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

☐ Interim  ☒ Final

Date of Report  Click or tap here to enter text.

Auditor Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>James Curington</th>
<th>Email:</th>
<th><a href="mailto:jecjrboy@aol.com">jecjrboy@aol.com</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Name:</td>
<td>Click or tap here to enter text.</td>
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</tr>
<tr>
<td>Mailing Address:</td>
<td>PO Box 2231</td>
<td>City, State, Zip:</td>
<td>Alachua, FL 32616</td>
</tr>
<tr>
<td>Telephone:</td>
<td>352-538-2636</td>
<td>Date of Facility Visit:</td>
<td>April 11-13, 2018</td>
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Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Ohio Department of Rehabilitation and Correction</th>
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</thead>
<tbody>
<tr>
<td>Governing Authority or Parent Agency (If Applicable):</td>
<td>State of Ohio</td>
</tr>
<tr>
<td>Physical Address:</td>
<td>770 West Broad St.</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td>614-752-1159</td>
</tr>
<tr>
<td>The Agency Is:</td>
<td>☐ Military  ☐ Private for Profit  ☐ Private not for Profit  ☒ State  ☐ Federal</td>
</tr>
<tr>
<td>Agency mission:</td>
<td>To reduce recidivism among those we touch.</td>
</tr>
<tr>
<td>Agency Website with PREA Information:</td>
<td><a href="http://www.drc.ohio.gov/prea">http://www.drc.ohio.gov/prea</a></td>
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</tbody>
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Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Gary C. Mohr</th>
<th>Title:</th>
<th>Director</th>
</tr>
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<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Gary.Mohr@odrc.state.oh.us">Gary.Mohr@odrc.state.oh.us</a></td>
<td>Telephone:</td>
<td>614-752-1164</td>
</tr>
</tbody>
</table>

Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name:</th>
<th>Amanda Moon</th>
<th>Title:</th>
<th>Chief, Bureau of Operational Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Amanda.Moon@odrc.state.oh.us">Amanda.Moon@odrc.state.oh.us</a></td>
<td>Telephone:</td>
<td>614-752-1715</td>
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<tr>
<td>Facility Information</td>
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<tr>
<td>Name of Facility:</td>
<td>Franklin Medical Center (FMC)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Address:</td>
<td>1990 Harmon Ave. Columbus, Ohio 43223</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Telephone Number:</td>
<td>614-445-5960</td>
<td></td>
<td></td>
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<tr>
<td>The Facility Is:</td>
<td>☒ State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Type:</td>
<td>☒ Prison</td>
<td></td>
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<tr>
<td>Facility Mission:</td>
<td>The Franklin Medical Center provides quality healthcare and rehabilitative services to all ODRC populations in a humane and secure environment.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility Website with PREA Information:</td>
<td><a href="http://www.drc.ohio.gov/Public/fmc.htm">www.drc.ohio.gov/Public/fmc.htm</a></td>
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<tr>
<th>Warden/Superintendent</th>
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<tbody>
<tr>
<td>Name: Rhonda Richard</td>
</tr>
<tr>
<td>Email: <a href="mailto:Rhonda.richard@odrc.state.oh.us">Rhonda.richard@odrc.state.oh.us</a></td>
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<tr>
<th>Facility PREA Compliance Manager</th>
</tr>
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<tbody>
<tr>
<td>Name: Josh Suerdieck</td>
</tr>
<tr>
<td>Email: <a href="mailto:josh.suerdieck@odrc.state.ph.us">josh.suerdieck@odrc.state.ph.us</a></td>
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<tr>
<th>Facility Health Service Administrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Dana Ullery</td>
</tr>
<tr>
<td>Email: <a href="mailto:Dana.Ullery@odrc.state.oh.us">Dana.Ullery@odrc.state.oh.us</a></td>
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<tr>
<th>Facility Characteristics</th>
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<tr>
<td>Number of inmates admitted to facility during the past 12 months: 625</td>
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<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: 625</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: 625</td>
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</table>
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: 22

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<thead>
<tr>
<th>Age Range of Population:</th>
<th>Youthful Inmates Under 18: None</th>
<th>Adults: 19-93 years</th>
</tr>
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</table>

Are youthful inmates housed separately from the adult population? □ Yes □ No ☒ NA

Number of youthful inmates housed at this facility during the past 12 months: 0

Average length of stay or time under supervision: 4 yrs 6 months

Facility security level/inmate custody levels: L 1 – L 5, DR

| Number of staff currently employed by the facility who may have contact with inmates: | 532 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 115 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 21 |

**Physical Plant**

<table>
<thead>
<tr>
<th>Number of Buildings: 11</th>
<th>Number of Single Cell Housing Units: 0</th>
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| Number of Multiple Occupancy Cell Housing Units: | 4 |
| Number of Open Bay/Dorm Housing Units: | 5 |
| Number of Segregation Cells (Administrative and Disciplinary): | 0 |

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

Control rooms are at the entrance/administration building and Sallyport/rear gate building of Zone A, and the administration/entry to Zone B.

