent unless specific complaints are alleged about discrimination, or living unit.** (It should be noted that the next question and response tends to indicate that the facility's practice is consistent with the recommended analysis of complaints. That is, when asked, "Is data studied and is action taken when strong patterns/trends emerge?" the staff person responded, **Yes, and action is taken to resolve complaints when staff actions are outside DRC policy.**

### **Bullying and Violence Reduction**

The responses of staff to the questions on bullying and violence reduction merit a very positive assessment. It is interesting to note that although the two DRC policies on sexual assault could have been cited, the staff respondent cited **protective custody** policies as the policies that provide protection of vulnerable prisoners. The responses to the following questions are significant:

- Does everyone feel safe from bullying and victimization (which includes verbal and racial abuse, theft, threats of violence and assault)? **Yes**
- Are active and fair systems to prevent and respond to violence and intimidation known to staff, prisoners and visitors? **Yes**
- Has the prison developed an effective strategy to reduce violence and intimidation, which has earned the commitment of the whole prison and has drawn on multi-disciplinary consultation including feedback from prisoners? **Yes**

Affirmative responses further state that:

- The violence reduction strategy is widely publicized.
- Monitoring is part of the strategy and covers feelings of safety among prisoners, incidents of bullying (verbal and physical), number of assaults, number of racist incidents, location of incidents and actions taken.
- Staff understand their duty to maintain a safe environment and what to do to promote this.
- Staff are alert to threats to a safe environment and they confront all forms of victimization.
- Prisoners are consulted as part of the strategy development and maintenance.
- The strategy in promoting safer custody and violence reduction is **very effective. Inmates can request protective custody or report incidents in a confidential manner.**
- Staff supervise and protect prisoners throughout the prison from bullying, verbal and physical abuse, racial abuse and threats of violence.
- Staff are consistent in challenging these behaviors.

- Staff lead by example in the way they treat their colleagues/prisoners, and understand that their duty is to foster a safe environment, by confronting unacceptable behavior quickly and fairly.
- Particular attention is given to prisoners who have asked for protection from other prisoners or those who may be victimized because of the nature of their offense or other individual circumstances.
- Prisoners' families are encouraged to come forward if they feel they are being bullied to bring drugs into prison.
- Visiting families know about reporting procedures and think that visiting staff are approachable and sympathetic.
- A strategy has been formed by systematic consultation with prisoners across the prison.
- A central log of bullying is kept and incidents of bullying are reviewed regularly by a multidisciplinary committee.
- Staff are alert to potential bullying and they confront all forms of victimization.
- All sources of information including security reports, accidental injuries etc. are used for evidence of bullying/intimidation.
- Staff contribute to the strategy by **writing reports, taking confidential statements, forwarding information.**
- There is a coordinated approach by all departments.
- Allegations of bullying are treated consistently and fairly and investigated promptly.
- Outcomes of investigations are recorded and the prisoner who reported the bullying is supported. (**Recorded by reports, victims have support by having a victim support person.**)
- Prisoners are made aware of behavior that is unacceptable through a well-publicized policy and are made aware of the consequences of bullying.
- Inappropriate behavior is consistently challenged.
- Information is distributed to new arrivals. (**Inmate handbook, unit rules, information from all departments.**)
- Bullying is clearly defined to prisoners.
- Staff are aware of both direct and indirect forms of bullying.
- Anti-bullying measures support the victim and take the victim's views about their location into account.
- Staff understand the link between bullying and aggressive and disruptive behavior generally.
- Appropriate interventions are in place to deal with bullies and support victims.
- Interventions are available to challenge bullies and to support victims of bullying. (**Protective custody procedure, confidential statements, rules infraction.**)
- Interventions are aimed at achieving sustained and agreed changes in behavior.
- Prisoner records contain comprehensive updates on how bullied and bullying prisoners have been supported and/or challenged. (**Protective custody files.**)

The following questions and responses provide some indication of possible improvements that could be considered:

- Are prisoners consulted and involved in determining how their lives in the prison can be made safer, how bullying, verbal and physical abuse, racial abuse and threats of violence are confronted, how conflicts can be resolved and what sanctions are appropriate? **Yes, during orientation.** (CIIC staff note that the expectation likely is referring to on-going consultation with prisoners beyond orientation and beyond the one on one that occurs in responses to individuals reporting personal safety problems. This is further indicated in the next question.)
- Has there been any consultation in the last six months? **Yes, protective custody investigations require consultations.**
- Has an annual confidential survey to all prisoners about bullying been undertaken? **No**
- Are there particular areas where prisoners feel vulnerable to bullying? **Recreation yards, commissary line, walkways.** (It should be noted that in response to another question on the arrangements for movement, exercise, mealtimes and discharge, especially for those who are considered vulnerable, the staff person wrote, **Staff always present on the yards, walkways, rec-yards, etc.**)
- Are prisoners' families and friends encouraged to make suggestions about how the prison could better protect prisoners from victimization and to provide information to help identify those prisoners likely to be at risk? **No**
- Is a visitors' survey distributed systematically? **No**
- Are there posters in visiting rooms? **No**
- Are there bullying posters throughout the prison? **No**

### **Self-Harm and Suicide**

The responses to the questions pertaining to Self-Harm and Suicide were extremely thorough and informative. In nearly every instance, RCI appears to meet or exceed the expectation. Many of the responses are regarded as extraordinarily impressive. A particularly positive aspect was noted in the response to: "Are prisoners encouraged to express any thought of suicide and/or self-harm, and encouraged to take part in all purposeful activities as part of the support plan? Are prisoners given the opportunity and assistance to make a written contribution to their review?"

The response included: **As indicated in some detail to questions #2 and #5, multiple opportunities are afforded offenders to express thoughts of suicide or self-harm to institution staff. Those opportunities included initial screens upon admission to the institution by both medical and mental health staff; screens upon admission to Segregation by custody and mental health staff, as indicated; weekly monitoring by mental health staff in control units, with mental status assessment within 30 days and every 90 days thereafter; mental status assessments following allegations of sexual assault or request for Protective Custody. Offenders are encouraged to participate in the formulation of support plans through their participation in Treatment Plan.**

Although many are aware of the practice of screening on admission, plus on admission to segregation and monitoring by mental health staff in control units, the practice of conducting mental status assessments following alleged sexual assault or request for protective control is new information to the CIIC and the practice is highly regarded.

The following questions and responses may indicate areas in which further improvements could be made:

- Are prisoners' families, friends and external agencies encouraged, through local arrangements, to provide sources of information which may help identify and support those prisoners likely to be bullied or who have a history of self-harming behavior? **Offenders receive information at institution orientation about the visiting process, including avenues of institutional communication they are encouraged to share with family and friends. Additionally, the institution maintains a web site which encourages contact.**
- Are prisoners at risk of suicide and self-harm held in a supportive and caring environment with unhindered access to sources of help including peer supporters? Is a care suite available to support the work of Listeners? **Offenders at high risk of self-harm are maintained on suicide watch in safe cells located in the infirmary. There, they are watched on either a Constant or Close basis by specially trained custody officers. They are reassessed daily by Authorized Independently Licensed Mental Health Professionals and seen frequently by Mental Health Liaisons, psychiatric nurses monitoring psychotropic medication compliance, and members of Treatment Team.**
- Is there access to counselors, the chaplaincy team, Listeners and Samaritans at all times? **Routine access to mental health staff and the chaplaincy is provided according to scheduled work hours. For mental health staff, that usually is between the hours of 7AM-5PM, Monday, Thursday, and 7AM-4:00PM Friday. Weekend coverage is provided to offenders on Suicide Watch status.**

### **Activities: Learning Skills and Work Activities**

RCI staff responses to questions on Learning Skills and Work Activities indicate that the facility meets or exceeds the expectations. The section also brought to light one of the very favorable aspects of RCI that was mentioned by RCI staff on the inspection; that is, that every inmate has a job assignment. The RCI staff responses indicate the following:

- Is the learning and skills and work provision in the prison informed by and based on the diverse needs of prisoners and provides prisoners with both the opportunity of and access to activities that are likely to benefit them? **Yes**
- Does provision meet the needs of older, younger adult, and disabled? **Yes**
- Are there sufficient activity places to occupy the population purposefully during the core working day? **Yes**
- How many prisoners are locked up during the day? **N/A**
- How many are formally registered as unassigned? **N/A**
- How easy is it for a prisoner to get a job? **All are assigned jobs.**

## Library

All responses to the questions pertaining to the library reflect practices and provisions consistent with the expectations.

### Good Order: Security and Rules

Nearly all of the responses to questions pertaining to Good Order, Security, and Rules reflect practices consistent with the expectations. The exceptions consist of the following:

- If squat searches are used, does their incidence and authorization need to be logged and regularly checked? **No**
- Are visitors subject to bans or restrictions reviewed every month? **No monthly review. There is an appeal available to the restricted visitor.**

### Food Services

Nearly all of the responses to questions pertaining to Food Services reflect practices and provisions consistent with the expectations. One that was noted as particularly unique, has to do with a prisoner's choice of meals including an option for vegetarian, religious, cultural and medical diets. In regard to religious diets, one aspect has been a source of complaint to the CIIC from other institutions, which appears not to be an issue at RCI based on the staff person's response to the question provided below:

- Are options for religious or cultural groups open to all, and not just those who practice their religion officially? **Yes**

Responses to questions which indicate practices contrary to those recommended in expectations are provided below:

- Are Halal certificates displayed where prisoners can see them? **No**
- Is there a food comments book? **No** (It should be noted that based on the preceding question in the survey, logs of prisoners' comments about the food are kept and consulted **at least quarterly**. In CIIC staff's view, a food comments book is likely to be synonymous with a log of prisoners' comments.)
- Where prisoners are required to eat their meals in their cells, are they able to sit at a table? **No**

## **FACILITY DESCRIPTION**

The following is a summary of information about the institution provided to CIIC staff by the Warden on the date of the inspection.

### **Overview**

Construction of the Ross Correctional Institution (RCI) began in 1986. The first inmates were received in March 1987. The initial purpose of the facility was to house adult male offenders classified as medium security (level 2). The main compound was designed to handle a capacity of 1,080 inmates. The Ross Correctional Camp (RCC), a minimum security (level 1) facility outside of the main compound was built to house 252 inmates.

The institution's layout is described as a campus-style facility. In May 1994 an open dormitory housing unit was added at a cost of \$1,031,500 to increase the capacity of inmates incarcerated at the facility. Except for the dormitory on the medium security side, the remainder of the facility consists of celled housing. Support buildings such as the dining facility, infirmary, and educational and recreational buildings are centrally located on the main compound. The institution occupies 1,707 acres. Inside the fence there are 19 buildings situated on 59 acres. Outside the fence there are 63 buildings situated on the remaining 1,648 acres.

The institution's north side is separated from its south side, so that it is possible to house two different security classifications at the same institution. Although there are shared support services and buildings, the celled facility is suitable for close security, and celled housing is preferred by most medium security inmates. This flexibility has been an asset for the Department of Rehabilitation and Correction, enabling the facility to adapt to changing close or medium security bed needs.

Years after the facility was opened, one side of the facility changed from housing level 2 (medium security) inmates on both sides of the main compound, to housing level 2 (medium security) on one side, and level 3 (close security) inmates on the other. A subsequent change was made to house close security inmates on both sides of the compound, though the dormitory was vacated because dormitory housing is inappropriate for level 3 inmates.

Most recently, in August 2006, a further change was made. In order to meet the need to house the growing number of medium security inmates and to make use of the empty dormitory on one side of the institution, half of the institution was converted back to use for medium security inmates, while the other half still houses inmates classified as security level 3.

## Mission

According to the institution's website, the mission of the facility is to establish a safe atmosphere for both staff and inmates that also protects citizens of the State of Ohio. The mission is further described below:

The Ross Correctional Institution seeks to provide offenders of felony convictions within the State of Ohio a safe, efficient, humane and appropriately secure correctional institution, while maintaining dedication to the protection of citizens of the State of Ohio and the local community. The institution seeks to provide its employees with opportunities for professional growth and development through education, mentorship and training. Mindful of Ohio Department of Rehabilitation and Correction's initiatives of re-entry, community service and victim reparation, we seek to instill in offenders an improved sense of responsibility and the capacity to become law-abiding members of society.

## Annual Budget

The facility's annual budget for FY06 was reported to be \$47,629,838. According to the institution's website, in FY07 the amount has decreased 8.9 million dollars to \$38,685,708. According to the website, the calculated daily cost per inmate is \$48.24. Annually this amounts to \$17,607 per inmate, which is an increase of \$932.51 from FY 06. According to other budgetary information provided, each meal was served at an estimated cost of \$0.68 per meal.

## EMPLOYEE DATA

As of July 3, 2007 there were 607 total staff employed at the Ross Correctional Institution, including 367 security staff. Staff relayed that they are currently short several teachers, library assistants, and 14 Correctional Officers. In addition, staff reported a lack of instructors for much needed vocational programs.

## Gender

Of the total number of staff, 463 employees or 76% are male, and 144 employees or 24% are female. The gender of security staff consists of 313 males or 85%, and 54 females or 15%.

<u>All Staff</u>	<u>Number</u>	<u>Percent</u>
Male	463	76%
Female	<u>144</u>	<u>24</u>
All Staff	607	100%

<u>Security Staff</u>	<u>Number</u>	<u>Percent</u>
Male	313	85%
Female	<u>54</u>	<u>15</u>
Security Staff	367	100%

### **Race**

Of the total staff, African Americans comprise 7% or 47 of the staff. Caucasians comprise 91% or 554 of the staff. Those classified as “Other” make up the remaining 1% or six of the staff.

	<u>Number</u>	<u>Percent</u>
Caucasians	554	91%
African Americans	47	7
Other	<u>6</u>	<u>1</u>
All Staff	607	100%

Of the 367 security staff, African Americans comprise 6% with 22 staff, Caucasian staff comprise 93%, with 342 employees. Staff classified as “Other” make up the remaining 1%, with three employees.

	<u>Number</u>	<u>Percent</u>
Caucasians	342	93%
African Americans	22	6
Other	<u>3</u>	<u>1</u>
Total Security Staff	367	100%

### **Deaths**

According to information dating back to the year 2000, there have been no employee deaths in the line of duty.

### **INMATE DATA**

#### **Population**

On the date of the inspection, the staff relayed that there were 2,591 inmates housed at RCI. The current population places the institution at 159% of its designed capacity.

#### **Race**

The population on October 16, 2007 as reported on the RCI website shows a racial breakdown as follows:

	<u>Number</u>	<u>Percent</u>
Caucasians	1,371	53.4%
African American	1,144	44.6%
Hispanic	38	1.5%
Other	<u>10</u>	<u>0.5%</u>
Total Inmates	2,563	100%

## **Deaths**

From the year 2000 to date, there have been 21 RCI inmate deaths. Fifteen of those deaths were from natural causes. There was one homicide in the year 2000, two suicides in 2004, and one suicide in 2006. To date there have been two suicides reported in 2007.

## **Use of Force**

Each institution submits a monthly report tracking the use of force in their institution. According RCI's September 2007 report of Racial Breakdown and Use of Force, there were 10 incidents in which staff used force. Seven of those incidents involved black inmates, and three incidents involved white inmates. Of the seven use of force incidents involving black inmates, four were assigned to a use of force committee for further investigation, and three were logged as no further action required. The three incidents involving white inmates required two of the incidents to be referred to a use of force investigating committee for further investigation, and one incident was logged as no further action required.

## **STATUTORY REQUIREMENTS**

### **ATTENDANCE AT GENERAL MEAL PERIOD**

Per statute, CIIC inspections require attendance at a general meal period of the institution's general population. On the date of the inspection, the CIIC attended the lunchtime meal in the south-side dining hall, which is where inmates classified as level 2 (medium security) eat. The meal was considered to be above average, though bland. It consisted of chili over spaghetti, steamed broccoli, fruit slices, two pieces of bread, and either water or orange kool-aid. The menu items are reported to be in accord with a new heart-healthy plan prepared by Central Office.

The south-side dining hall has the capacity to seat 246 inmates, and is divided into two halves in the same room. Units rotate in and out of the dining hall. As one unit is eating, another begins to line up. As the first unit finishes their meal, the other unit proceeds through the opposing serving line and seats themselves according to the first seat available. Then another unit is called to line up for their meal. This order of movement continues under the supervision of Officers and staff until all housing units have received their meals. Meal trays are prepared behind a blind that prevents food service workers from seeing who they are serving. Like most aspects of prison life, it is very structured, and movements are controlled to enhance security. The dining hall was very quiet while

inmates ate, with very little conversation. There appeared to be very little tension. No racial clustering existed among the inmates, possibly due to the controlled order of first available seating.