Staffing and monitoring plan reviewed and compliant with the standard, 115.13, addressing all 11 issues to be considered concerning technology.

160 cameras throughout Zones A and B. 137 inside cameras, and 23 outside cameras with recording technology, and pan, tilt, zoom capabilities, as appropriate.

**Medical**

Type of Medical Facility: Outpatient primary care with overnight observation. Short and long-term health care, hospice capabilities, and pregnant female housing.

Forensic sexual assault medical exams are conducted at: Ohio State University, Wexner Medical Center

**Other**

| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 312 Volunteers, 162 Contractors |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 39 |
Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) audit for the Ohio Department of Rehabilitation and Correction (ODRC), Franklin Medical Center (FMC) facility was scheduled beginning January 24, 2018 with contact and notification of James Curington, certified PREA auditor. The site visit was scheduled for April 8-13, 2018 (including an American Correctional Association site visit). The methodology and materials used to make an assessment of FMC was the Audit Instrument, Adult Prisons and Jails (including the Audit Report Template revised 04-2018); the PREA Auditor Handbook, supplemental information and guidance as outlined and generally directed by the PREA Resource Center (PRC); and the PREA auditor’s training/testing/experience in conjunction with the aforementioned materials.

After notification of the PREA audit to James Curington, scheduling and assignment as a team member to an American Correctional Association (ACA) audit was scheduled as part of the on-site visit to FMC. Specifically, Monday and Tuesday would be dedicated to ACA accreditation, and Wednesday, Thursday and Friday of that week would be dedicated to PREA review. This double duty clearly assisted the PREA auditor in observing the operations, touring the facility and learning about the facility’s compliance with ACA standards and compliance with PREA standards.

After the above scheduling, the PREA audit process for FMC began with the necessary and appropriate postings to the facility and to the inmate population, and the exchange of information between the auditor and the facility. A flash/thumb drive was submitted to the auditor containing documents and information about the facility, information about the facility’s compliance with each of the PREA standards, schematics of the facility, inmate population information, and previous reports referencing FMC. The methodology is partly outlined as follows:

1. Scheduling through the American Correctional Association with the Ohio Department of Rehabilitation and Correction,
2. Sending a Pre-Audit Report form to the PREA Resource Center (PRC) with information concerning scheduling,
3. Making contacts with the agency/facility in obtaining information, documents, and the facility Pre-Audit Questionnaire (PAQ),
4. Sending an agenda to FMC,
5. Making an on-site visit to the community and facility to be audited April 8-13, 2018,
6. Making an assessment of compliance/noncompliance prior to, during, and after the site visit with follow-up review of documents and materials. This is the triangulation of the Pre-Audit, on-site visit, and post audit review,
7. Completing an interim/final auditor Summary Report (the report is the final product of the above-mentioned triangulation of the audit),
8. Notifying the agency/facility of the Summary Report, and
9. Sending a Post Audit Report, with the Final Audit Summary Report attached, to the PRC.

The following materials were furnished by the PRC (through its website) and used to assess and complete the audit report: the PREA Auditor Handbook; the PREA Report Template, dated April 2018; and the PREA Audit Instrument, Adult Prisons and Jails.

The auditor submitted a daily on-site agenda for Franklin Medical Center as follows:
Sunday, April 8

Evening dinner/introductions/meet and greet – facility staff and auditors for ACA and PREA audits

Pre-Audit Meeting as appropriate

ACA audit and PREA audit, Dual Audit Discussion (ACA audit, Mon. – Tues., PREA audit, Wed. – Fri.)

Monday, Tuesday, April 9-10, – ACA Audit

The ACA Audit Process, including: Transportation; Entrance Interview; Facility Tour; Conditions of Confinement/Quality of Life; the Examination of Records; including, Litigation, Significant Incidents/Outcome Measures, Departmental Visits, Shifts; Status of Standards/Plans of Action; and ACA wrap up, including, the Compliance Tally and Exit discussion will be coordinated by the ACA Chairperson.