The Food Service Manager relayed that 190 inmates work in food services on two shifts. In some institutions, employment or reassignment to food service is viewed as punishment. However, that is not reported to be the case at RCI, where the administration expressed a different attitude and practice toward food service. Recognizing the importance of food services, staff provide inmates with the opportunity to supplement regular earnings with incentive pay as a result of positive work evaluations. This makes working in food service more desirable, and improves the quality of each meal. To enhance the appeal of working in food services, RCI offers inmates incentive pay for better performance. The base pay in this occupational specialty is approximately \$19 per month. However, inmates have the opportunity to earn \$30.00 to \$40.00 a month for excellent work performance evaluations. Ross Correctional Institution is reportedly the only institution in the state to do this.

### **ATTENDANCE AT REHABILITATIVE PROGRAM**

RCI provides alcohol and other drug (AOD) recovery services to inmates, consisting of outpatient services, a residential therapeutic community, drug testing, and voluntary programs. Outpatient services include:

- AOD Education program, a ten-week group focused on how alcohol and other drugs effect the individual;
- AA and NA weekly programs;
- Self Help, a twelve-week group that incorporates the 12 step philosophies;
- An eight week Voluntary Smoking Cessation Program;
- New Life Residential Community; and
- Drug testing conducted in recovery services groups, plus 5% random testing of the population, and for cause.

### **New Life Therapeutic Community**

During the Inspection, CIIC staff attended a group session of the New Life Therapeutic Community, a voluntary six-month intensive drug and alcohol treatment program available at the facility. According to program literature provided:

New Life is a residential, long-term intensive substance abuse program. The New Life is specifically targeted toward people who have chronic problems with substance abuse and criminal behavior. The program provides a positive work environment where people who have similar problems can live and work together to improve their lives. This is an excellent opportunity for you to learn how to stay out of prison and live a drug free lifestyle. All you need is a desire to change and a willingness to accept responsibility for your choices and actions.

The literature also relays that ultimately, the goal of the program is to provide the participants with the tools to live a life free of the negative thought and behavior cycles that led them to believe criminal behavior was an acceptable way of life. The New Life program curriculum includes the following classes:

**Men's Drug Abuse and Treatment Program:**

Personal Change Plan  
Personal Change Plan Journal  
Wellness  
Wellness Journal

**Phase One:**

Orientation  
Orientation Journal

**Phase Two:**

Rational Self-Counseling  
Rational Self-Counseling Journal  
Living With Others  
Living With Others Journal  
Criminal Lifestyles  
Criminal Lifestyles Journal

**Phase Three:**

Relapse Prevention  
Relapse Prevention Journal  
Transition  
Transition Journal

**Introduction to Self Help Groups (Such as AA and NA)**

**Introduction to Adult Children of Alcoholics and Philosophy of ALANON**

**Cultural Diversity and Specific Training:**

Ohio Violence Prevention Process  
Multi-Cultural Awareness  
Culture of Drugs

**Therapeutic Groups:**

CBT Primary Groups

**Specialized Presentations:**

Risk Factors for Drugs of Abuse-Infectious Disease,  
Hepatitis and AIDS Education  
Medical and Physical Aspects of Addiction and Drugs of Abuse  
Nutrition and Chemical Dependency

**Morning Meetings:**

Morning meetings occur prior to the first treatment activity for the day. The purpose of the morning meeting is to start the day on a positive note in order to carry participants through the daily activities. Staff also post the schedule for the day, and communicate important information to the residents.

On the day of the inspection, the CIIC had the opportunity to attend a counseling session in the housing unit occupied by the New Life TC. Upon entrance into the block, inmates enrolled in the program were gathered in the dayroom for roll call. After roll call was completed, participants reported to different areas of the unit to attend group sessions. The session attended by the CIIC consisted of six participants, two Program Aides, and the Program Director.

The Program Director shared that he is a recovering addict, and has been a part of the program since 1995. The two Program Aides noted that they are both former graduates of the program at RCI, and that they have been with the program for three years. The group began with a reading by a participant of a literary passage, and how that passage related to his situation. Following the reading, participants were asked to describe in one word, how they are feeling. Words such as “rested,” “energetic,” “sporadic,” “focused,” and “anxious” were all shared by the group members attending the session.

A unique aspect of Therapeutic Communities in the correctional setting is the fact that inmates participating in the program rely on one another to correct other participants who violate the rules of the program, or display thinking errors viewed as detrimental to their recovery. This builds upon the lessons of accountability, and also imparts a responsibility to the well being of others. For example, the situation of a participant who had been late and/or non-participatory in previous group sessions was brought to the attention of the group. The group leader explained that individual, one-on-one counseling had already been attempted to no avail, so he was seeking input and assistance from the group. After four months in the program, it was relayed that the inmate was not putting forth any effort, so removal from the program was an option. The other inmates participating in the program were asked to relay their opinion and assessment. After counseling him, and voicing their concerns both for and about the participant, they decided to allow him to proceed with the program on the conditions that he demonstrate his willingness to continue by completing additional work assignments. He was specifically asked to return to the next session with five goals and information on how he would accomplish those goals.

Other inmates housed in the block, who were waiting to begin the next session in the TC program, expressed that they had observed positive changes occur in the behavior of current participants. Another inmate expressed that the program had assisted him greatly with his own thinking errors that led to his incarceration. Further, it developed his ability to work through his thought process, and realize the need to be more accountable for his actions. Several inmates shared that the environment at RCI was better than other

institutions, which they attributed to the presence of the TC program having such a positive impact on so many inmates on the compound.

### **Unit Programming:**

Staff in the housing units offer programming that is intended to address thinking errors, emotional problems, and enhances life skills and interpersonal skills. Volunteers from the community and faith-based organizations conduct several of these programs. The unit programs provided at the institution include:

Cage Your Rage  
 Managing Money  
 Self Esteem  
 Purpose Driven Life  
 Hidden Keys to Loving Relationships  
 Care for a Child Mentoring  
 Opening Doors/Conflict Resolution (Volunteers)  
 Creation vs. Evolution (Faith-Based Volunteers)  
 Life Skills/Adopt a Pod (Faith-Based Volunteers)  
 Disciplining Another to Love Jesus (Faith-Based Volunteers)  
 Christmas Around the World

In addition to the above programs, a Victim Awareness program is available. It is a reentry-approved program that focuses on the effect that crimes have on the victims of crime. This program uses written exercises and victim impact panels to bring the offender face to face with not just a crime, but a person directly affected by the crime.

### **KEY TRAINING PROGRAMS AND COMMUNITY SERVICE**

The following information is a summary of the programs available at RCI. The status of several of the programs is in question due to the reported lack of instructors for these vocational programs.

#### **Education Programs**

- Adult Basic Education (ABE): Mandatory requirement for a 90 day period for all inmates who read below the sixth grade level.
- General Education Development (GED): Preparation for inmates to take the high school equivalency test. This is done in the literacy unit in a conventional classroom setting.

#### **Advanced Educational Programs and Employment Readiness**

The Hocking Technical College offers a curriculum that prepares students to work in the service industry. The following is a list of the classes offered in its curriculum:

Resort Management  
 Job Search Techniques  
 Principles of Microeconomics  
 Learning Skills  
 Security Management  
 Accounting I  
 Small Business Management and Business Ethics

Environmental Science  
 Bar and Beverage Management  
 Principles of Management  
 Microsoft Office  
 Job Communications  
 Interpersonal Relationships

### **Vocational Programming**

The institution also offers a variety of vocational programs. These programs include:

General Maintenance Programs  
 Administrative Clerical Program  
 Barber School  
 Building Maintenance  
 House Wiring, and  
 Environmental Management.

### **ABLE Roofing**

According to the website, ABLE Roofing is a 10 to 12 week program that targets offenders with reading scores below 6.1. The program offers training on roofing tools, identification of roofing materials, determining the amount of materials needed, and roofing installation. The program offers skills to the offender to become roofing helpers upon release.

### **Ohio Penal Industries**

Ohio Penal Industries (OPI) operates a wood furniture manufacturing, assembly, and shipping plant on the grounds of the Ross Correctional Institution. According to the OPI products catalog, the goal of OPI is to “increase productivity among inmates in Ohio’s prisons,” and “provide inmates in Ohio’s prisons with the opportunity to develop proper work skills and acquire training which will translate into economic self-sufficiency upon release...”

## **Community Service**

The institution provides multiple opportunities for inmates to give back to society through community service. These programs include:

Local Law Enforcement “Soft Toys” Program  
 Canine Companions for Independent Living Dog Training Program  
 Pilot Dog PUP  
 Paws Program  
 Litter pick-up for Ohio Department of Transportation  
 RCC Players (Perform plays addressing the problems of addiction)  
 Provision of “Math Manipulatives” for schools  
 Landscaping and maintenance of school buildings  
 Maintenance of ball fields for schools and Little League  
 Weighing livestock for Ross County 4-H

## **Academic Education Programs**

The Education Department at RCI provides services for inmates of various educational levels and needs. Whether the inmate needs to attain a level of functional literacy through Adult Basic Education (ABE), or complete their high school equivalency (GED), the Education Department at the institution can assist. Vocational programs such as the barber school and carpentry programs are available for those inmates who possess their GED or high school diploma. Inmates can also pursue distance-learning classes at the college level that are offered through Hocking College.

## **Monthly Enrollment Data**

Each month, institutions provide a summary of their enrollment numbers for each segment of their educational and vocational training programs. The table provided below shows monthly data for September 2007, regarding academic program activity, career-technical program activity, special education, and advance job training activity.

**Table 1. Monthly Program Enrollment Data**

<b>Program</b>	<b>For Month</b>	<b>&lt; 22</b>	<b>YTD</b>	<b>Waiting List</b>
ABE Literacy (0-226/6.0)	32	7	39	
ABLE (0-226/0-6.0)	28	15	47	249
Pre-GED (227-239/6.1-9.0)	71	23	77	144
GED (240+/9.1)	67	8	83	74
<b>Academic Totals</b>	<b>198</b>	<b>53</b>	<b>248</b>	<b>467</b>

<b>Career-Tech (by program)</b>	<b>For Month</b>	<b>&lt; 22</b>	<b>YTD</b>	<b>Waiting List</b>
AOT	14	0	18	55
Barbering	35	3	38	78
Carpentry	19	1	36	187
<b>Career-Tech Total</b>	<b>68</b>	<b>4</b>	<b>90</b>	<b>320</b>

Special Education	14	14	15	0
Title One	41	41	54	0
Apprenticeships	3	0	3	0
Advanced Job Training	3	0	3	0

Total GEDs given	17		23
Total GEDs passed	13		30
Literacy Tutors	6		6
Other Tutors	11		11
Tutors Trained	0		0
Tutor Hours	287		1,722

### **Religious Services and Volunteer Coordination**

The staff recognizes the importance of meeting the spiritual needs of inmates. RCI offers services for many faiths through civil service Chaplains, contractors and volunteers. There are religious services, programs, and related activities that are provided every day of the week for inmates of the various faiths. These services are provided not only to assist the offender with their spiritual journey, but also serve to assist offenders with their personal recovery from harmful habits and behaviors, and to assist in the development of life skills, and interpersonal skills. Through these services, inmates are offered an outlet that is safe and beneficial to them.

Staff of the Special Services Department have the responsibility of coordinating the use of volunteers and the services they provide. Such staff performs a variety of very important functions for inmates at the institution. Aside from religious service programming, other services they provide are numerous, and include educational programs, library services, inmate health services, recovery services, mental health services, job linkage and coordination, and reentry preparation programming. Clearly, if

there was any one area most focused on the challenge of ensuring the successful rehabilitation and reintegration of inmates, it is this department.

CIIC was very pleased to hear that each year approximately 600 volunteers from the community come to the institution to assist with various programs and activities, 200 of which come on a regular basis. The coordination of activities for these volunteers is a demanding task, and places a tremendous amount of responsibility on the special services staff members in addition to the duties that they normally perform. According to staff, many of these volunteers request space in the Chapel to perform their programs, and there is competition among these groups for that limited amount of space. Reportedly, it can be difficult to make time for the Chaplains employed by the institution to conduct their regularly scheduled programming due to the need for space for the volunteers.

Staff relayed that while there are many volunteers from faith-based organizations which assist with programming at the facility, the attendance by inmates at programs that volunteers provide appears to be decreasing. There is a reported disparity between the number of passes issued, and the number of inmates showing up for the programs. In follow-up communication with staff at the institution, the source of the problem does not rest in one specific area alone. It stems from the transition of issuing paper passes to the issuance of passes in an electronic format, and the introduction of new programs, which sometimes decreases attendance at older programs.

The institution operates on a pass-system that generates passes, which authorize an inmate to leave their housing unit to attend a program, or to keep an appointment at the infirmary. For example, if an inmate submits a sick call request slip to the infirmary, the medical staff schedules an appointment, and issues a pass for the inmate to go to the appointment at a specific time. If an inmate finds out that there is a certain religious service that they want to attend, the inmate signs up for the service via a signup sheet, or by kite, and religious services staff generate a pass for the inmate to attend the program. It was explained that the institution is switching to an electronic pass format to reduce the amount of paper, and there have been some problems stemming from this transition.

## Religious Services Program Schedule

The following religious services programs are available at the Ross Correctional Institution:

Catholic Services Programming  
 Gospel Band Rehearsal  
 Witness for Jesus Rehearsal  
 Protestant Services  
 Protestant Services (Ross Correctional Camp)  
 RCI Choir Rehearsal  
 Music Theory Class  
 Adoptive Pod Programming (Care for Child Mentoring)  
 Adoptive Pod Programming (Re-Entry Based)  
 Adoptive Pod Programming (Life Skills)  
 Calvary Apostolic Church (Ross Correctional Camp)  
 Knights for Christ Quarter Rehearsal  
 Southern Birds of Praise Rehearsal  
 Restorative Justice  
 Bible College Class  
 One Community Ministries Bible Study  
 Pastor Danny's Service/Bible Study  
 Alpha Bible Study  
 Bible Study (Ross Correctional Camp)  
 Pastor Ringer Bible Study  
 Music Therapy  
 Knights for Christ Quartet Rehearsal  
 Adoptive Pod Programming (Purpose Driven Life)  
 Taleem Class  
 Kairos Share and Prayer  
 Accountability  
 Agape Club  
 RCI Choir Rehearsal  
 Jummah  
 Prayer of Jabez  
 Discipleship  
 Jehovah Witness  
 Seventh Day Adventist  
 Witness for Jesus Rehearsal  
 Intercessory Prayer (Monthly)  
 Promise Keepers (Bi-Weekly)

## GENERAL POPULATION HOUSING UNITS

The inspection included a walk-through of several housing units on the medium-security side of the facility, and a walk through of one housing unit on the close-security side of the compound. Each housing unit is split into two halves, and houses a total of 252 inmates between each of them. There is at least one Officer for each side of the housing units.

Generally, two inmates occupy a cell together. The cells are eight feet deep by five feet 10 inches wide with a barred window to allow natural light into the cell. Each cell contains a toilet and sink, a bunk bed, a desk and shelving. Inmates are allowed to store their contents in a footlocker that measures 2.4 cubic feet.

The Ross Correctional Institution Inmate Handbook, published in 2005, was provided to the CIIC staff. The 14 cell guidelines in the handbook explain the standards inmates must abide by for appropriate appearance. These guidelines also reinforce security and hygiene standards that help maintain an institution that is clean, and also a safe living environment.

1. RCI and RCC inmates are subject to having their persons and living areas searched at any time.
2. Cells are to be kept neat, clean, and orderly at all times. Sheets and pillowcases are to be changed or laundered regularly.
3. Cell doors must be closed and secured when the cell is unoccupied. **NO CELL-TO-CELL VISITATIONS.**
4. Whenever a cell is unoccupied, all appliances, lights and water are turned off. **THE CELL DOOR MUST BE LOCKED WHEN THE CELL IS UNOCCUPIED.**
5. Waste and garbage are placed in proper containers. Cell trashcans are emptied daily by the resident inmates. Excess paper can be a fire hazard. Newspapers over two weeks old, and magazines over two months old must be removed from the cell.
6. Televisions must be kept on the TV shelf or the cabinet. Wires may not be strung across the cell or in any other manner that might create a safety hazard and wires may not be altered in any way.
7. No item is to be placed anywhere in the cell that will obstruct or hinder count. Nor may towels or any other items be placed over windows (including cell door windows), shelves or the foot of one's bed. Towels may be placed on top of the cabinet and desk, but may not drape over the sides or front. Towels may not be attached to the cabinet or the desk with tape or other adhesive. A blanket, either personal or state issue, must be the outermost item visible on all beds except when the inmate is sleeping.
8. Each inmate may drape one washcloth over the cell sink. Laundry bags may be kept under the bed or hung on the outside corners of the upper bunk.
9. Authorized prayer rugs are placed on the cell floor only when in use for prayer or meditation. No other rugs are permitted.
10. Items are not placed on the inside or the outside of the windowsill or in between the window and the screen. Air vents are not obstructed in anyway.
11. Items of obscene (e.g. graphically sexual) or inflammatory nature are not permitted to be displayed in cells.
12. Inmates may purchase a lock from the commissary and must secure all of their personal property within their footlockers. Personal property is subject to the restrictions of the administrative rules and RCI policies. Possession of excess personal property will result in a conduct report and disposal of the contraband pursuant to A.R. 5120-9-55.
13. State issued clothing and bedding items are not personal property and limited to items determined by the Quartermaster.