Wednesday, April 11 – PREA Audit/PREA Agenda

8:00 a.m. PREA Auditor will discuss the Audit Instrument by PREA Resource Center including 1) the Pre-Audit Questionnaire, 2) Auditor Compliance Tool, 3) Instructions for the PREA Audit Tour, 4) Interview Protocols, 5) Auditor’s Summary Report, 6) Process Map, 7) Checklist of Documentation.

Attend Shift Briefings – Post Assignments

Schedule interviews with staff and inmates (facility staff assistance). This may begin on Monday or Tuesday

Tour facility [lists of where, who (names and titles), and when (time)]. Note: PREA “Instructions for PREA Audit Tour” follow up as needed from ACA audit tour

Review PREA Standards/Justifications

Review demographics of the facility

Capacity Designated

Actual Capacity: 1st and last day of audit

Age Range/Youthful Offenders

Gender

Security Custody Levels.

Healthcare review/levels, and specialty concerns.

Number of staff: total, security, non-security, program, medical, contract, volunteers, other

Review facility schematics - # of buildings, # of dorms, # of acres (inside, outside the compound) # of towers, fence (kind, height, length, security features, etc.)
Review Allegations (sexual abuse, harassment, retaliation: investigated-administrative, criminal indicted, prosecuted, referred; founded, unfounded, substantiated, unsubstantiated.

Review notifications to inmates on substantiated, unsubstantiated, and unfounded allegations.

Interviews with staff and inmates. Note PREA “Interview Protocols” i) Agency Head, ii) Warden, iii) PREA Compliance Manager/Coordinator, iv) Specialized Staff, v) Random Staff, vi) Inmates

View//review Offender Orientation/Admission/intake

Thursday, April 12

8:00 a.m. Visit and revisit institutional operational areas. Review specialty program areas.

3:00 p.m. Review PREA standards for compliance/information.

Review Safety, Security, Healthcare – local hospital, EMS, sexual abuse crisis support, local MH.

Interviews with staff and inmates. Note: PREA “Interview Protocols” Make sure interviews include all staff “shifts”. Make sure inmates from each housing unit are interviewed.

Friday, April 13

8:00 a.m. Follow-up on PREA standards compliance and facility information needed and appropriate to the PREA Auditor’s Summary Report. Begin “triangulation” of pre-audit, site visit/interviews, information and report.

9:00 a.m. Tour with Warden, Institutional PREA Compliance Manager, Agency PREA Coordinator. Review Auditor’s Summary procedures (interim report/final report) with key staff.

Depart Franklin Medical Center

Agenda for the PREA site visit is flexible and tentative. The goal is a thorough, comprehensive, professional and expert PREA audit review in conjunction with the facility Warden, staff and inmates, and the Agency PREA staff.

The above agenda was accomplished, making adjustments as necessary for visiting all areas of the facility, reviewing the operations of the facility, scheduling, interviews, and observing efforts for compliance with PREA standards.

Interviews with staff and inmates were conducted as outlined in the auditor handbook. Specifically, 32 staff were formally interviewed from scripted protocols (16 random staff, including staff from each shift; and 16 specialized staff, with specific protocol questions). Numerous informal discussions and interviews were also held with staff.

There were 36 formal inmate interviews (random inmate interviews and interviews listed in the table of the PREA auditor handbook). Many informal discussions and interviews were also held with individual inmates male and female, at this medical facility.

The auditor evaluated and assessed each standard listed in the template. Moreover, the auditor reviewed with key staff including medical, security and program staff, each and every subsection of the interim/final report template. A final assessment/review process for compliance determination was
made in this summary report, completing the triangulation of: 1) pre-audit, 2) on-site tour/visit, and 3) follow-up review/written report.

The ODRC and the Franklin Medical Center, in this auditor’s opinion, are committed to PREA compliance, and a zero tolerance policy for sexual abuse and sexual harassment in prison. This is noted and mentioned based on the interviews with staff and inmates; policies, procedures, and documents submitted to the auditor; and the observation of the agency and the institutional operations as observed by the auditor during the ACA audit and the PREA audit.

Finally, the auditor wishes to acknowledge the ODRC Central Office/Support Services, and the staff and inmates at FMC for their help and assistance in completing this PREA audit.

Facility Characteristics

The Franklin Medical Center (FMC) of the ODRC is located in Columbus, Ohio. The physical address is 1990 Harmon Ave., Columbus, OH 43223. The Franklin Medical Center houses a maximum capacity of 690 (600 men and 90 women) inmates. The facility was opened in 1993 when the Correctional Medical Center and the Franklin Pre-release Center were combined and designated as the Franklin Medical Center Zone A and Zone B. There are 532 staff assigned to the facility. Demographics include a current population of 595; age range of adults 19 to 93; and an average length of stay of 4 years and 6 months (not including short term care).