14. Photographs and other objects may not be attached to the walls or doors of the cell. Clothes hooks purchased from the commissary may only be attached to the metal plate located beneath the T.V. shelf.

During the inspection, units were observed as well kept. Elements of the original design and an increasing inmate population have created additional challenges for the staff. Special emphasis was expressed with the impact that the growing population of inmates has upon the facility. With every additional inmate that is added, over the intended capacity of an institution, the more quickly the physical facilities such as locks, doors, showers, etc. deteriorate. Further, the space and resources available for reentry and rehabilitation programs, and/or to deter idleness such as instructional tools and recreation equipment become increasingly scarce and/or are exhausted more rapidly.

Ceiling tiles were observed to have water stains in most of the housing units due in part to the location of the water softeners on the roof. Other areas in need of repair and improvement were the showers used by inmates. Several of the showers on both the close and medium sides were observed to be out of service. Reportedly, capital funds were issued and bids had been placed to refit showers in the housing units. However, the remaining available money will only cover five housing units. Staff relayed that the red stains from the hard water that were observed on the shower walls in the Chillicothe Correctional Institution are not present at RCI because they have spent additional funds for cleaning chemicals to remove the stains from the walls.

Staff also relayed that RCI has only been allotted \$25,000 for repair and maintenance of the facility for an entire year. While unable to make comparisons, this appears to be a meager amount to accomplish the task of caring for an institution that is nearing 30 years old. With a diminishing amount of resources needed to perform the necessary upkeep of the facility, negative impact on conditions is ensured.

On the medium security side, inmates expressed dislike that they are treated as if they are on the close security side. According to them, they would like their movements to be less inhibited by security restrictions, which would allow them more freedom, and longer amounts of time outside. It is difficult to convince inmates who have never spent time at an institution with fewer restrictions that the trade off for that liberty is potential exposure to an increased frequency of assaults, extortion, and other predatory practices that can occur at institutions with less control over inmate movements, and activities.

Inmates also expressed concern about the new locked door policy where Officers only make key rounds to unlock cells every 30 minutes. Many institutions have enacted a similar policy, and have reported positive results. This is a proactive policy with a goal to reduce cell assaults and robberies, as well as out of place cell visits by other inmates. As with most guidelines, these are intended to enhance safety and security.

Staff relayed that while most inmates are double celled, staff reserve a few cells in each housing unit for offenders who need to be single celled due to safety and security issues, such as those with a history of violent or predatory behavior, or significant behavioral

problems related to mental health. Reportedly, staff practice better supervision in order to prevent the victimization of weaker inmates by stronger inmates. Another technique that staff employ to curtail violence and victimization is greater scrutiny of pairing inmates together in cells. This is also done to decrease the likelihood of weaker inmates being preyed upon. One example is with inmates who are serving time for sexual offenses. Staff relayed that sex offenders tend to be on the lower end of the inmate hierarchy, with pedophiles being on the very bottom. Other inmates reportedly attempt to extort these inmates not only because of the nature of their offense, but also because of their perceived inability to defend or stand up for themselves.

In both the medium and close security sides of the institutions, inmates expressed that there is relatively little to do, that inactivity is a problem. This was more than evident with the number of inmates either watching television in their cells, or sitting around in the common area in the housing blocks. Based on observations, most inmates on the close security housing unit chose to sit around in groups that were of the same race. The reported inactivity is believed to be directly related to the need for additional staff to provide programs and services for the inmates to alleviate idleness.

In the walk-through outside, between the different buildings on the compound, inmates of both security levels were seen outside exercising on the yard engaged in various activities. The different security levels are separated by fences with entry control points that are staffed by an Officer in a "tie shack." These Officers are supposed to check the identification cards of both staff and inmates in order to prevent inmates of different security levels from crossing over to areas they do not belong, and being out of place. Both halves of the institution had a running track, pull up bars, basketball courts, and handball courts. The inspection did not include a walk through of the indoor recreation facilities.

According to the inmate handbook, the recreation department offers the inmates individual and organized team activities. There are Activity Therapists working in the gymnasium that organize the athletic programs. Inmates may check out recreational supplies and equipment from the recreation department. The handbook lists the following league activities: flag football, softball, handball, volleyball (indoor/outdoor), horseshoes, and basketball (indoor/outdoor).

Inmates housed in the close security unit included on the inspection relayed several issues of concern about the staff. Reportedly, staff shut off the showers early at times so not everyone is able to shower, and sometimes staff are reportedly reluctant to hand out state issued soap when an inmate requests it. With ongoing concerns about outbreaks of MRSA, it is suggested that the cause of the reported reluctance be determined and addressed to ensure controlled access to cleaning supplies and body soap.

The issue of dispensing soap was discussed with staff, who relayed that some staff may be reluctant to dispense soap on request because inmates often use the bars of state issued soap to scrub the walls of their cells. Inmates relayed that when smoking was allowed inside the facility, cells retained much of the odor and smoke residue on the walls. One

inmate expressed that he had offered to repaint the cell himself because of this, but had received no response from the maintenance staff when he requested the necessary materials and supplies. According to him, his only option was to scrub down the walls with state soap in hopes of reducing the lingering odor of tobacco smoke. Staff relayed that RCI keeps common areas of the facility clean by renting a pressure washer. Reportedly, these machines are able to clean large areas quickly and thoroughly.

Despite the challenges brought about by a larger population and a decreased amount of resources to make repairs, it was apparent that the RCI administrative staff pay particular attention to orderliness, and demonstrate commitment to maintenance and cleanliness of the institution with what is available. Communication from administrative staff reflected a strong belief in the importance of good safety and sanitation practices throughout the facility, and an understanding that it must be an ongoing effort involving staff monitoring. Continuing education including but not limited to the importance of inmate hygiene, and universal precautions, is a necessary element of the success of this message.

## **SEGREGATION**

The CIIC conducted a walk through of two segregation blocks during the inspection. Segregation units are primarily used to isolate inmates from the general population for disciplinary problems. On the day of the inspection, there were a total of 100 inmates housed in the segregation units. Inmates in segregation housing are assigned to one of several statuses, Security Control, Disciplinary Control, or Local Control. Security is generally a short-term placement for investigation purposes either for personal safety or following an alleged rule violation prior to a Rules Infraction Board hearing. Disciplinary Control is a short-term placement that is one possible penalty for a rule violation. Local Control is a placement for those who have demonstrated a chronic inability to adjust to general population or whose presence in general population jeopardizes the safety and security of the institution. Local Control placements may last up to six months, but include 30-day reviews, each which could result to release to general population. There were 22 inmates housed in segregation for abusing substances, and specifically assigned to the mandatory Substance Abuse Program, or SAP.

The first segregation blocks were observed to be quiet, clean, and well organized. Three strip cells near the foyer of the segregation block that are used to search inmates were also observed to be clean. Lunch had just been served to all of the inmates housed in segregation. The segregation block was divided into two halves, with ten cells on either side. Inmates assigned to Local Control (LC) status occupied nearly all of the cells. Several others were assigned to investigation status, also referred to as Security Control because their conduct reports had not been heard by the Rules Infraction Board. As referenced above, inmates assigned to LC status can remain in that status for 30 days to six months. Inmates under Security Control can remain in that status for up to 21 days, with reviews conducted every seven days.

Since the facility houses both level 2 and level 3 inmates, the CIIC inquired about the extent to which a level 2 inmate may be celled in segregation with a level 3 inmate. Even

though inmates of two different security levels use the same segregation unit, staff relayed that they try not to mix inmates of the two security levels together in the same cell.

Cells in segregation are of similar size to those in general population, but also contain a shower. Steel mesh covers the exterior window and overhead light in these cells to prevent inmates from damaging them, or hiding items of contraband around their frame. The cell door has a window for staff to observe inmates, and a small window in the shower area to allow observation of inmates in that portion of the cell if necessary. During the walk through, an inmate was observed smoking in his cell. After an Officer removed the inmate from the cell, staff inspected the cell for further contraband that revealed an ashtray, and several other cell violations. Included in the observations was a broken showerhead, as well as a number of different gang monikers and symbols drawn on the wall. Staff explained that the graffiti is documented so that inmates coming into the cell are not charged for damaging the cell. It was further relayed that the cells are painted periodically to cover up the drawings.

A record sheet is posted by each cell door in segregation, which documents the dates and times of the distribution of essential items and services provided on all three shifts for seven days. These sheets document the distribution of meals, linens and clothing, cell cleaning items, toilet paper, barber visits, and medical visits. Recreation times for each inmate are also documented on these sheets. Staff record the start and end of exercise times, and whether or not the exercise sessions were conducted outdoors or indoors. Staff are instructed to document with the letter "R" when an inmate refuses an activity or item, and an "X" when an inmate accepts the activity or item. There is also space to record comments for conduct and attitude of the inmate if necessary.

## **MEDICAL SERVICES**

On the day of the inspection, a walk through of the infirmary was conducted, which included discussions with medical staff, and inmates waiting for appointments. The medical staff were very busy reading Tuberculosis Tests that had been taken several days before, documenting the results in the medical charts of inmates, and tending to inmate patients. It appeared that wherever there was space available, inmate medical files were stored, perhaps an indication of the large number of inmates housed at the facility.

The infirmary is divided into two halves. One half includes a lobby used as a waiting room, and a safe housing area off of the main lobby that includes four cells, one of which is a safe cell for suicide watch. These cells can be used to house inmates from segregation who require medical attention.

An Officer supervised inmates in the lobby waiting to see the Physician. Informational booklets regarding health related matters are available in the lobby for the inmates to take if they wish to read more on a health related subject. At the time of the inspection, there were several inmates housed in the safe housing area for medical reasons, and one inmate on suicide watch. An Officer was posted directly outside the cell of the inmate on suicide

watch, to observe the inmate and record his activity throughout the day. The suicide cell is outfitted with a special door that allows the Officer an unobstructed view of the entire cell. If a sexual assault occurs at the institution, inmates suspected of being the assailant or victim of sexual assault, can be housed there during the investigation.

The second half of the infirmary contains staff offices, examination rooms, dental clinic, x-ray room, records room, and laboratory. The examination rooms, and other work areas were observed to be clean, and well organized. The size of the examination room was also observed to be of sufficient size.

The infirmary at RCI is staffed 24 hours a day, seven days per week by medical personnel. There are 15 Registered Nurses, two Licensed Practical Nurses, one Health Care Administrator, and one full time Medical Director. Reportedly, due to the *Fussell* medical suit, the institution will receive additional staff assistance. Staff relayed that they are hiring a new LPN, an RN, an Administrative Assistant for help with records, and a Quality Assurance Coordinator. The staff relayed that the institution also has a fully staffed dental clinic. It was noted that Ross Correctional Institution has a new contract for dental services.

According to the inmate handbook, upon arrival at the institution, new inmates are all given a complete medical intake evaluation. This includes a review of the inmate's medical history, and review of any medically imposed limitations. If an inmate needs to see the institution's Physician, they sign up for what is referred to as Nurses Sick Call (NSC) before the Physician sees them. This screening occurs after the inmate submits a Health Care Request form, and places it in one of the specially designated boxes. Medical staff review the request, and issue passes with the date and time of the inmate's appointment. If the Nurse determines that it is necessary for the inmate to be seen by the Physician, the inmate is referred to Physician's sick call.

While clinics such as optometry and podiatry are conducted in the infirmary, clinical services that are not provided at RCI are conducted through Telemedicine, which is a process by which Doctors can interact with patients through a videoconference to discuss treatment needs and related concerns. Inmates in need of other clinical services that are not performed at RCI are transported to a treatment center that can facilitate those services.

Any inmate who requests healthcare services is charged a co-payment for medical services. Per DRC policy 68-MED-15, Bureau of Medical Services Co-payment Procedures, inmates who request medical services will be charged \$2.00. All medical services initiated by the inmate for emergency services will not carry a charge, but if it is determined by staff that no actual emergency existed, the inmate will be charged \$3.00. The Health Care Administrator (HCA) relayed to CIIC staff that co-payments were an important issue of concern among the inmates at the institution. However, it was relayed that the newly modified co-pay policy would alleviate some of these issues by reducing the standard co-payment deduction, and ensuring the new policy clearly outlines what services are, and what services are not to be charged for.

The list below describes the conditions that are exempt from co-payment charges per the 68-MED-15.

- Indigent inmates
- Prescription re-fills
- Inmates assigned to inpatient settings including Apple Glen, Frazier Health Center, CMC long term and short-term units, RTUs, OCF psychiatrist patients, and institutional infirmaries
- Dental services
- Defined staff reporting requirements such as sexual assault examinations, use of force, and accident reports

The institution's dental clinic is equipped to perform routine dental procedures. If surgery is required, inmates are transported to a clinic equipped to perform the procedure. Dentures are also available to those inmates in need as well.

According to the inmate handbook, the following is a list of services provided to inmates that are of a particular category.

- Inmates over 50 are eligible for a complete history and yearly physical.
- Inmates 40-50 years of age are eligible for a complete history and physical every two years.
- Every two years inmates are eligible for optometry exams
- Every year, inmates are eligible for a dental exam and flu shots.
- Every ten years inmates are eligible for a tetanus vaccine

Staff relayed that another frequently expressed concern by inmates is in regard to the issuance of pain medications. They relayed that it is necessary to treat certain injuries, and chronic pain with controlled medications. However, each case needs to be evaluated to ensure that an inmate's condition truly requires treatment with these types of medication.

Another concern expressed by staff pertained to medication compliance. Staff stated that a certain demographic within the inmate population seemed more reluctant than others to take their medications as directed. The staff relayed that they had no clear understanding as to why these inmates were more reluctant to comply than others.

Some inmates relayed that they felt that they had received inadequate medical care at the institution but they did not provide specifics. Other inmates alleged to CIIC staff that the Doctor does not listen well to what they are saying when they are seen by him at sick call, reinforcing their perception that medical staff does not care about the inmates. Despite these general concerns, inmates did not express any burning issues regarding medical services provided at RCI during the inspection.

## **INFECTIOUS DISEASES**

Infectious diseases are an issue that the Department of Rehabilitation and Correction monitors on a regular basis. When an inmate is received into the custody of the Department of Correction, they are tested and examined for HIV/AIDs, other sexually transmitted diseases, hepatitis, tuberculosis, and ectoparasites.

### **HIV/AIDS**

According to data provided by the Department's Infectious Disease Coordinator, Ross Correctional Institution has 24 inmates that are HIV/AIDs carriers.

According to the system-wide information provided, there are currently 301 inmates identified as HIV+, and 118 inmates identified with AIDS supervised by the Department of Rehabilitation and Correction. Each month, incoming inmates are tested at reception centers, and other facilities for the virus. Monthly statistics for August show there were 3,219 inmates tested, with 16 confirmed positive cases. Annual testing statistics show that there have been 177 positive cases identified at reception, and one positive case identified as "other."

### **Hepatitis C**

RCI reported that there are 262 inmates identified to be positive carriers of Hepatitis C, with seven currently undergoing treatment. One staff member noted particular concern over the number with Hepatitis C. It was further relayed that many inmates have participated in behaviors that increase their risk of exposure to the virus.

According to the most recent statistics available to the CIIC, the Department of Rehabilitation and Correction reported that there were 4,573 inmates identified with the Hepatitis C virus as of August 2007. A total of 101 inmates were undergoing the treatment for the virus, and 59 inmates have completed treatment for the year. Reception centers and other facilities tested 2,256 inmates in August, which resulted in the identification of 443 positive cases. The August statistics show there have been 19,337 tests conducted for Hepatitis C in 2007, with 3,523 confirmed positive cases.

According to staff at the Department of Rehabilitation and Correction's Bureau of Medical Services, a concentrated effort was made several years ago to identify the total number of inmates that have Hepatitis C. Including those that are tested at the reception centers, inmates incarcerated in every institution were encouraged to come forward if they had participated in activities such as drug abuse, tattooing, and unsafe sexual practices at any time.

The reported cost of treatment for Hepatitis C depends on which of the four genotypes that the carrier of the virus possesses. Genotypes are determined through blood tests. Patients that are identified as the first and fourth genotype are reportedly the most difficult to treat. The second and third genotypes are reportedly less difficult to treat

because they respond better to the medication. According to information provided to the CIIC, 80-90% of all patients fall into the first category of genotypes.

Hepatitis C is treated through a combination of injections, and oral doses that work together to diminish the virus's impact on the body. The medicine that is injected into the patient is called Pegasys, and the oral medication is called Ribavirin. An injection of Pegasys is administered to the patient once per week, and the patient consumes six oral doses of Ribavirin daily. If the patient is categorized as the first or fourth genotype, the treatment regimen lasts for 48 weeks at a cost of \$16,213. For the entire 48 weeks, the injections of Pegasys cost \$13,996.32, and the oral medications cost \$2,217. Patients categorized with the second or third genotypes are treated for 24 weeks at half of the cost.

## **MRSA**

As of August 2007, there were 856 cases of MRSA identified throughout all facilities operated by the Department of Rehabilitation and Correction. According to the most recent information provided, 30 of those cases (3.5% of the total number of cases) have been identified at RCI. For the month of August, 1.2% were identified to be carriers of this bacteria.

Inmates who are identified with the bacteria are treated with one or more medications. Those cases with draining lesions are admitted to the infirmary and treated. The contract medical director relayed that there have been six to seven cases of MRSA at the facility per month, some of which were reportedly due to inmates tattooing each other. RCI staff relayed that in an effort to decrease illegal tattooing, some art supplies have been restricted. Such supplies have reportedly been used by inmates to tattoo one another. The restriction is an effort to reduce the opportunity for inmates to engage in this activity.

## **MENTAL HEALTH SERVICES**

The institution has the ability to provide a range of mental health services to the inmate population. The inmate handbook states the Mental Health Services Department can provide services, and programs for inmates in need of assistance with mental, and emotional problems. Services include the evaluation of mental health problems, groups and individual counseling, psychiatric care, and crises intervention. The mental health staff also provides assessments for the Adult Parole Authority, and community linkage to services in the community for inmates that are soon to be released. The staff is available to inmates through kite request, or for more immediate attention an Officer or other unit staff can call them if necessary.

The August 2007 ODRC Monthly Mental Health Caseload Snapshot provided to the CIIC shows that 15% of the total population, or 381 inmates are on the total caseload at RCI. Of that number, 11% or 286 inmates were classified as C1 or C2. Inmates classified as C1 or C2 are on the psychiatric caseload, and have mental health disorders that generally require a blended treatment plan that consists of more intensive counseling, and psychiatric medication. Inmates classified to C3 are considered to be part of the "general

caseload,” and can receive treatment as part of group or during individual therapy sessions. The breakdown for inmates in each of the classifications at RCI consists of the following:

<u>Mental Health Category</u>	<u>Number</u>	<u>Percent</u>
C1 (seriously mentally ill)	122	32%
C2	164	43%
C3	95	25%
Total Caseload	381	100%

There were 41 inmates on the mental health caseload who were housed in segregation at that time, comprising 11% of the caseload. Inmates on the mental health caseload that require stabilization are temporarily transferred to the Residential Treatment Unit at the nearby medium security Chillicothe Correctional Institution, or the close security Correctional Reception Center in Orient.

Reportedly, the institution had been without a Psychiatric Supervisor at the institution for approximately 18 months. Staff relayed that it is difficult to attract mental health professionals to work in correctional institutions, particularly in rural areas. During the inspection, inmates did not relay any concerns regarding the quality of mental health treatment at the facility.

### **STAFF CONCERNS**

Throughout the inspection, the CIIC had the opportunity to communicate with staff at their respective posts within the institution. Each one displayed courtesy and professionalism toward the CIIC. Regardless of the demands associated with an increased number of inmates, most relayed that morale among the staff is good. Many expressed that they like their job, and or posting. Staff relayed that there is no mandated overtime. One staff member relayed that he only works overtime if he volunteers to do so. Staff indicated that they have few safety concerns.

Security Staff on site expressed that the radios that they communicate with are all on different channels, reportedly making communication between each of them more difficult. Another staff member expressed that they are unsure why the system was set up in that manner, and that the system was not very “user friendly.” A follow-up call to security personnel at Central Office relayed that the communications network was compartmentalized to enhance the security operations of the institution, and is part of a larger communications network that multiple law enforcement, and disaster management agencies use.

Each segment of the institution’s operational functions communicates on different “talk-groups.” Housing units, yard patrols, perimeter patrols, maintenance staff, services, sally-port, etc. all communicate on their own separate talk groups to others within their group, and to the central controller who directs communications as necessary. This decreases the

amount of unnecessary radio traffic, and reduces the chance that staff might interrupt radio transmissions of other staff accidentally. Security supervisors such as the Major and the Captains can communicate to all of their security staff, and have the option of continually scanning all talk groups at once. The central controller has the capability to transmit to all talk groups at once, as well as the Ohio State Highway Patrol, and the County Sheriff if necessary. The Central Office staff person relayed that some staff feel that the system is inconvenient for them, or that they have not received the appropriate training to ensure that they have a thorough understanding of how the network operates.

Reportedly, prior to the 1993 riot at the Southern Ohio Correctional Facility, all staff working in the institutions communicated with one another on one radio channel. Security could be compromised, because inmates that were in listening range of a staff member's radio could listen to how staff responded to incidents that occurred in other parts of the institutions. By compartmentalizing radio communications between the different talk groups, the opportunities for inmates to exploit the potential gaps that may occur during the response to an incident are reduced. Another important feature of the network allows the central controller to isolate specific radios in a talk group or an entire talk group, thus preventing certain areas from listening to the coordination of staff responding to an incident.

A concern relayed by staff was in regard to the lack of staff at the institution to conduct vocational and educational programming. It was relayed that there are a number of vacancies due to promotions, and others because the funds are not available to fill the teaching slots. The HAZMAT abatement course and building maintenance/carpentry vocational course reportedly have no instructors presently. There are ample opportunities for inmates to work in these career fields upon release due to the type of work and the demand of workers needed in these areas. Reportedly, the institution is short several school teachers and library assistants, impacting access to related resources for the inmates in general population.

## **INMATE GRIEVANCE PROCEDURE**

Per statute, the CIIC is required to evaluate each institution's inmate grievance procedure. The inmate grievance procedure is the process by which inmates can attempt to have their problems concerning operations, conditions of confinement, policies or procedures, and the conduct and actions of staff addressed. The process is comprised of three steps: the informal complaint, the grievance, and the appeal.

The Informal Complaint Resolution form is the first attempt by the inmate to have his concern addressed by the supervisory staff most immediately responsible for the staff member or department related to the inmate's problem. The supervisor has seven days to respond to the inmate's informal complaint in writing. The RCI Institutional Inspector's monthly report shows that inmates submitted 60 informal complaints for the month of September 2007. Of those, 56 were answered in accordance with the time limits, and there were five reported as untimely responses.

The Notification of Grievance form is the second step the inmate may take in an attempt to have his concern addressed. This is accomplished after the informal complaint. The inmate completes a grievance form, which is submitted to the Inspector who conducts a further review of the concern, and has 14 days to respond. The RCI Inspector's monthly report relayed that there were 21 grievances filed by inmates in the month of September 2007. Two of the grievances were "granted," 13 were "denied," eight were pending dispositions, two grievances required a 14 day extension, and one was withdrawn at the inmate's request.

If the inmate finds the response of the Institutional Inspector unsatisfactory, and the concern is still yet unresolved, the inmate may complete the third step of the grievance procedure. This consists of an appeal to the Chief Inspector's office. The Chief Inspector's office has the responsibility to review the grievance to ensure that the inmate's complaint was handled in compliance with the administrative rules and policies of the Department.

During the inspection, inmates did not share much about their opinions on the grievance procedure. Inmates in the housing unit on the close security side of the compound relayed that the Unit Sergeant would not distribute informal complaints to inmates, unless they disclosed to him why they needed the informal complaint. The inmates further relayed that this tended to discourage them from filling out an informal complaint or it required them to obtain one from another location.

### Grievance Statistics: 9/1/07 through 9/30/2007

The following information is a summary of data on grievances for the month of September 2007 as reported by the RCI Inspector of Institutional Services. Included are the number of informal complaints received, informal complaints answered, and the number of untimely responses to informal complaints. Also included are the total number of grievances granted or denied, the reason for the disposition of the Inspector, and the total number of grievances withdrawn by the inmate.

<b>Informal Complaint Resolution Summary</b>	<b>Total</b>
Number of ICRs received	60
Number of ICRS responses received	56
Number of untimely responses to ICRs	05
<b>A. Grievance Disposition: Granted</b>	<b>Total</b>
Granted: Problem Corrected	1
Granted: Problem noted, report/recommendation to the Warden	1
Granted: Problem noted, correction pending	0
<b>B. Grievance Disposition: Denied</b>	<b>Total</b>
Denied: Staff action was a valid exercise of discretion	4
Denied: Insufficient evidence to support claim	4
Denied: Not within the scope of the grievance procedure	1
Denied: No violation of rule, policy, or law	1
Denied: False Claim	0
Denied: Failure to use Informal Complaint procedure	0
Denied: Not within the time limits	0
<b>C. Withdrawn</b>	
Withdrawn at inmates request	1
<b>Total for A-B-C:</b>	<b>13</b>
<b>D. Pending</b>	
Pending Dispositions	8

### Snapshot of Inspector Complaint Code List

Each grievance is categorized based on the subject matter of the grievance submitted by the inmate. The following list represents the number of grievances filed for the particular subcategory, and whether the grievances were granted or denied. There were 10 grievances that were “denied,” and two that were “granted” in this time period. In the follow-up communication from the RCI Warden through the DRC Assistant Director regarding the inspection report, it was noted that, “The grievance numbers are also a bit out of the ordinary because they were taken after the clearout, so there were more property complaints than normal.”

#### INSTITUTIONAL OPERATIONS:

##### Health Care

Access/Delay in receiving medical care:	1	Denied		
Improper/ inadequate medical care:	1	Denied		
Delay/ denial of medication:	1	Denied		

##### Psychological Care

Denial/Inadequate Treatment	1	Denied		
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##### Personal Property

Lost, damaged, confiscated by staff	2	Denied	2	Granted
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#### STAFF/INMATE RELATIONS:

##### Supervision

Unprofessional Conduct	2	Denied		
Harassment	1	Denied		

#### CUSTODY/HOUSING STATUS:

##### Institution Assignment

Other	1	Denied		
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**CIIC DATABASE: CONTACTS AND CONCERNS 1/1/07 to 10/18/07**

The information below shows the number of contacts, and the types of concerns reflected by those who have communicated with the staff office of the CIIC during the 127<sup>th</sup> General Assembly. From January 1, 2007 to October 18, 2007, the CIIC documented 1,550 system-wide contacts. Of those, 62 or 4% were contacts regarding RCI, relaying 184 different concerns.

The greatest number of reported concerns falls into the category of “Staff-Inmate Relations.” The subcategories included in this section are Force/Supervision, Discrimination, and Staff Accountability. According to the CIIC database, 72 or 39% of the reported concerns were relayed to the CIIC regarding those subcategories of Staff-Inmate Relations. The subcategories that reported the highest numbers of concerns were Harassment, “Other” (under Staff Accountability), Retaliation for Filing Grievances, Intimidation/Threats, and Failure to Respond to Communications.

The second highest number of reported concerns is in the “Institutional Operations” category with 33 or 18%. This section encompasses the broadest range of subcategories pertaining to institutions. The categories that reported the greatest number of concerns were Health Care, and Psychological/Psychiatric.

The third highest number of documented concerns in this time period was 22 or 12% pertaining to concerns in the Communications category. This category records concerns about mail, visitation, and telephone services. The CIIC office has 22 documented reported concerns regarding visitation-related issues, and one regarding the handling of publication screening.

The remaining documented number of reported concerns were: Other: 15, Custody-Housing Status: 15, Non-Grievable Matters: 14, Inmate Grievance Procedure: 10, Administration: 2, and Recreation: 1.

**Table 2. Institutional Operations: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Health Care</b>	<b>10</b>
Improper/Inadequate Medical Care	4
Other	2
Access/Delay in receiving Medical Care	1
Delay/Denial of Medication	1
Medical Co-pay	1
Prosthetic Device	1
<b>B. Psychological/Psychiatric</b>	<b>12</b>
Other	5
Denial/Inadequate Treatment	3
Psychiatric Medication	3
Mental Health Files	1
<b>C. Safety and Sanitation</b>	<b>3</b>
Smoking/non-smoking	1
Fire Safety Measures	1
Other	1
<b>D. Commissary</b>	<b>1</b>
Pricing	1
<b>E. Inmate Account</b>	<b>5</b>
Other	2
Court Ordered Collection	1
State Pay	1
Account Balance	1
<b>F. Personal Property</b>	<b>2</b>
Stolen/Damaged by Inmate	1
Other	1

**Table 3. Institutional Programs: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Recreation</b>	<b>1</b>
Other	1

**Table 4. Communications: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Mail-Packages</b>	<b>1</b>
Publication Screenings	1
<b>B. Visitation</b>	<b>21</b>
Visitor not approved/removed from list	8
Visitor Denied Access	5
Other	5
Visitation Hours	2
Visit cut short	1

**Table 5. Administration: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Administration</b>	<b>2</b>
Legal Services	1
Other	1

**Table 6. Staff/Inmate Relations: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Force Supervision</b>	<b>37</b>
Harassment	9
Retaliation for filing grievance	8
Intimidation/ threats	7
Retaliations for voicing complaints	4
Abusive Language	3
Other	3
Use of Force	1
Use of Force with no report	1
Conduct report for no reason	1
<b>B. Discrimination</b>	<b>9</b>
Disciplinary Action	5
Other	3
Programs	1
<b>C. Staff Accountability</b>	<b>26</b>
Other	9
Failure to respond to communications	7
Failure to perform job duties	5
Failure to follow policies	5

**Table 7. Custody Housing Status: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>COMPLAINT</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Security Classification</b>	<b>1</b>
Procedural Issues	1
<b>B. Institution Assignment</b>	<b>10</b>
Transfer or Denial	8
Other	2
<b>C. Housing Assignment</b>	<b>1</b>
Cell/bed assignment	1
<b>D. Special Management Housing</b>	<b>2</b>
Placement	2
<b>E. Protective Custody</b>	<b>1</b>
Placement	1

**Table 8. Inmate Grievance Procedure: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Inmate Grievance Procedure</b>	<b>10</b>
Informal Complaint	4
Inspector	4
Chief Inspector	2

**Table 9. Non-Grievable Matter: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>A. Non-Grievable Matters</b>	<b>14</b>
RIB/Hearing Officer	6
APA	5
Court	2
Other	1

**Table 10. Other: Number and Type of Reported Concerns Received by the CIIC Regarding Ross Correctional Institution**

<b>CATEGORY</b>	<b>NUMBER OF CONCERNS</b>
<b>Other</b>	<b>15</b>

**RESPONSES TO QUESTIONNAIRES:**

**CORRECTIONAL FAITH-BASED INITIATIVES TASK FORCE  
RECOMMENDATIONS**

**INFRASTRUCTURE**

1. Is DRC/DYS being encouraged, wherever practical, to use faith-based and community programs that address documented criminogenic needs? How? By whom?

**(RCI) Yes. DRC's Central Office and Best Practices encourage that approved reentry programming address criminogenic needs. In addition, the Correctional Faith-Based Initiatives Task Force (2006) was established by the Ohio General Assembly to examine faith-based initiatives in institutions and the community that provide services to adult and juvenile offenders. The Task Force conducted a needs assessment in all institutions (2006) and the community to provide a basis for a series of faith-based focus groups, which are on-going. In addition, a Leadership Forum was conducted in August 2007 which included participants from the religious community, two Legislators (White and Kerry), Ohio Department of Job and Family Services, Ohio Department of Alcohol and Drug Addiction Services, Governors Office, etc. The Forum addressed volunteer issues and ways to improve volunteer participation. This question should also be referred to Gary Sims, Religious Services Administrator (DRC), and Ed Rhine Deputy Director for a more comprehensive response.**

a. Is DRC/DYS in conjunction with the Governor's Office of Faith-Based and Community Initiatives, making available to the faith community, examples of evidence-based programming shown to impact offenders' lives? What examples? How are they being made available?

**This question should be referred to Gary Sims, Religious Services Administrator (DRC), and Ed Rhine, Deputy Director, Best Practices.**

b. Is information being used and disseminated to faith-based and community organizations so that they provide programs that are evidence based and can truly impact the lives of ex-offenders and their families?

**This question should be referred to: Gary Sims, Religious Services Administrator (DRC); Ed Rhine, Deputy Director; Evalyn Parks, Chief Bureau of Planning and Evaluation; and Steve VanDine, Chief, Bureau of Research. Institutional Approved Reentry Programs are only approved if they are based on research, based on theory, or are documented in a professional journal.**

c. What is in place to ensure that the recommendation is implemented?

**This question should be referred to Gary Sims, Religious Services Administrator (DRC); Ed Rhine, Deputy Director; Evalyn Parks Chief, Bureau of Planning and Research; and Steve VanDine, Chief, Bureau of Research. Again, institutional approved Reentry Programs are only approved if they are based on research, based on theory, or are documented in a professional journal.**

d. What methods of program evaluation are being explored to further document program success? What methods are in place?