FMC is a multipurpose/hospital/reentry facility composed of two zones; Zone A, the hospital, housing all security levels: and Zone B, housing minimum custody male inmates. Zone A operates and functions as a medical facility/corrections hospital with three buildings occupying approximately 8 acres of land. The three buildings are a three-story medical building, the rear Sallyport control building, and an administration building for both zones. Zone A is described as a facility providing services for the incarcerated offenders from various parent institutions throughout the state. Its mission is “to medically treat inmates from the entire Ohio Department of Rehabilitation and Correction (ODRC) both male and female, in an in-patient and outpatient setting”. Zone A includes male and female prisoners who are securely supervised, and separated from each other at the facility (there are no inmates under 18 years of age at FMC). Zone B is primarily a reentry, minimum security, male facility separated from Zone A by a road and perimeter fencing.

The description of the three buildings in Zone A are: 1) the Administrative Building with the staff and front entrance to the facility containing the administrative offices, Central Control, and the main pedestrian entrance to the compound of Zone A; 2) the three-story Medical Center building which includes short-term patient units, long-term extended care patient units, a pharmacy, a warehouse, laundry, shops, visiting area, outpatient clinics and holding areas, a large medical lab, and housing for female inmates who are assigned as a cadre (workforce) or who are there for medical/pregnancy reasons; 3) there is a rear Sallyport/Inmate Entrance building with a second Control Center that regulates all vehicle and inmate traffic into the institution. This entrance is also the transportation hub for the medical clinic operations and houses the Arsenal. As many as 200 inmates can be transported from parent institutions to the Zone A for specialty clinics during the week.
Zone B, the Reentry Center, consists of two buildings on 5.7 acres. Building one, is the main entrance to the facility and has administrative offices, a kitchen and dining room, a visiting area, a Central Control, a commissary, a library, a maintenance area, a gym/recreation area and a receiving area. Building two is an interconnected building of five, two-story dormitories housing inmates in four-man, eight-man and twelve-man rooms.

Both Zones A and B have appropriate perimeter fencing (double chain-link fencing with razor ribbon, motion detection, and 24/7 armed security mobile patrol).

The outside medical facility for forensic examinations is the Ohio State University Wexner Medical Center. The local rape crisis center is the Sexual Assault Response Network of Central Ohio (SARNCO).

The Mission of FMC is: “To provide quality healthcare and rehabilitative services to all ODRC populations in a humane and secure environment.” The Vision of FMC is to “Provide health, wellness and rehabilitation.”

Franklin Medical Center is an accredited ACA Health Care facility.

Summary of Audit Findings

Number of Standards Exceeded: Ten (10) standards

Standard 115.11 Zero Tolerance exceeds standard based on the agency and facility emphasis on the Zero-Tolerance policy; and the Franklin Medical Center’s and the Central Office Healthcare’s management and leadership.

Standard 115.21 Evidence Protocol and Forensic Medical Examinations exceeds standard based on the MOUs with the Ohio State Highway Patrol, the Ohio State University Hospital, and the local rape crisis center SARNCO.

Standard 115.31 Staff Training exceeds standard based on the staff training, the testing of staff, and the knowledge displayed by staff at the FMC.

Standard 115.35 Specialized Training: Medical and Mental Healthcare, exceeds standard based on the collegial Association with the Ohio State University, the leadership of the health care staff at the Central Office of the ODRC and the leadership of practitioners and the Hospital Administrator at FMC.

Standard 115.41 Assessment, exceeds standard based on the assessment tool, the utilization of the assessment tool and the individualized treatment observed.

Standard 115.51, Reporting, exceeds standard based on the inmate interviews which supported knowledge and procedures for reporting, as well as the special * 89 hotline/anonymous number that was accessible and well known.
Standard 115.71 Criminal and Administrative Agency Investigations, exceeds standard based on the professionalism of the OSHP who have offices at the institution and the Institutional Investigators who professionally work with the OSHP.

Standard 115.81 Medical and Mental Health Screenings; History of Sexual Abuse, exceeds standard based on the quality of staff employed at FMC, the leadership of the healthcare team at the agency headquarters and the FMC, and based on the collaboration and cooperation between the Medical Center and the Ohio State University Hospital.

Standard 115.82 Access to Emergency Medical and Mental Health Services exceeds standard based on the operation of the FMC as described by staff and inmates.