**This question should be referred to Gary Sims, Religious Services Administrator (DRC); Ed Rhine, Deputy Director; Evalyn Parks Chief, Bureau of Planning and Research; and Steve VanDine, Chief, Bureau of Research. At RCI a Client Satisfaction Survey is conducted every two years (the last one was completed in 2006 and the next one will be done in 2008). In addition, Unit Management conducts an Annual Needs Assessment.**

2. Is the DRC/DYS Director working with wardens/superintendents to develop programs that will facilitate a cultural change in institutions to encourage collaboration with faith-based and community service providers? How? What programs have been developed?

**This question should be referred to Gary Sims, Religious Services Administrator (DRC) for a comprehensive response.**

a. Is the culture within the institution continuing to evolve to encourage community volunteers? Explain.

**Yes, the Warden, Deputy Warden of Special Services, Chaplains and unit staff do outreach to the community in a variety of ways. Most recently RCI/CCI collaborated on hosting a Leadership Forum (August 2007) addressing volunteer issues which included participants from the religious community, two legislators (White and Kerry), Ohio Department of Job and Family Services, Ohio Department of Alcohol and Drug Addiction Services, Governor's office, etc. RCI/CCI also coordinate/support/attend the following: Community Advisory Board (2x yearly); Local Support Agencies Committee; and the Citizens' Circle.**

b. How is the warden/superintendent supporting and encouraging a cultural shift and institutional change as a day-to-day practice to encourage community volunteers?

**The RCI Warden approves a variety of events to encourage a cultural shift by encouraging volunteers to participate in: parenting programming; Latino services; Guadalupe Celebration; Black History Month Activities; week long revivals; Islamic services; Jehovah's Witnesses; Seventh Day Adventist services; Jewish Services; Christian Union Bible College; College; Kairos Introductory Weekends; Kairos Weekly Prayer and Share; Bible Studies; Advanced Bible Studies; Adopt-a-Pod Services; Christian Services; etc. Two hundred (200) plus regular volunteers from faith-based communities support RCI programming two or more times per year. Additional volunteers augment programming by providing special events during the year (Bill Glass Ministries, Week Long Revival, Christmas Programming, etc.)**

c. How is the DRC/DYS administration working with wardens/superintendents to collaboratively develop protocols that will proactively assist with changing the culture?

**Yes. The many focus groups that evolved from the Correctional Faith-Based Initiatives Task Force continue to look at faith based policies, procedures, and community involvement. DRC has initiated the following: and electronic volunteer tracking system to document volunteer visits; provide volunteer training; discuss and give each volunteer a copy of Rules of Conduct for Volunteers; improving the volunteer process for entry into prisons; etc. This question should be referred to Gary Sims, Religious Services Administrator (DRC) for a more comprehensive response. Examples of programs at RCI include: Kairos; Kairos Weekly Prayer and Share; Faith Based Adopt-a-Pod; Bible Studies; Advanced Bible Studies; Discipleship Program; and the Christian Union Bible College.**

d. Have such protocols been developed? **Yes**

e. What are they?

**This question should be referred to Gary Sims, Religious Services Administrator, for a more comprehensive response. However, all institutions enter approved volunteers into the DOTS Portal. Once a volunteer is entered, he/she does not have to go through the process again if they wish to volunteer at a different institution (all institutions have access to the DOTS Portal). The volunteer policy (Recruitment, Training, and Supervision of Volunteers for Institutions-71-SOC-01) is reviewed annually for any revisions and staff and community input are encouraged.**

f. Have policies been reviewed to determine if they might inhibit use of community volunteers, and have necessary changes been made accordingly? **Yes.**

g. What policies have been reviewed? By whom?

**Volunteer Policy (Recruitment, Training, and Supervision of Volunteers for Institutions-71-SOC-01). Policies are reviewed annually and all staff may provide comments year round on policies. The Correctional Faith-Based Initiatives Task Force, community volunteers, Citizen Circles, and Faith Based Focus groups assisted in the review of policy.**

h. What policies have been changed so that they do not inhibit use of community volunteers?

**Volunteer Policy (Recruitment, Training, and Supervision of Volunteers for Institutions-71-SOC-01).**

3. Has DRC/DYS developed a marketing plan to assist in recruiting volunteers from the community and faith-based institutions?

**This entire section should be addressed to Gary Sims, Religious Services Administrator, DRC, for a comprehensive response. However, RCI continues to remain successful in recruiting volunteers (with more than 200 regular volunteers).**

a. Does the plan discuss educating volunteers about the justice system?

**Completed during volunteer training provided by RCI.**

b. Is there a need to increase programming for incarcerated offenders to improve the likelihood they will be reintegrated into the community successfully upon release from prison?

**Always.**

What programming exists?

**Faith-Based Adopt-a-Pod (Financial Management, mental health; real estate; self-esteem, etc); Kairos Introductory Weekends; Kairos Outside; Bible College; Purpose Driven Life; Discipleship; Your Life Matters; Parenting Programming (Dad's Day, Christmas, etc.); Opening Doors; Anger Management; Release Prep Programming (employment readiness; video job conferences; community resources, etc); Latino Services; Annual Job Fair and Reentry Day; Mental Health Groups; Medication Groups; Alcohol and Drug Treatment Recovery Program (6 month inpatient); Annual Week Long Revival; Bible Studies; Advanced Bible Studies; Christian Services; Jewish Services; Jehovah's Services; Islamic Services; Seventh Day Adventist Services; Wiccan Support Services as requested; choir programming; etc.**

What programming is needed?

**What is needed PROGRAMMING SPACE.**

c. Is the faith community being encouraged to volunteer to provide programs and services to assist offenders in both the institutions and the community?

**Yes.**

How?

- (1) Recruitment, Training, and Supervision of Volunteers for Institutions DRC-71-SOC-01;**
- (2) Citizen Circles;**
- (3) Correctional Faith-Based Initiatives Task Force; and**
- (4) Leadership Forum (August 2007).**

d. Has a marketing plan been developed to overcome the public's misperceptions of offenders?

**This question should also be referred to Gary Sims, Religious Services Administrator (DRC).**

e. Has DRC developed an educational program to motivate the faith community to get involved in volunteering, including a video to educate volunteer groups about offenders and their needs in institutions?

**This question should also be referred to Gary Sims, Religious Services Administrator (DRC).**

f. Is information provided on how individuals and groups can volunteer in the prisons?

**Yes.**

g. Does the marketing campaign include information on the needs of the adult/youthful offenders, information on how the justice system works, and information on the different ways to volunteer?

**This question should also be referred to Gary Sims, Religious Services Administrator (DRC).**

4. *Has DRC/DYS developed a standard training program for staff, volunteers, and the community to facilitate working in institutions together?* **Yes.**

Explain. **Recruitment, Training, and Supervision of Volunteers for Institutions DRC-71-SOC-01, and DRC's Standards of Conduct for Contractors/Volunteers.**

a. Does the program include information on:

- 1. Ethics of working with offenders? **Yes.**
- 2. Confidentiality issues? **Yes.**
- 3. Ensuring safety and security of volunteers? **Yes.**
- 4. Working with volunteers? **Yes.**
- 5. Rules and regulations for volunteers? **Yes.**

b. Does the program include information to volunteers on the security requirements for the institution, why the requirements are in place, and how to properly work with offenders? **Yes.**

c. Has a standardized training program been developed for volunteers to facilitate their work in institutions? **Yes. (Recruitment, Training, and Supervision of Volunteers for Institutions DRC-71-SOC-01) and DRC's Standards of Conduct for Contractors/Volunteers.**

d. Has DRC/DYS established an orientation program for volunteers, held at preset intervals to allow community organizations to plan for the training as part of their program planning? **RCI works with volunteers to meet their schedules; for some programs orientation dates may be preset.**

5. Has Ohio law been revised to remove unnecessary and unreasonable collateral sanctions which inhibit offenders' successful reentry? **This section should be addressed by Ed Rhine, Deputy Director.**

6. What improvements have been made regarding communication about programs and services between:

- Staff and volunteers? **Overall, RCI and the volunteers enjoy a positive relationship. As explained, RCI has more than 200 regular volunteers. In addition, guest volunteers and special programming augment faith-based services.**
- Staff and the community? **An electronic volunteer tracking system to document volunteer visits has been implemented in DRC. In addition, once a volunteer is approved and entered into DOTS, he/she does not need to "redo" the process since DOTS is at all the institutions.**

- Other parts of the criminal justice system and the community? **Citizen Circles include representatives from the prisons, APA, Courts, and the Community.**

a. What improvements have been made in effectively communicating among staff within the facilities, as well as with the community?

**The process of entering volunteers in the DOTS eliminates the need of reapplying at other institutions. Conducting “planning meetings” with volunteers, chaplains, security, food services, etc., is a practice at RCI to support the volunteer process.**

b. Has an improved communication mechanism been developed in order to ensure these efforts? **Yes. DOTS Portal; Citizens Circles; and Correctional Faith-Based Initiatives Task Force.**

c. Has the system been developed collaboratively with staff and volunteers to address observed problems? **Yes.**

### **ALTERNATIVES TO INCARCERATION**

7. Has the statute been revised to increase judicial use of community options for non-violent offenders so prison space can be reserved for violent offenders? **This section should be addressed by Linda Janes, Deputy Director, APA, and her staff.**

a. Working with faith-based and community service providers, have programs been developed in the community to effectively provide treatment while protecting public safety?

b. Has the Ohio Criminal Sentencing Commission reviewed additional options to encourage judges to use these community options rather than sending non-violent offenders to limited prison space?

c. Have local probation departments prepared a listing of community options currently available for judicial use?

d. Have faith-based and community programs contacted local probation departments through the Juvenile Court, Common Pleas Court, and Municipal Courts to inform them of programs and services available? Explain.

8. Are faith-based and community programs being encouraged to supplement existing community and diversionary programs for offenders and to provide services that are not currently available? How? **This section should be referred to Linda Janes, Deputy Director and her staff, for a response.**

a. Is DRC/DYS working with community organizations and probation departments to expand services available for offenders? How?

b. Has a community model been created that will help meet the basic needs of offenders within the community? Is it being created? Explain.

9. Has DRC/DYS taken a more active role in linking with the faith-based community to develop programs to meet the gaps in services to adult and juvenile offenders? How?

**Yes. Via the Citizen Circles and the 2007 Leadership forum. However, this section should be referred to Gary Sims, Regional Administrator, and to Linda Janes, Deputy Director, and her staff, for a response.**

a. Has DRC/DYS reviewed current grant or subsidy programs to determine eligibility for faith community programs, in order to increase the number of faith-based and community programs available to judges for sentencing?

b. Following identification of funding sources, is DRC/DYS actively working with the Governor's Office of Faith-Based and Community Initiatives to provide information to these organizations on funding availability? How? What is in place?

c. Is the Governor's Office of Faith-Based and Community Initiatives providing technical assistance to the faith community to assist them in developing competitive applications for state and federal funding?

10. Has DRC/DYS, and Job and Family Services expanded efforts in partnership to work with employment centers and the faith community to increase practical employment opportunities for offenders in the community? Explain.

**Yes. This section should be referred to Gwen Woods, Executive Assistance, Office of Policy.**

a. Has a job placement program been implemented?

b. Does it provide:

- Information on job fairs to ex-offenders?
- Education of businesses/employers on the benefits of hiring ex-offenders?
- Incentives for employers to hire ex-offenders (i.e., tax breaks)?
- Increased involvement of faith-based and community groups?

c. Is there collaboration between the DYS, DRC and Job and Family Services who started the employment centers in Ohio? In what way?

d. Has a program been implemented with the goal to get jobs for offenders upon release, and also to match them up with jobs of interest to the offenders, specifically ones at higher wages and skill levels, if possible? Explain?

e. Has the DRC Omnibus Reentry legislation been enacted to reduce unnecessary sanctions in the law and thus made training more relevant?

## **INSTITUTIONAL PROGRAMMING**

11. Is DRC/DYS working with the faith community and faith volunteers to develop and expand programs within the institutions? **Yes.**

a. Do current programs include the following? Are they being developed? Are they being expanded?

- Life skills? **Yes.**
- Financial management and budgeting? **Yes.**
- Personal hygiene? **Yes.**
- Family programs including: **Responsible Family Life Skills. (Reentry Approved)**
  - Family and community-based orientation? **Yes.**
  - Family mediation? **Yes.**
  - Family education and orientation program? **Yes.**
  - Transportation and video conferencing for visitation? **Yes.**
  - Parenting? **Yes.**

b. Dynamic risk factors that impact offender behavior and risk of reoffending include: antisocial personality, companions, interpersonal conflict, social achievement, substance abuse, and criminogenic needs. Treatment programs can influence and change offender behavior during the time they are in an institution. Programs that address criminogenic needs are programs designed to change offender attitudes, cognitions, behavior toward authority, employment instability, education, housing, and leisure time.

Is DRC/DYS working proactively with faith-based and community groups in the development of programs that will meet the criminogenic needs of offenders in institutions? How?

**Yes. The New Life Residential outpatient treatment programming places a high emphasis on criminogenic needs (based on a cognitive restructuring intervention) to include criminal thinking and behavior (conditions, cognitions, and choices). Other faith-based programs also address criminogenic factors.**

c. Have specific life skills programs been developed in the following areas?

- Budgeting? **Yes.**
- Parenting? **Yes.**
- Job searches? **Yes.**
- Anger management? **Yes. (Anger Management and Cage Your Rage is Reentry Program Approved)**
- Appropriate leisure-time activities? **Yes.**

d. Is emphasis centered on using a mentor-type relationship for such training?

**No. However, in several other programs (Discipleship Program, Educational Programming, etc.) varying degrees of mentor-type relationships are utilized.**

e. Has legislation created a new community-based reorientation program whereby non-violent offenders could be released to the community up to 30 days prior to the expiration of their sentence to arrange for suitable employment, housing, treatment services, etc.?

**Transitional Control.**

f. Have video-conferencing opportunities for the families, particularly children of offenders, been expanded? Are they used as an incentive program?

**Not at RCI at this time. However, DRC is visiting this issue.**

g. Do volunteers facilitate the improvement of family relations through coaching in basic relational skills or involvement in family mediation programs? **Yes.**

12. Has DRC/DYS expanded partnerships with national organizations including faith-based and community organizations to provide programming in state institutions? Explain.

**Yes. KAIROS is an interdenominational Christian ministry whose programs are designed to be presented in state and federal correctional Institutions. The Bill Glass Ministries is also a national annual Christian event in many states.**

a. Does DRC/DYS have a stated plan for the extent of their involvement in prison programming that specifies any limitations seen as necessary? What is it?

**This question should be present to Gary Sims, Administrator, Religious Services.**

13. Does DRC/DYS involve the faith community when appropriate, in the development of release plans for the offender that flow from the institution to community reentry? Explain. **Yes, via Citizen Circles.**

a. Are community actors and organizations a part of reentry planning for those offenders who will shortly be returning home? Explain.

**Yes, via Citizen Circles, APA, release prep planning/working, Adopt-a-Pod, video job conferencing, and Annual Reentry and Job Fair Day.**

b. The best ideas and programs will serve no purpose in helping offenders live out productive lives after their release if there is no effective community follow-through. Is there effective community follow-through?

**This area is improving with the use of APA Chemical Dependency Specialists, participation in Citizen Circles, Video Job Conferencing, faith based initiatives, and relationships with mental health agencies.**

c. Is there a mentorship program for offenders at your facility?

**RCI offers varying degrees of mentoring to include Educational Tutoring, Discipleship Program, and Kairos. However, none of these are formalized mentoring programs.**

d. Are faith-based and community volunteer groups actively developing such a program for participation by offenders at your facility? Explain.

**RCI does not operate a formalized mentoring program. However, with the assistance of the faith based community a Discipleship Program is offered at RCI.**

### **REENTRY PROGRAMMING**

14. Have methods been developed to increase and encourage the involvement of the faith community in various reentry efforts, and to encourage collaboration among faith groups? What are they?

**Yes. The Correctional Faith-Based Initiatives Task Force (2006) was established by the Ohio General Assembly to examine faith-based initiatives in institutions and the community that provide services to adult and juvenile offenders. The Task Force conducted a needs assessment in all institutions (2006) and the community to provide a basis for a series for faith-based focus groups which are on-going. In addition, a Leadership Forum (August 2007) was conducted in August 2007 which included participants from the religious community, two legislators (While and Kerry), Ohio Department of Job and Family Services, Ohio Department of Alcohol and Drug Addiction Services, Governor's Office, etc, The Forum addressed volunteer issues and ways to improve volunteer participation, APA, Institutional Staff, Community leaders and others participate in Citizen Circles.**

a. What has been done to make the faith community aware of programs and training for the faith community's involvement?

**See above.**

b. What has been done to create awareness among the faith community of the needs of ex-offenders and the avenues to get involved?

See above.

c. What effort has been made to inform the faith community of the needs of ex-offenders and volunteer opportunities available? **See above.**

d. Have leaders among the faith community been identified? How? When? **See above.**

e. Have staff been used to accomplish this, using existing organizations, groups and established relationships? Explain. **See above.**

f. Has this educational opportunity been extended to faith groups of all kinds? **See above.**

g. Has an easily visible section been added to the DRC (or DYS) web site for the faith community that identifies different programming opportunities for volunteers?

h. Does the section contain volunteer opportunities linked to specific communities in Ohio, including contact information for volunteer coordination within each department or institution as needed?

15. Are offenders informed of various housing options before leaving prison or immediately upon release? How is this done?

**Yes. Offenders are informed of various housing options through contact with their respective institutional case managers and during release prep programming (6 to 8 months prior to release.)**

a. Although the offender is no longer in prison, he/she is still subject to housing restrictions due to the crime committed (i.e. sex offenders), which creates more difficult circumstances and specialized needs. Are seminars, with free legal or consultation services provided, along with increased involvement of the faith community? **Not routinely.**

b. Is legal advice in these situations available? Have partnerships been formed with local law schools to achieve this end? **No.**

c. Are presentations by the federal Department of Housing and Urban Development provided to ex-offenders to provide information on their options upon leaving prison, and knowing how to navigate through the many restrictions placed on them? **No.**

d. How has DRC/DYS made better use of existing federal programs that aim to address the issue of housing? **This question should be present to Gary Sims, Administrator, Religious Services, DRC.**

16. Has DRC/DYS partnered with grassroots and community organizations in an educational effort towards the general public aimed at decreasing the negative stigma of ex-offenders and making the public aware of the needs involved in the process of reentry? What has been accomplished and how?

**Yes. The Correctional Faith-Based Initiatives Task Force (2006) was established by the Ohio General Assembly to examine faith-based initiatives in institutions and the community that provide services to adult and juvenile offenders. The Task Force conducted a needs assessment in all institutions (2006) and the community to provide a basis for a series of faith-based focus groups (which include community volunteers) which are on-going. In addition, a Leadership Forum religious community, two legislators (White and Kerry), Ohio Department of Job and Family Services, Ohio Department of Alcohol and Drug Addiction Services, Governor's Office, etc. The Forum addressed volunteer issues and ways to improve volunteer participation. APA, Institutional Staff, Community leaders, and others participate in Citizen Circles to address volunteer issues.**

a. What educational efforts have been made to:

- Assure the public that their best interest is at hand, that public safety is not at risk, but will improve with these efforts, and to
- Inform the public of the many needs of ex-offenders to help them transition successfully back into society? **See above.**

b. Are grassroots agencies and advocacy groups being made aware of and sold on this effort, so that they can help to market the increased public safety and reduced criminal justice costs associated with effective offender reentry? How? **See above.**

## **EXPECTATIONS: CRITERIA FOR INSPECTING ADULT PRISONS**

Based on the Publication, “Expectations” by Great Britain’s Inspectorate of Prisons of August 2006, CIIC staff prepared a questionnaire on selected sections to be used on CIIC inspections conducted in 2007 and 2008. To minimize burden on staff, the CIIC Director requested that the Warden assign the various sections, which range from one to three pages, to different staff with knowledge of practices in the particular area, and to return the completed survey to CIIC staff in approximately two weeks.

Expectations is a tool for examining every aspect of prison life, from reception to reentry. They draw upon, and are referenced against, international human rights standards and focus on four main areas:

- Safety
- Respect
- Purposeful activity and
- Reentry

According to *Expectations*, these are increasingly accepted internationally as the cornerstones of a “healthy” custodial environment, providing consistent criteria in a system that is increasingly under pressure and subject to conflicting demands. According to the publication, *Expectations* has been used as the basis for an independent and evidence-based assessment of conditions in prisons. Further, the Inspectorate reported that its content and approach have proven to be helpful to those who are monitoring and examining prisons in other jurisdictions. Although *Expectations* consists of eight sections and subsections listed below, to reduce the burden on facility staff, not all sections were included in the CIIC questionnaire.

- Section 1 – **Arrival in Custody**
  - Courts, Escorts and Transfers
  - First Days in Custody
- Section 2 – **Environment and Relationships**
  - Residential Units
  - Staff – Prisoner Relationships
  - Personal Officers
- Section 3 – **Duty of Care**
  - Bullying and Violence Reduction
  - Self-Harm and Suicide
  - Diversity
  - Race Equality
  - Foreign Nationals
  - Mothers and Babies
  - Contact with the Outside World
  - Applications and Complaints (Grievance Procedure)\*
  - Legal Rights
  - Substance Use
- Section 4 – **Health Services**
  - Health Services

- Section 5 – **Activities**
  - Learning and Skills and Work Activities\*
  - Physical Education and Health Promotion
  - Faith and Religious Activity
  - Time Out of Cell
- Section 6 – **Good Order**
  - Security and Rules\*
  - Discipline
  - Incentives and earned Privileges
- Section 7 – **Services**
  - Catering (Food Services)\*
  - Prison Shop (Commissary)
- Section 8 – **Re-entry**
  - Strategic Management of Reentry
  - Offender Management and Planning
  - Reentry Pathways

The questions based on *Expectations* and the responses provided by RCI staff are provided below.

## SECTION 2- ENVIRONMENT AND RELATIONSHIPS

### RESIDENTIAL UNITS

1. Do prisoners live in a safe, clean and decent environment within which they are encouraged to take personal responsibility for themselves and their possessions? **Yes**
2. Are cells and communal areas (blocks, dorms, dayrooms) light, well decorated and in a good state of repair? **Yes**
3. Do all prisoners occupy accommodation that is suitable for the purpose and for their individual needs?
  - a. Are there cell sharing risk assessments? **Generally once issues are brought to staff's attention.**
  - b. Are cells sufficiently warm in winter and cool in summer? **Yes.**
  - c. Are cells ventilated and do they have sufficient daylight? **Yes**
  - d. Do prisoners have their own bed, corkboard, lockable cupboard/locker box, and use of a table and chair? **Yes, for bed and locker boxes, table and chair is shared.**
  - e. Are older prisoners in shared cells with bunk beds given priority for lower bunks? **Sometimes, generally based on medical needs.**
  - f. Do shared cells have screened toilets? **No.**
4. Are reasonable adjustments made to ensure that prisoners with disabilities and those with mobility problems can access all goods, facilities, and services? **Sometimes, severe cases moved to another location.**

- a. Do prisoners with disabilities and those with mobility problems have ease of access to different locations and services? **Yes.**
  - b. Are older, infirm and disabled prisoners assigned to landings, which hold most of the communal facilities? **Severe cases transferred – moved.**
5. Is there a system whereby nominated volunteer prisoners on each residential unit are trained to help less able prisoners and they are paid for this work? **Yes, educational needs only.**
- a. How are volunteers identified, trained and assigned? **Test Scores.**
6. Are residential staff aware of prisoners within their care with disabilities and their location? **Yes**
- a. Are safe evacuation procedures in place to assist those prisoners who may need help in an emergency? **Yes.**
  - b. Are there visible markers on cell doors? **Name tags.**
  - c. What system is in place to highlight to other staff that any prisoners with disabilities and/or mobility problems may need assistance in an emergency? **Such cases are generally moved/transferred.**
7. Do prisoners have access to drinking water, toilet and washing facilities at all times? **Yes.**
- a. Is water in the cells certified as drinking water, if used in this way for prisoners? **Yes.**
8. Are age-appropriate risk assessments in place to ensure the safety of young adults from any other prisoners? **Yes.**
- a. Are there single cell risk assessments?  
**Yes.**
  - b. What are procedures in any case where young adults are identified as posing a risk to others? **Initial screenings, reception.**
9. Do all prisoners have access to an in-cell emergency call button/bell that works and is responded to within five minutes? **No-verbal contact.**
10. Do observation panels in cell doors remain free from obstruction? **Yes**
11. Is there a clear policy prohibiting offensive displays, and is it applied consistently? **Yes**
12. Are prisoners' communal areas (activity and shower areas) clean, safe, meet the needs of the prisoner population, and effectively supervised by staff? **Yes**
- a. Are there adaptations for older, infirm and disabled prisoners? **In most cases-sometimes requires a transfer.**

13. Do prisoners feel safe in their cells and in communal areas of the residential units? **Yes.**
- a. Is there a suitable design of residential units e.g. good sightlines, and supervision in high-risk areas? **Yes.**
14. Are notices displayed in a suitable way for the population? **Yes.**
- a. Is adequate provision made for any prisoners who cannot read notices because of literacy, language, or eyesight problems or any other disability? **Yes**
15. Are residential units as calm and quiet as possible both to avoid incidents and to enable rest and sleep, especially at night? **Yes.**

## **SECTION 2- ENVIRONMENT AND RELATIONSHIPS**

### **RESIDENTIAL UNITS:**

#### **Clothing and Possessions**

1. Do prisoners have enough clean prison clothing of the right size, quality and design to meet their individual needs? **Yes**
- a. Are older prisoners provided with additional clothing and bedding, if required, without the need for medical permission? **Requires special authorization.**
2. Do prisoners have at least weekly access to laundry facilities to wash and iron their personal clothing? **Yes.**
- a. Do they have access to laundry/exchange facilities outside the weekly rotation? **Yes.**
3. Is prisoner property held in secure storage, and can prisoners access their property within one week of making a request? **Yes, in most situations.**
4. Are prisoners fairly compensated for clothing and possessions lost while in storage? **Yes**
5. Is there a standard list detailing the possessions that women prisoners are allowed to keep, and used across all women's prisons?  
**Non-applicable.**
- a. Is there a standard list also employed for male facilities of the same security category? **Yes**
6. Are suitable clothes and bags available to discharged prisoners who do not have them?  
**Yes**
7. Are facilities available before discharge to launder clothes that have been in storage for long periods? **Yes**

**SECTION 2- ENVIRONMENT AND RELATIONSHIPS****RESIDENTIAL UNITS:****Hygiene**

1. Are prisoners encouraged, enabled and expected to keep themselves, their cells and communal areas clean? **Yes**
  - a. Are older and disabled prisoners enabled to keep themselves and their cells clean? **Yes**
2. Do prisoners have ready access to both communal and in-cell toilets, baths and showers in private? **Not in shared cells.**
  - a. Are screened toilets in shared cells? **No**
  - b. Is there a shower cubicle adapted for use by older, less able or disabled prisoners as well as baths with grab handles? **Not in general population**
3. Are prisoners able to shower or bathe daily, and immediately following physical activity, before court appearances and before visits? **Yes, (General Population Inmates)**
  - c. Is there access at any time during the day? **As per scheduled hours.**
  - d. Are older, less able or disabled prisoners helped to have a bath or shower every day?  
**N/A**
4. Do prisoners have access to necessary supplies of their own personal hygiene items and sanitary products? **Yes**
5. Is fresh laundered bedding provided for each new prisoner on arrival and then on at least a weekly basis? **Yes**
  - a. Is there a system for the replacement of mattresses in operation? **Yes**
  - b. Are clean pillows available for new prisoners as well as other bedding? **No, built into mattresses**
6. Is a prisoner's valuable property routinely security marked before it is issued? **Yes, titled items.**

## SECTION 2 - ENVIRONMENT AND RELATIONSHIPS

### STAFF-PRISONER RELATIONSHIPS

1. Are prisoners treated respectfully by all staff, throughout the duration of their custodial sentence, and encouraged to take responsibility for their own actions and decisions?

**Yes, prisoners are treated respectfully in the day to day interaction. Staff receives training in this area in pre-service and in-service to properly assist in the areas of utilizing effective communication skills and appropriate interaction in a correctional setting. Some of the Reentry approved programs that are offered to the prison population on an on-going basis including recovery services; moral reasoning and victim awareness assist in the area of encouraging the importance of taking responsibility for ones actions and decisions.**

2. Is there a well-ordered environment in which the requirements of security, control and justice are balanced and in which all members of the prison community are safe and treated with fairness?

**Yes, all security measures are enforced and the related policies and procedures are monitored closely. A daily institutional count and audits assist in this area as well as random daily searches are only three of many practices completed to assist in maintaining security and control. Prisoners are advised to follow their chain of command regarding any issues that they may possibly have. All three areas are balanced and promote that all members of the prison community are safe and treated with fairness.**

3. Are all prisoners treated with humanity, and with respect for the inherent dignity of the person?

**Yes, all prisoners are treated with humanity, and with respect for the inherent dignity of the person. During orientation, prisoners are informed of what steps to take in terms of informing staff if they have issues that relate to this area.**

- a. Is staff aware that the prison has a duty of care for all prisoners, to ensure no prisoners are at risk of physical or emotional abuse by staff or prisoners, and that prisoners are to be held in decent and humane conditions?

**All staff is trained in this area in terms of the appropriate steps to take if necessary. Appropriate staff is tasked with investigating the noted areas if warranted. Protective Custody and the Sexual Assault Committees' are also tasked with making assessments and recommendation of appropriate actions to the Warden or Designee to appropriately address this area.**

4. Are staff aware that they should set a personal example in the way they carry out their duties at all times?

**Yes, staff receives training in this area in pre-service and in-service including Employee Standard of Conduct and Employee Code of Ethics to appropriately assist in this area. Supervisors also monitor this area.**

5. Are staff always fair and courteous in their day to day working with prisoners?

**Yes, staff is expected to utilize effective communication skills and be fair and courteous in their day to day working with prisoners.**

6. Do staff positively engage with prisoners at all times?

**Staff receives training that promotes that they positively engage with prisoners at all times.**

7. Is interaction between staff and prisoners encouraged by the senior management team?

**Yes, the unit management concept and other related policies require interaction between staff and prisoners. The senior management team strongly supports this area.**

a. Does staff help and encourage older and less able prisoners to participate in and access all facilities offered across the prison?

**Yes, staff helps and encourages older and less able prisoners to participate in and access all facilities offered across the prison. There is also an Older Offender Program and recreational program to offer assistance in this area.**

8. Does staff routinely knock before entering cells, except in emergencies?

**Staff is trained to identify themselves prior to entering cells even in cases of emergency. As a common courtesy some staff will knock prior to entering cells.**

9. Are prisoners encouraged by staff to engage in all activities and routines, promoting punctuality, attendance and responsible behavior?

**Yes, all program providers promote the goal of encouraging prisoners to promote punctuality, attendance and responsible behavior.**

a. What methods are used to encourage prisoners to get involved?

**Staff will post “flyers” in all of the housing units in addition to displaying the offered activities and programs on an institutional TV station that is designated for that purpose. Some programs’ offer “good days” for prisoners’ participation/completion. Reentry programs are discussed with prisoners during annual security review committee and other routine meetings.**

10. Is inappropriate conduct on the part of prisoners challenged?

**Yes, prisoners are held accountable for their actions and their inappropriate conduct is challenged. There are several actions taken to address this area including recreation restriction, extra chore duty, isolation, commissary restriction, restitution and telephone restriction to list a few.**

a. Do staff demonstrate skill in confronting low level disputes without using official disciplinary measures?