Standard 115.88 Data Review for Corrective Action exceeds standard based on the comprehensiveness, thoroughness, and emphasis placed on the Annual Internal Report on Sexual Assault Data and the use of such data by the Agency Director and the Agency PREA Coordinator to change the culture of violence in prison and to make inmates and staff safe.

Number of Standards Met: Thirty-five (33 +2) standards

Plus two (2) standards from new template. Standard 115.40 Frequency and Scope of Audits and Standard 115.403 Audit Content and Findings were assessed as “meets standard”.

Number of Standards Not Met: Zero (0)

This is the Auditor’s Summary Final Report and all standards were met or exceeds standard.

Summary of Corrective Action (if any)

Corrective action was not required, this of course is not to say that standards could not be improved (including exceeds standard) moving towards an “exceeds” assessment or improved upon the level of “meets standard” or even the level of “exceeds standard”.

PREVENTION PLANNING

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

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No
115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

The Franklin Medical Center (FMC) as a medical correctional facility of the Ohio Department of Rehabilitation and Correction (ODRC) has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. This policy also outlines the agency’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This policy is 79-ISA-01 Prison Rape Elimination updated February 3, 2017 by Director Gary C. Mohr.

This policy, specifically states, “it is the policy of the Ohio Department of Rehabilitation and Correction to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by mandating a program of prevention, detection, response, investigation, and tracking. The department shall maintain a zero tolerance for sexual misconduct in its institutions and in the facilities in which it contracts for the confinement of inmates.”

Not only does the ODRC and FMC commit to eliminating rape in prison, but also they commit to a cultural change, as observed through the posters, flyers, reporting systems, and the training of staff and the inmates. This cultural change advocates and supports the inmates’ right to be free from sexual abuse and sexual harassment, and the inmates and the employees’ right to be free from retaliation for reporting sexual abuse. The agency’s posted information to “break the silence”, to report misconduct, and work to keep inmates and staff safe is visible throughout its facilities and is known by the staff who
work there and the inmates who live and work there. There is a commitment to PREA compliance and the standards established by the PREA.

The organizational charts reflect, at the agency level, a statewide PREA Coordinator with access to the Agency Director and, at the institutional level, a PREA Compliance Manager with direct access to the Warden of FMC. Interviews with the Agency Director, the Agency PREA Coordinator, the Warden, and the Institutional PREA Compliance Manager all reflect their commitment to eliminating rape in prison and compliance with PREA standards.

The auditor has reviewed several ODRC facilities including FMC and is very impressed with the zero-tolerance policies, the training and testing that is done of staff, the efforts for cultural change, and the commitment to the safety and security of staff and inmates. The auditor assesses this standard based on interviews and his observation of the operations of the agency and this facility, FMC, as “exceeds”.

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

**115.12 (a)**

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

**115.12 (b)**

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

**Auditor Overall Compliance Determination**

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

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

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

The Franklin Medical Center does not contract with other entities for the confinement of inmates. The Ohio Department of Rehabilitation and Correction does have facilities in which it contracts for housing of inmates and these facilities are required to comply with PREA by contract. These contracts are
monitored on-site, but again FMC does not contract and the auditor assesses this standard as meets standard based on interviews with the ODRC Contract Administrator, Agency PREA Coordinator, and the fact that FMC does not contract for the confinement of inmates.

**Standard 115.13: Supervision and monitoring**

**115.13 (a)**

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

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

- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes  ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes  ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes  ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes  ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration all components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes  ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes  ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes  ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the institution
programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility’s staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility’s deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No

- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No

- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No
Auditor Overall Compliance Determination

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

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

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

The ODRC policy 79-ISA-01 Prison Rape Elimination, directs that each institution shall develop, document and make its best efforts to comply with a staffing plan that provides for adequate levels of staff and, where applicable, supplement with video monitoring supervision and monitoring efforts to protect inmates. The agency and the facility take into consideration the following in calculating adequate staffing levels:

1) generally accepted detention and correctional practices,
2) any judicial findings of inadequacy,
3) any findings of inadequacy from federal investigative agencies,
4) any findings of inadequacy from internal or external oversight bodies,
5) all components of the facility’s physical plant, including blind spots,
6) the composition of the inmate population,
7) the number and placement of supervisory staff,
8) institutional programs occurring on a particular shift,
9) any applicable state or local laws, regulations, or standards,
10) the prevalence of substantiated and unsubstantiated incidents of sexual abuse, and
11) any other relevant factors.

Considering these considerations and with the leadership of the Warden and key staff, the Human Resources Department, and consistent with the ODRC policies, procedures and operations, the staffing plan is adequate and administratively appropriate for the safety and security of the inmates at FMC.

The Warden reviews the minimum staffing pattern and any deviation from the pattern/plan. Any noncompliance with roster management, required post, and shift staffing is noted by the Warden and the Chief Security Officer.

Higher-level staff conduct unannounced rounds to identify any issues of supervision that would concern the safety and security of inmates and the performance of duties and responsibilities by line staff. Post orders, and policies and procedures address supervision duties which are followed and observed by the correctional officer staff. Intermediate staff conduct unannounced rounds and they document these unannounced rounds through logs, reports, and daily operational counts, and procedure sheets. Staff are prohibited from alerting other staff of unannounced rounds.

The auditor noted that video cameras are strategically located throughout the Franklin Medical Center, including the Zone A (the administration building, a three-story medical building and the rear Sally port control building) and Zone B (administrative offices, program offices, activity areas and rooms, and inmate housing of five, two-story dormitories). Videos are routinely kept for 3 weeks. Please see facility description.
Based on the specialized staff interviews, the facility tour, the video review, the review of officers’ logs/reports, and based on the review of the staffing plan with key staff, the auditor assesses this standard as “meets standard”.

**Standard 115.14: Youthful inmates**

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

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

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

**Auditor Overall Compliance Determination**

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

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

☐ **Does Not Meet Standard** *(Requires Corrective Action)*
There are no youthful offenders, inmates under the age of 18 at the Franklin Medical Center. ODRC does not house inmates under age 18 at the FMC. This standard is assessed as “meets standard”.

**Standard 115.15: Limits to cross-gender viewing and searches**

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

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

**115.15 (c)**
- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?
  - ☒ Yes  ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
  - ☒ Yes  ☐ No

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

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

115.15 (f)

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The ODRC policies 79-ISA-01 Prison Rape Elimination, 79-ISA-05 Lesbian, Gay, Bisexual, Transgender, and Intersex (LGBTI) Inmates, and policy 310-SEC-01 Inmates and Physical Plant Searches, address and stipulate that the agency and its institutions will not conduct cross gender strip or cross gender visual body cavity searches, except in exigent circumstances, again, there have been no such searches at the FMC. Statement of Fact memos from the PREA Manager, the PAQ, and interviews with key staff have documented such. The PAQ indicates that there have been zero (0) number of cross gender strip and cross gender visual body cavity searches of inmates. There have been zero (0) number of pat-down searches of female inmates that were conducted by male staff.

All staff received annual training, online training, and shift briefing trainings in conjunction with PREA video training (the auditor reviewed two supplemental videos for staff training referencing, first pat-down searches and second searches of transgender inmates) concerning searches. Staff are knowledgeable and professional in conducting searches as observed by the auditor.

Policies and procedures allow inmates to shower, perform bodily functions, and change clothing without being viewed by staff of the opposite gender. Staff alert inmates to their presence when entering a housing unit of the opposite gender, this was directly observed by the auditor. FMC Zone A houses both male and female inmates; Zone B houses male inmates. Staff assigned to either zone are knowledgeable and professional in their monitoring and supervision as well as when conducting searches, and other security operations. There is attention to appropriate privacy as outlined by PREA.
The agency LGBTI policy prohibits staff from searching or physically examining a transgender or intersex inmate for determining genital status.

Interviews of staff and inmates, both male and female, as well as the auditors personal review of policies and procedures, the auditor’s review of searches and counts, confirms that the FMC is compliant with standard 115.15, and is assessed as “meets standard”.

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

**115.16 (a)**

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if “other,” please explain in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

**Auditor Overall Compliance Determination**

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

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

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

This standard on inmates with disabilities and inmates who are limited English proficient is divided into three subsections: a) the agency ensures that inmates participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment; b) the agency takes reasonable steps to ensure meaningful access to prevent, detect, and respond to sexual abuse
and sexual harassment, including providing interpretation; and, c) the agency does not rely on inmate interpreters/readers except in limited circumstances.

The ODRC policy 64-DCM-02, Inmates with Disabilities, addresses disability needs, interpretation needs, and accommodations. Essentially, this policy ensures nondiscrimination against individuals on the basis of disabilities and provides for reasonable accommodations when the need exists. Policy 79-ISA-01 Prison Rape Elimination addresses inmates not fluent in English, those with low literacy levels, and the use of interpreters, which would only be used in case of an extended delay or an emergency.