**Yes, staff utilizes intercommunication skills and conflict resolution skills to assist with this area. Many low level disputes are resolved appropriately at the unit level.**

11. Are prisoners encouraged and supported to take responsibility for their actions and decisions?

**Yes, prisoners are encouraged to participate in programming that will assist in this area. In addition, they are held accountable to carry out their job duties appropriately. Several of the programs offered support this concept.**

### SECTION 3 – DUTY OF CARE

#### COMPLAINT/GRIEVANCE PROCEDURE

1. Are there effective complaint procedures in place, that are easy to access, easy to use, and provide timely responses? **Yes, the inmate grievance procedure.**

2. Do prisoners feel safe from repercussions when using these procedures and are they aware of an appeal procedure? **The vast majority tell me that they do not any retaliation. Inmates are notified in writing of their right to appeal a grievance disposition.**

3. Is information about the grievance procedure reinforced through notices and posters that are produced in English and other languages and displayed across the prison? **Inmates receive orientation to the grievance process twice and are given a pamphlet on how to use it.**

a. Are there posters in prominent places on all residential units, including for those with literacy problems and those with disabilities so that they can understand and are able to access the procedures? **No, the pamphlets accomplish this goal. Orientation is verbal, not written. Interpreter services are available.**

b. Since some prisoners, e.g. foreigners, may need to be specifically told about the whole process, is there a single channel of contact or clear information on how to make a complaint? **Yes, the pamphlet is a step by step instruction manual on who to contact and how to file a complaint.**

c. Is information on the units/blocks always displayed and do prisoners understand it? **No, they have their own copy.**

e. What are the procedures for blind prisoners? **Braille, and inmate assistance is available.**

4. Are prisoners encouraged to solve areas of dispute informally, before making official complaints? **Yes, through filing step 1 of the grievance procedure, an informal complaint.**

5. Can prisoners easily and confidentially access and submit complaint forms? **Yes, kite boxes are locked, inspector gets private mail.**

- a. Are forms required to access complaint forms? **No, verbal request to get informal complaints or kite inspector for grievance forms.**
- b. Are there forms, and at least one kite box on each block/dorm? **Informal complaints are available in each unit. Kite boxes are also in each unit.**
- c. Are the boxes emptied daily by a designated officer? **Kite boxes are emptied each night and sorted by third shift.**
- d. Are form dispensers always stocked with forms? **Staff lock kites on dispensers. Informal complaints are available from staff.**
- e. Are informal complaints and grievance files secured on a limited access basis? **Only the Inspectors office staff has access to inmate grievance files.**
6. Do prisoners make use of the procedures, and are they free of pressure to withdraw any complaints or grievances? **Yes.**
- a. What are the procedures for prisoners with learning or other disabilities? **May receive assistance from the Inspector's office or special designee.**
7. Are all complaints and grievances, whether formal or informal, dealt with fairly and answered within three days, or 10 days in exceptional circumstances, with either a resolution or a comprehensive explanation of future action? **No, administrative rules provide for 14 days to respond to formal complaints, seven days for informal complaints.**
- a. Are complaints resolved? **Sometimes.**
- b. Are complaints answered within three working days, or within 10 days in exceptional circumstances? **If an emergency is identified, grievances are processed immediately (i.e deteriorating condition medical)**
- c. Are forms sent back to prisoners because of technicalities in procedure? **Yes, substantial compliance is required.**
- d. Are such complaints referred to the relevant staff member, not back to the prisoner? **Informal complaints: Inmates are advised who to re-send their complaints to if they need re-directed.**
- e. Are target return times recorded? **Yes, computer generated reports.**
- f. Are letters of complaint/concern from third parties, such as legal representatives, family or voluntary organizations, logged and answered? **Yes, and recorded on a monthly report.**
8. Do prisoners receive responses to their complaints/grievances that are respectful, legible, and address the issues raised? **Absolutely**
9. Are formal grievances signed and dated by the respondent? **Absolutely.**

- a. Regarding the quality of responses, is there a quality assurance system in place? **An appeal of grievance disposition is available.**
- b. Does the staff member who dealt with the complaint clearly print their name on the response? **A signature line is available on both informal complaints and grievance disposition forms for staff to sign.**
- c. Are staff responses to confidential complaints returned in sealed envelopes? **Yes.**
10. Do prisoners feel able to ask for help in completing their complaint or grievance form and in copying relevant documentation? **Yes.**
- a. Are staff responsive to requests for help with forms? **Yes**
- b. Are translation services provided for those who need them? **Yes**
- c. What are the arrangements for prisoners with literacy problems, and for those who are blind? **The Inspector can assist in writing complaint that is given verbally.**
11. Is any declaration of urgency by prisoners fully assessed and answered? **Yes, emergency provisions are made by administrative rules.**
- a. Are staff responsive to requests for urgent help? **Yes**
12. Are prisoners who make complaints against staff and/or other prisoners protected from possible recrimination? **Yes, protection by administrative rules, policies, and enforcement by the Inspector.**
- a. What protection measures are in place and put into practice? **Retaliation on inmates who file grievances may result in staff discipline.**
- b. Are responses objective and factual, and conclusions based on evidence rather than supposition? **Yes**
- c. What are the adverse effects of filing complaints? **Changes to institutional operations, staff and inmates slow to adapt.**
- d. Do prisoners know that there are protection measures if they complain about staff or other prisoners? **Yes, orientation, pamphlets, policies and administrative rules.**
13. Do prisoners know how to appeal grievance decisions? **Yes**
- a. Are appeals dealt with fairly, and responded to within seven days? **Administrative rules allow for 30 days to respond to appeals.**
- b. Are prisoners reminded of their appeal option on the relevant forms? **Yes, it is given in writing at the bottom of the disposition form.**
- c. How many have appealed in the last six months? **34**

d. What was the outcome, and how promptly were they answered? **12 pending, 21 affirmed, 1 modified. Some were extended by rules for additional time.**

14. Do all prisoners (and staff) know how to contact members of the Ohio General Assembly's Correctional Institution Inspection Committee, and can they do so in confidence? **Yes, I receive inquiries.**

a. Is CIIC contact information posted in dorms, blocks, library and other areas to ensure that staff and inmates are aware of how to contact CIIC? **Contact information is available from the library and the Inspector.**

b. Are there any difficulties with access to the CIIC? **None that I am aware of.**

15. Do prisoners receive help to pursue complaints and grievances with unit managers, prison administrators, or other central office staff, if they need to? **Yes**

16. Do all prisoners know how to contact the Inspector and Chief Inspector? **Yes, address to Central Office is available.**

a. Do blocks/dorms have contact details and information? **All staff are aware of how to contact the Inspector.**

17. Do prisoners receive help to pursue grievances with external bodies if they need to? **Matters outside the jurisdiction of DRC are not grievable.**

a. Do they also receive help in contacting legal advisers or making direct applications to the courts? **The law library provides this service.**

b. In the last month, how many original grievances and appeals were sent to the Chief Inspector? **49, only one from RCI**

c. What do they tend to be about? **The one from RCI was about legal services.**

d. What proportion are generally resolved? **The Chief Inspector will have this information.**

18. Do prison managers analyze complaints (both granted and denied) each month, by ethnicity, disability, block/dorm/unit, prisoner type, etc., and if necessary, make any appropriate changes? **The grievance procedure is transparent unless specific complaints are alleged about discrimination, or living unit.**

a. Is data studied and is action taken when strong patterns/trends emerge? **Yes, and action is taken to resolve complaints when staff actions are outside DRC policy.**

### SECTION 3- DUTY OF CARE

#### BULLYING AND VIOLENCE REDUCTION

1. Does everyone feel safe from bullying and victimization (which includes verbal and racial abuse, theft, threats of violence and assault)? **Yes**

2. Are active and fair systems to prevent and respond to violence and intimidation known to staff, prisoners and visitors? **Yes**

3. Has the prison developed an effective strategy to reduce violence and intimidation, which has earned the commitment of the whole prison and has drawn on multi-disciplinary consultation including feedback from prisoners? **Yes**

a. Is the violence reduction strategy widely publicized? **Yes**

b. Is monitoring part of the strategy and as a minimum, does it cover feelings of safety among prisoners, incidents of bullying (verbal and physical), number of assaults, number of racist incidents, location of incidents and action taken? **Yes**

c. Do staff understand their duty to maintain a safe environment and what they do to promote this? **Yes**

d. Are staff alert to threats to a safe environment, and do they confront all forms of victimization? **Yes**

e. Are prisoners consulted as part of the strategy development and maintenance? **Yes**

f. How effective is the strategy in promoting safer custody and violence reduction?

**Very effective. Inmates can request protective custody or report incidents in a confidential manner.**

4. Are prisoners consulted and involved in determining how their lives in the prison can be made safer, how bullying, verbal and physical abuse, racial abuse and threats of violence are confronted, how conflicts can be resolved and what sanctions are appropriate? **Yes, during orientation.**

a. Has there been any consultation in the last six months? **Yes, protective custody investigations require consultations.**

b. Has an annual confidential survey to all prisoners about bullying been undertaken? **No**

c. Are there wing representatives? **N/A**

5. Do staff supervise and protect prisoners throughout the prison from bullying, verbal and physical abuse, racial abuse and threats of violence? **Yes**

6. Are staff consistent in challenging these behaviors? **Yes**

a. How many incidents occurred in the last six months? **Eighteen PC investigations.**

- b. Are there particular areas where prisoners feel vulnerable to bullying? **Recreation yards, commissary line, walkways**
- c. What policies provide protection of vulnerable prisoners? **Protective custody**
- d. Do staff lead by example in the way they treat their colleagues/prisoners, and understand that their duty is to foster a safe environment, by confronting unacceptable behavior quickly and fairly? **Yes**
- e. What are the arrangements for movement, exercise, mealtimes and discharge, especially for those who are considered vulnerable? **Staff always present on the yards, walkways, rec-yards, etc.**
- f. Is particular attention given to prisoners who have asked for protection from other prisoners or those who may be victimized because of the nature of their offense or other individual circumstances? **Yes**
7. Are prisoners' families and friends encouraged to make suggestions about how the prison could better protect prisoners from victimization and to provide information to help identify those prisoners likely to be at risk? **No**
- a. Are prisoners' families encouraged to come forward if they feel they are being bullied to bring drugs into prison? **Yes**
- b. Is a visitors' survey distributed systematically? **No**
- c. Do visiting families know about reporting procedures and do they think that visiting staff are approachable and sympathetic? **Yes**
- d. Are there posters in visiting rooms? **No**
8. Is an effective strategy in place to deal with bullying which is based on an analysis of the pattern of bullying in the prison and is applied consistently throughout the prison?
- a. Has a strategy been formed by systematic consultation with prisoners across the prison? **Yes**
- b. Is a central log of bullying kept, and are incidents of bullying reviewed regularly by a multidisciplinary committee? **Yes**
- c. Are staff alert to potential bullying and do they confront all forms of victimization? **Yes**
- d. Are all sources of information including security reports, accidental injuries etc. used for evidence of bullying/intimidation? **Yes**
- e. How do staff contribute to the strategy? **Writing reports, taking confidential statements, forwarding information**
- f. Is there a coordinated approach by all departments? **Yes**

9. Are allegations of bullying behavior treated consistently and fairly? **Yes**
- a. Are they investigated promptly? **Yes**
  - b. Are outcomes of investigations recorded and is the prisoner who reported the bullying supported? **Recorded by reports, victims have support by having a victim support person.**
10. Are prisoners made aware of behavior that is unacceptable through a well-publicized policy and are made aware of the consequences of bullying? **Yes**
11. Is inappropriate behavior consistently challenged? **Yes**
- a. Are there bullying posters throughout the prison? **No**
  - b. What information is distributed to new arrivals? **Inmate handbook, unit rules, information from all departments.**
  - c. Is bullying clearly defined to prisoners? **Yes**
  - d. Are staff aware of both direct and indirect forms of bullying? **Yes**
12. Do anti-bullying measures support the victim and take the victim's views about their location into account? **Yes**
- a. Do staff understand the link between bullying and aggressive and disruptive behavior generally? **Yes**
13. Are appropriate interventions in place to deal with bullies and support victims? **Yes**
- a. What interventions are available to challenge bullies and to support victims of bullying? **Protective custody procedure, confidential statements, rules infraction**
  - b. Are interventions aimed at achieving sustained and agreed changes in behavior? **Yes**
  - c. Do prisoner records contain comprehensive updates on how bullied and bullying prisoners have been supported and/or challenged? **Protective custody files**

### SECTION 3: DUTY OF CARE

#### SELF-HARM AND SUICIDE

1. Does the prison work to reduce the risks of self-harm and suicide through a whole-prison approach?

**Suicide Prevention Policy 67-MNH-09, is a whole-prison approach to suicide prevention and response to incidents involving self-harmful and suicidal behavior. Per policy, all staff receive pre-service and annual in-service training on warning signs and symptoms, demographic and cultural parameters, response to depressed and suicidal offenders, referral procedures, response to suicide attempts in progress, housing observation and suicide watch level procedures, and follow-up monitoring of offenders who make suicide gestures. Staff carries suicide prevention cards attached to employee I.D.s as reminders to be vigilant.**

2. Are prisoners at risk of self-harm or suicide identified at an early stage, and is a care and support plan drawn up, implemented and monitored?

**Offenders at risk of self-harm or suicide are identified at an early stage in a number of ways. An initial Medical/Mental Health/Substance Use Screening (DRC 5170) is conducted by a registered nurse within 8 hours of an offender's admission to the institution. A detailed mental health screening (DRC 5163) is conducted by a mental health professional within 14 days of an offender's admission to the institution unless the offender is on the mental health caseload or has been so screened within the prior 60 days. A Suicide Awareness videotape is shown at institution orientation and repeated, minimally, each month to the entire offender population. Offenders identified to be at risk of self-harm or suicide are placed on suicide watch in a safe cell. A Crisis Treatment Plan is developed within 24 hours, implemented and monitored through post-release Suicide Watch Follow-Up, either 72hr/2wk or Extended (>5yrs).**

3. Are prisoners who have been identified as vulnerable encouraged to participate in all purposeful activity?

**After offenders have been identified for vulnerability to suicide or other significant personal mental health problems or institutional maladjustment, they are added to the mental health caseload and a Treatment Plan developed, or if on the caseload, have their Treatment Plan updated to incorporate the new problem. Participation is purposeful activity vs. Passivity or social withdrawal would be an important goal of treatment.**

4. Are all staff aware of and alert to vulnerability issues, appropriately trained, and have access to proper equipment and support?

**Pre-service, annual in-service, and specialized mental health training cover vulnerability issues and access to proper equipment (cut-down tools, first-aid kits) and staff support (mental health, medical). Mental health and medical staff are appropriately credentialed and educated in suicide prevention and medical staff services as first responders with kits including Automatic External Defibrillators (AEDs).**

5. Is there a safer custody strategy in place that recognizes the risks to prisoners, particularly in the early days in custody, and sets out procedures, which help to reduce the risk of self-harm?

- a. Are the specific needs of different prisoner groups recognized, as are the levels of risk in different areas of the facility?

**Pre-service and annual in-service training address the specific needs and risks of different offender groups as well as high-risk areas within the institution. A number of policies and procedures have been adopted to reduce the higher risk of offenders under duress, as evidenced by Segregation placement, allegations of sexual assault, and request for Protective Custody. In the first instance, in compliance with SOP 17, all offenders receive a Mental Health Segregation Self-Report Admission Screening by custody officers within 3 hrs of admission to Segregation. Depending upon their responses, offenders may be referred for a Segregation Suicide Risk Screening by mental health professionals. Once placed in Segregation, offenders are monitored weekly during Mental Health Rounds in Control Units, per 67-MNH-02. Within 30 day, and every 90 days thereafter, offenders receive a mental status assessment by a mental health professional. Mental status assessments are provided routinely by mental health staff for offenders alleging sexual assault or requesting Protective Custody.**

- b. Does the strategy recognize the specific needs of the population e.g. women and minority groups, those with substance misuse problems, and those not on normal location?

**Pre-service and annual in-service training cover the demographic and cultural parameters of suicidal behavior, specifically addressing specialized populations as women and minorities.**

- c. Is staff training appropriate?

**Custody and medical staff assigned to special housing areas, as the infirmary, segregation, and segregation overflow, receive specialized mental health training within six months of their assignment. Mock suicide prevention drills are completed monthly across all three shifts through rotating housing units, including special housing areas.**

- d. What is the availability and use of safer cells, particularly in areas of the prison where risks of self-harm are higher?

**Four cells in the infirmary have been retrofitted to meet the specifications of safe cells as required by Suicide Prevention Policy 67-MNH-09. As much as possible, those cells are reserved for suicide watch placements and regularly inspected to preserve the integrity and intent of the design.**

- e. Does the protocol in place recognize the need for continued interaction, and avoid an over reliance on the safer cell as a preventative measure?

**Per suicide watch protocol, continued interaction with the offender is ensured by daily watch reassessment by Authorized Independently Licensed Mental Health Staff (AILMHS) supported by staff members constituting a Treatment Team. Per protocol, offenders assessed to have been at risk for suicide behavior receive extended follow-up over a 5+ year period.**

6. Does a multi-disciplinary committee effectively monitor the prison's suicide prevention policy and procedures?

**A multidisciplinary Suicide Prevention and Review Team (SPART) meets on a monthly basis to monitor suicide prevention policy, procedures, developments, and trends.**

7. Is the committee chaired by a manager responsible for the policy and does membership include prisoners, staff representatives from a range of disciplines, and a member of the local community mental health team?

**The Suicide Prevention and Review Team is chaired by the Deputy Warden of Special Services, who is responsible for policy implementation. Membership of the team includes the Deputy Warden of Special Services, Healthcare Administrator, Unit Management Administrator, a mental health professional, and a ranking custody officer.**

8. Are prisoners' families, friends and external agencies encouraged, through local arrangements, to provide sources of information which may help identify and support those prisoners likely to be bullied or who have a history of self-harming behavior?

**Offenders receive information at institution orientation about the visiting process, including avenues of institutional communication they are encouraged to share with family and friends. Additionally, the institution maintains a web site which encourages contact.**

9. Is there a detailed care and support plan prepared with input from the prisoner, which identifies needs, as well as the individuals responsible including a key worker?

**Detailed individualized Treatment Plans are prepared with offender input to include specific problems, goals, measurable objectives, staff responsible for the interventions, type and frequency of interventions, target dates, and review dates.**

10. Are personal factors or significant events which may be a trigger to self-harm identified?

**Attempts are made to identify and understand personal factors or significant events that may have served as triggers to self-harm historically or in a current incident. Such information is recorded on Suicide Consultation Form DRC 5201 and in Interdisciplinary Progress Notes.**

11. Do regular reviews take place involving staff from a range of disciplines and family and friends as appropriate, which provide good support and care for all prisoners at risk?