The Affordable Language Services LTD contract provides translating, interpreting, and teaching. This contract was reviewed by the auditor. Spanish inmate handbooks and Spanish inmate education videos are available. The auditor notes that inmate videos with “signing” and with subtitles also assisted in communicating PREA information to the inmate population. Further, accommodations for individual inmates can be made for different languages. Staff training also supports the agency’s commitment to providing appropriate assistance to all inmates.

The Pre-Audit Questionnaire indicates that in the past 12 months, there has been zero (0) number of incidents where inmate interpreters, readers, or other types of inmate assistants have been used.

The auditor used the above information and reviews of posters, handbooks, Spanish-language information, and the interviews with staff, inmates, and disabled inmates to assess this standard as compliant, “meets standard”.

### Standard 115.17: Hiring and promotion decisions

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

### 115.17 (b)

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

### 115.17 (c)

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

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

### 115.17 (d)

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

### 115.17 (e)

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

### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No
115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

This standard, 115.17 and its eight subsections (a-h) specifically address hiring, promotion, and background checks. The ODRC does a very good job vetting prospective employees, contractors, and volunteers who may have contact with inmates, as well as continually reviewing backgrounds in maintaining up-to-date self-evaluation information on each employee.

The ODRC and FMC recognize the importance of hiring and promotion decisions and the effect that it has on operations, management, and the performance of correctional facilities, as well as the safety of staff, inmates and the general public which is part of the FMC’s mission. FMC follows Ohio State and Agency Personnel Policies requiring hiring and promotion decisions. The policy 31-SEM-02 Standards of Employee Conduct, and policy 34-PRO-07 Background Investigations outlines the procedures for hiring or promoting anyone who may have contact with inmates. The policy specifically address anyone who has engaged in sexual abuse or misconduct as outlined by PREA.

The Human Resources/Personnel Department at FMC coordinates with the ODRC Support Services Office and Health Services Office in Columbus, Ohio for background information, background checks, and personal history checks required to employ staff at the Franklin Medical Center.

The Standards of Conduct requires employees to self-report any criminal, sexual abuse, and/or sexual harassment behavior activity. Agency policy dictates background checks be conducted every five years. Policy also states that material omissions regarding sexual abuse/harassment and material false information shall be grounds for termination. The auditor reviewed civil service applications, the required disclosures, the ODRC forms, including the annual acknowledgment form (ODRC 1214 E.), and law enforcement background checks. Based on this review, the policies above, and interviews with
the Warden, Human Resource staff, random staff, contractors and volunteers, this standard is assessed as “meets standard.”

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The Pre-Audit Questionnaire indicates that there have been upgrades to the facility and technology. These upgrades have considered the expansion of technology both in Zone A and Zone B as well as a review of the staffing plan. The Transient Hub and new Warehouse plans were reviewed and PREA issues discussed and considered. Schematics were reviewed. This information was shared with the auditor. The staffing plan was reviewed, considering the 11 subsections of standard 115.13. Based on interviews with key staff, the PREA Manager, and Warden, it is understood that upgrades to facilities and technology are carefully reviewed at the facility level and the agency level.

Technology is now used with the 160 cameras for the FMC. There are 137 cameras in Zones A and B inside the facility buildings (with respect to privacy), and 23 cameras observing the outside/surrounding area.
Based on the auditors’ review of staffing, the staffing plan itself, new plans for construction and interviews with key agency staff, PREA staff, health care staff, and the Warden, this standard is assessed as “meets standard.”

**RESPONSIVE PLANNING**

**Standard 115.21: Evidence protocol and forensic medical examinations**

**115.21 (a)**

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

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

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

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No
### 115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes  ☐ No

- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes  ☐ No

### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes  ☐ No

- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes  ☐ No

### 115.21 (f)

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

### 115.21 (g)

- Auditor is not required to audit this provision.

### 115.21 (h)

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

**Auditor Overall Compliance Determination**

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

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

- ☐ **Does Not Meet Standard** *(Requires Corrective Action)*
The PREA auditor’s assessment of this standard, 115.21 Evidence Protocol and Forensic Medical Examination, is that the ODRC and the Franklin Medical Center substantially exceeds the requirement outlined.

The Evidence Protocol and Forensic Medical Examinations standard is thoroughly and comprehensively addressed by the ODRC/facilities of the ODRC, including FMC. The policy and procedures, in the auditor’s assessment, substantially exceeds the requirement for this standard. Based upon the agency’s association with the Ohio State Highway Patrol for investigations, the agency’s association with the Ohio State University Wexner Medical Center (as evidenced by rounds made at the FMC by OSU physicians and evidenced by forensic exams made at OSU Hospital), and the agency’s association with crisis intervention centers throughout the state, evidence protocol and forensic medical examinations standard is accomplished professionally and expertly.