**An interdisciplinary Treatment Team of mental health professionals regularly reviews progress in the achievement of Treatment Plan objectives and goals, needed revisions, and avenues of support for success. Offenders are encouraged to see the possibilities by viewing the institution as a treatment community, including Mental Health Services, Recovery Services, Medical Services, Religious Services, Education, Unit and Recreation Programming, Community Linkage, and Re-Entry.**

12. Are arrangements in place for following up after a care and support plan has been closed?

**Between 70-100 days post discharge from the mental health caseload, offenders are reassessed by Authorized Independently Licensed Mental Health Staff to determine sustainability of clinical remission of symptoms.**

a. Do unit officers have knowledge of policy and support plans?

**Unit officers and other unit staff are provided with monthly updates of offenders who are active with Mental Health Services and who are maintained on psychotropic medication.**

b. What level of training have they received?

**During annual in-service training of all staff, particular emphasis is placed on suicide prevention policy and the role of staff in supporting the objectives of the policy. Specialized mental health training is provided to staff assigned to specialized housing areas as the infirmary, segregation, and segregation overflow.**

13. Are prisoners at risk of suicide and self-harm held in a supportive and caring environment with unhindered access to sources of help including peer supporters?

a. Is a care suite available to support the work of Listeners?

**Offenders at high risk of self-harm are maintained on suicide watch in safe cells located in the infirmary. There, they are watched on either a Constant or Close basis by specially trained custody officers. They are reassessed daily by Authorized Independently Licensed Mental Health Professionals and seen frequently by Mental Health Liaisons, psychiatric nurses monitoring psychotropic medication compliance, and members of Treatment Team.**

b. Is there access to counselors, the chaplaincy team, Listeners and Samaritans at all times?

**Routine access to mental health staff and the chaplaincy is provided according to scheduled work hours. For mental health staff, that usually is between the hours of 7AM-5PM, Monday, Thursday, and 7AM-4:00PM Friday. Weekend coverage is provided to offenders on Suicide Watch status.**

c. Are appropriate free telephone helplines/interventions available, in particular, to address specific aspects of women's prior victimization such as rape crisis, domestic violence and others?

**Limited free telephone access is provided on an emergency basis as approved by the Warden. Other access must be arranged through the usual channels with unit staff and paid for by authorized recipients of the calls.**

14. Are prisoners encouraged to express any thought of suicide and/or self-harm, and encouraged to take part in all purposeful activities as part of the support plan?

a. Are prisoners given the opportunity and assistance to make a written contribution to their review?

**As indicated in some detail to questions #2 and #5, multiple opportunities are afforded offenders to express thoughts of suicide or self-harm to institution staff. Those opportunities included initial screens upon admission to the institution by both medical and mental health staff; screens upon admission to Segregation by custody and mental health staff, as indicated; weekly monitoring by mental health staff in control units, with mental status assessment within 30 days and every 90 days thereafter; mental status assessments following allegations of sexual assault or request for Protective Custody. Offenders are encouraged to participate in the formulation of support plans through their participation in Treatment Plan.**

b. Are prisoners encouraged to identify their own support needs and are they able to draw on opportunities for informal support from other prisoners if they wish?

**Offenders are encouraged to develop their own informal support networks from among offenders, as well as staff, family, and friends. However, educational, psycho-educational, therapeutic, and formal support groups are recommended growth opportunities.**

15. Are all staff, including night staff, fully trained in suicide prevention and clear on what to do in an emergency?

a. Is there a program of refresher training in place?

**All staff attend mandatory annual inservice mental health training, a significant proportion of which training is devoted to suicide prevention and emergency services.**

b. Do staff have access to first aid kits and shears?

**In-service mental health and CPR training include information on access points and contents of first aid kits and cut-down tools**

c. If facility does not have a first night center, do night staff know where first night prisoners and those at risk are located?

**Information about new arrivals to the institution is widely distributed and available to all shifts through electronic means and hard copies of transfer and move sheets, as well as documentation in unit locators. Additionally, units are provided with updates of offenders active on the mental health caseload.**

16. Are incidents of self-harm closely monitored and analyzed at regular intervals to establish any trends and to implement preventive measures?

**An access database was developed to allow the monitoring and analysis of self-harmful/suicidal incidents. Trends and implications for preventive measures are considered at monthly SPART meetings.**

17. Are serious incidents properly investigated to establish what lessons could be learned and to promote good practice?

**DRC Policy#321-01, “Quality Assurance in Correctional Healthcare” underpins Standard Operating Procedure 33, Health Care Occurrence Reporting, providing for the prompt and accurate reporting of major and minor occurrences, within four hours of an incident, and a follow-up investigatory process to be complete within 10 days. The investigatory includes a comprehensive compilation of information from multiple sources, data analysis, summary of conclusions, and recommendations for corrective actions, which are forwarded to the Bureau of Mental Health Care and discussed in monthly SPART meetings. In the case of fatalities, QA Confidential Policy 67-MNH-09 covers Mortality Review: Suicide.**

18. Where appropriate, are family or friends of the prisoner informed through a family liaison officer?

**ODRC Policy 66-ILL-02, Inmate Death, establishes the proper procedure to ensure timely and appropriate notification of offender death to the offender’s immediate family. Timely notice means immediately or no more than 8 hrs post certification. The Warden or Warden’s designee makes the notification, with follow-up support and arrangements provided by the Warden’s Office staff.**

19. Is an action plan devised and acted upon promptly as a result of an investigation into an apparent self-inflicted death?

**Per Suicide Prevention Policy 67-MNH-09, the institution’s Quality Assurance (QA) Program is responsible for conducting an in-depth review of every suicide. For purposes of the QA review, a multidisciplinary committee is tasked to determine how and why the incident occurred and what can be learned to reduce the likelihood of future incidents. Results are reported as concerns and recommendations that are actionable.**

- a. Is this reviewed following subsequent findings of an investigation?

**A Central Office Quality Assurance Committee reviews suicides, to include institutional mortality reviews thereof, and documents findings in a confidential report forwarded to individuals who have a need to know. Appropriate information regarding incidents, exclusive of the report, is shared with Ohio Correctional Health Care (OCHC) training staff for use in pre-service and annual in-service training.**

- b. Are there attempts to understand underlying causes and/or trends?

**As noted above, the purpose of the institutional Quality Assurance review is to determine how and why an incident occurred and the likelihood of further incidents. Over time, reviews may elucidate trends in the data collected.**

- c. Have there been any reviews of recommendations from previous deaths in custody?

**Reviews of recommendations from previous deaths in custody are ongoing by active committees, such as SPART, to improve suicide prevention policies and practices.**

20. Is all information about prisoners at risk of self-harm or suicide communicated to people who are able to offer support in the community?

**Offender personal information is offered selectively to the institutional community to protect life while simultaneously protecting the confidentiality of the offender. Generally, external communications occur only on a case-by-case basis with the explicit written authorization of the offender.**

## SECTION 5: ACTIVITIES

### LEARNING SKILLS AND WORK ACTIVITIES

1. Are prisoners encouraged and enabled to learn, and do they have access to good library facilities? **Yes**
2. Is sufficient purposeful activity available for the total prisoner population? **Yes**
3. Are all prisoners assessed to provide a clear understanding and record of their learning and skills needs including literacy, math, and language support, employability and vocational training, and social and life skills? **Upon intake at CRC, each inmate is given an assessment test (CASAS) to determine his level. When he arrives at his parent institution, he is then placed on the appropriate waiting list (ABE, Pre-GED, GED for school)**
4. Is the learning and skills and work provision in the prison informed by and based on the diverse needs of prisoners and provides prisoners with both the opportunity of and access to activities that are likely to benefit them? **Yes**
  - a. Does provision meet the needs of older, younger adult, and disabled? **Yes**
5. Are there sufficient activity places to occupy the population purposefully during the core working day? **Yes**
  - a. How many prisoners are locked up during the day? **N/A**
  - b. How many are formally registered as unassigned? **N/A**
  - c. What is the rated capacity compared with current population? **N/A**
  - d. How easy is it for a prisoner to get a job? **All are assigned jobs.**
6. Are activities which fall outside the learning and skills provision purposeful and designed to enhance prisoners' self-esteem and their chances of successful reentry? **Yes**
7. Are facilities and resources for learning and skills and work appropriate, sufficient and suitable for purpose? **Yes**
8. Are all prisoners able to access activity areas? **Yes**
  - a. Is there access for older and disabled prisoners? **Yes**

- b. Are there any inaccessible areas because of poor mobility and insufficient help to get to them? **No**
9. Is every prisoner who wishes to be able to engage fully with all prison activities offered, and is no one excluded from participation, other than as a result of a disciplinary punishment? **Yes**
- a. Is a full schedule of activities available to all prisoners? **Yes**
10. Is allocation to activity places equitable, transparent, and based on identified reentry planning needs? **Yes**
11. Can prisoners apply for job transfers and are they given written reasons for any decisions?
- a. Does case management link with the reentry planning process? **Yes**
- b. Do prisoners with identified learning needs work in low-skilled, production line work, rather than relevant classes? **Yes**
- c. How are unit-based jobs (cleaners, painters, food service workers etc.) allocated, as these often bypass formal procedures? **N/A**
- d. Is there any favoritism or line jumping? **No, tutors are placed into school from waiting lists (ABE, Pre-GED, GED). The waiting lists are generated by parole/release date. Those leaving first are placed into school first.**
12. Do local pay schedules provide disincentives for prisoners to engage in education or training activities? **No, tutors are paid at a higher rate. An inmate must have high school diploma or GED to be a tutor.**
- a. Do unskilled jobs with no links to learning offer more pay than education and training activities? **No**
13. Do prisoners who do not work because they are exempt (Long-term sick, etc.) receive sufficient weekly pay? **N/A**
14. Do prisoners who are unemployed through no fault of their own or who are exempt from working unlocked during the day, provided with access to the library and other activities? **Yes**
15. Does the prison have an effective strategy to ensure that learners are able to regularly and punctually attend those activities which meet their needs and aspirations? **Yes**
- a. What systems are in place for managing punctuality and encouraging attendance at prison activities? **Conduct reports are written for unexcused absences. Attendance is mandatory.**
16. Are all prisoners given accurate information, advice and guidance about prison activities, which support their learning and sentence plans and link to their reintegration into the community? **Yes**

17. Does the assessment and provision of individual learning and skills form an effective part of prisoners' reentry plans and are they used effectively to record and review overall progress and achievement? **Yes**
18. Do work placements provide purposeful and structured training for prisoners? **Yes**
- a. Wherever possible, can vocational qualifications be obtained alongside their work? **Apprenticeship certificates may be earned.**
  - b. In the absence of such qualifications, are developed skills recognized and recorded? **N/A**
19. Are prisoners helped to continue on their courses when transferred or to progress to further education, training or employment on release? **Yes**
20. Does the prison accurately record the purposeful activity hours that prisoners engage in, excluding non-purposeful activities in their calculations? **Yes**

### **SECTION 5: ACTIVITIES**

#### **LIBRARY**

1. Does the prison have an effective strategy for maximizing access to and use of a properly equipped, organized library, managed by trained staff? **Yes**
  - a. How do prisoners with mobility problems get access? **The library is ground level. Anyone with a mobility problem is able to gain access with little or no problem.**
2. Are the library materials broadly reflective of the different cultures and needs of the prison population, including Braille, talking books, and foreign language books? **Foreign language books are in the library. Braille and talking books are ordered for special needs inmate.**
3. Do all prisoners have access to a range of library materials, which reflect the population's needs and support learning and skills? **Yes**
4. Does this include:
  - a. Literacy? **Yes**
  - b. Math? **Yes**
  - c. Language? **Yes**
  - d. Employability? **Yes**
  - e. Vocational training? **Yes**
  - f. Social and life skills? **Yes**
5. Do library materials include a comprehensive selection of up-to-date legal textbooks and DRC Administrative Rules and DRC Policies? **Yes**

## **SECTION 6: GOOD ORDER**

### **SECURITY AND RULES**

1. Are security and good order maintained through positive staff- prisoner relationships based on mutual respect as well as attention to physical and procedural matters? **Yes**
2. Are rules and routines well publicized, proportionate, fair and encourage responsible behavior? **Yes**
3. Are categorization and allocation procedures based on assessment of a prisoner's risks and needs? **Yes**
4. Are they clearly explained, fairly applied and routinely reviewed? **Yes**

### **Security**

5. Are there any obvious weaknesses or anomalies in the physical and procedural security of the facility? **No**
6. Are the elements of "dynamic security" in place: **Yes**
  - a. Are staff-prisoner relationships positive? **Yes**
  - b. Do prisoners receive personal attention from staff? **Yes**
  - c. Is there constructive activity to occupy prisoners? **Yes**
    - 1) Do staff cluster during association? **N/A**
    - 2) Are there enough staff in dorm/block areas to facilitate good officer work? **Yes**
7. Does effective security intelligence safeguard prisoners' well-being? **Yes**
  - a. Do staff comply with security requirements in terms of filing reports? **Yes**
  - b. Are there recent incidents where security reports have led to action? **Yes**
8. Is prisoners' access to prison activities impeded by an unnecessarily restrictive approach to security? **No**
9. Is strip and squat-searching of prisoners carried out only for sound security reasons? **Yes**
10. Are prisoners strip or squat searched only in the presence of more than one member of staff, of their own gender? **Yes**
  - a. If squat searches are used, does their incidence and authorization need to be logged and regularly checked? **No**

b. Are squat searches only used in exceptional circumstances? **Yes**

11. Is the criteria to ban or otherwise restrict visitors visible and unambiguous, with an appeal process available? **Yes**

a. Are the visitors subject to bans or restrictions reviewed every month? **No monthly review. There is an appeal available to the restricted visitor.**

### **SECTION 6 – GOOD ORDER:**

#### **RULES**

1. Are local rules and routines publicized prominently throughout all residential and communal areas?
  - a. Are rules and routines posted/distributed on units/blocks/dorms?
  - b. Are they accessible to those with language and literacy needs?
2. Are rules and routines applied openly, fairly and consistently, with no discrimination? **Yes**
3. Does staff use only the level of authority necessary to ensure a prisoner's compliance with the rules? **Yes**
4. When rules are breached, does staff take time to explain how and why to the prisoner concerned? **Yes**
5. When decisions are conveyed to prisoners, are appeal arrangements explained and made available? **Yes**

### **SECTION 7 – SERVICES:**

#### **FOOD SERVICES**

1. Are prisoners offered varied meals to meet their individual requirements? **Yes**
2. Is food prepared and served according to religious, cultural and prevailing food safety and hygiene regulations? **Yes**
3. Do all areas where food is stored, prepared and served, conform to the relevant food safety and hygiene regulations? **Yes**
4. Are religious, cultural or other special dietary requirements relating to food procurement, storage, preparation, distribution and serving, fully observed and communicated to prisoners? **Yes**
  - a. Are Halal certificates displayed where prisoners can see them? **No**
  - b. Are appropriate serving utensils used to avoid cross-contamination? **Yes**

c. Do kitchen staff make special arrangements for different types of food, and special dietary requirements for e.g.

Pregnant inmates? **N/A**  
 Specific religions? **Yes**  
 Prisoners with disabilities? **Yes**

d. Do prisoners who are on special diets have confidence in the preparation and content of the meals? **Yes**

5. Are all areas where food is stored, prepared and served properly equipped and well managed? **Yes**
6. Are prisoners and staff who work with food, health screened and trained, wear proper clothing, and prisoners are able to gain relevant qualifications? **Yes**

Do medical clearance forms exist on food service workers, and are training courses offered?

7. Are prisoners' meals healthy, varied and balanced and always include one substantial meal each day? **Yes**

a. Are prisoners encouraged to eat healthily and are they able to eat five portions of fruit or vegetables a day? **Yes**

b. Do prisoners on transfer miss out on their main meal? **They are given a sack meal.**

8. Do prisoners have a choice of meals including an option for vegetarian, religious, cultural and medical diets? **Yes**

a. Are all menu choices provided to the same standard? **Yes**

b. Are options for religious or cultural groups open to all, and not just those who practice their religion officially? **Yes**

9. Are prisoners consulted about the menu, and can they make comments about the food? **Yes**

a. If logs of comments are kept, how frequently are they consulted? **At least quarterly**

b. Is there a food comments book? **No**

10. Is the breakfast meal prepared on the morning it is eaten? **Yes**

11. Is lunch served between noon and 1:30 pm and dinner between 5 pm and 6:30 pm? **Yes**

12. Do prisoners have access to drinking water (including at night time), and the means of making a hot drink after evening lock-up? **Water is available in food service.**

13. Are prisoners able to eat together (except in exceptional circumstances)? **Yes**
14. Does staff supervise the serving of food in order to prevent tampering with food and other forms of bullying? **Yes**
15. Where prisoners are required to eat their meals in their cells, are they able to sit at a table? **No**
16. Do pregnant prisoners and nursing mothers receive appropriate extra food? **N/A**