The Ohio State Highway Patrol assist in every investigation and assist with the decisions whether to begin with criminal investigations or administrative investigations. There is a Memorandum of Understanding (MOU) between the ODRC and the Ohio State Highway Patrol (OSHP). This MOU outlines the uniform process for evidence collection and the protocol was adapted from the Department of Justice’s office on violence against women publication “A National Protocol for Sexual Assault Medical Forensic Examination Adult/Adolescents”.

Emergency forensic medical exams by SAFE/SANE Healthcare professionals or other qualified forensic medical examiners are performed at the OSU Hospital. There is an agreement between the ODRC and the Ohio State University Hospital.

Victim Support Services (VSS) are extended by Victim Support Persons (VSPs) and by well-trained, experienced staff from the FMC or through the supplementary and complementary support services of the local rape crisis team.

A review of the records, and documents mentioned above, the posters presented at the institution and on bulletin boards, and interviews with specialty medical staff, and Victim Support Persons, Ohio State Highway Patrol troopers, an OSU physician at the FMC, the Institutional Investigator, the Institutional PREA Compliance Manager and staff and inmates at FMC, all help to determine an exceeds compliance for this standard. Standard 115.21 and it is assessed as “exceeds standard”.

### Standard 115.22: Policies to ensure referrals of allegations for investigations

#### 115.22 (a)

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

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No

- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

FMC has policies in place to ensure referral of all allegations of sexual abuse for investigation. The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, directs action, and has a checklist for security and non-security first responders. The checklist itself is a step-by-step action process that is thorough and comprehensive and helps ensure the appropriate referrals.

When an allegation is made, the first responders follow the protocol for reporting. This process moves through the appropriate channels to the intermediate and higher level supervisors, Medical and Mental Health Departments, Victim Support Services, the Institutional Investigator, the Ohio State Highway Patrol, and the PREA Compliance Manager.
During the past 12 months there have been five (5) allegations of sexual abuse and/or sexual harassment that were received and all were investigated. Additionally, during the past 12 months four (4) of these allegations were referred for criminal investigation.

Based on the auditor’s review of investigative files, policies and procedures, and interviews with key staff and inmates, this standard is assessed as compliant, “meets standard”.

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

115.31 (a)

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

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

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes  ☐ No

- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency’s current sexual abuse and sexual harassment policies and procedures? ☒ Yes  ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes  ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The PREA auditor for the FMC, has assessed this standard, 115.31 Employee Training, as “exceeds”. The ODRC/FMC not only train each employee about PREA during orientation, but also train each year during employee in-service training and test each employee helping to assure an understanding of PREA and its importance. A record of this testing and scores achieved by staff exemplifies the commitment of the ODRC to accomplish the PREA goals and objectives of eliminating rape in prison. The auditor also reviewed training policies, curriculum, and the e-learning program. Impressive was the video scripts and intranet access that allows staff to access refresher training and training as needed. The auditor had many interviews with staff formally and informally and it was noted that there is a change of culture in the ODRC. There is an understanding by staff, within the ODRC, that there is a real effort to prevent, detect and respond to rape in prison. Staff are concerned with the safety and security of both staff and inmates which helped confirm that this standard substantially exceeds the requirement established.
Staff training is outlined in ODRC policy 79-ISA-01 Prison Rape Elimination. The policy outlines the following 10 bullets and these bullets were discussed with each employee who was formally interviewed:

1) agency zero-tolerance policy,
2) how to fulfill PREA responsibilities,
3) inmates right to be free from sexual abuse,
4) right of inmates and employees to be free from retaliation,
5) the dynamics of sexual abuse in confinement,
6) common reactions of sexual abuse/sexual harassment victims,
7) how to detect and respond to signs of threatened and actual sexual abuse,
8) how to avoid inappropriate relationships,
9) how to communicate effectively and professionally with inmates including lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates, and
10) how to comply with relevant laws related to mandatory reporting of sexual abuse.

The staff responded and answered positively and appropriately to the interview questions, and the above bullet points listed.

Based on the ODRC policies, and reviews of the curriculum and PREA training, and based on the interviews, both formal and informal with staff, the auditor assesses employee training as “exceeds standard”.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

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

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

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

All volunteers and contractors who have contact with inmates have been trained in their responsibilities under PREA. Mandatory training is directed by ODRC policy 79-ISA-01 Prison Rape Elimination. The training provided is based on the services the volunteers and contractors provide. All received PREA training. The agency’s zero tolerance policy and other issues concerning sexual abuse and sexual harassment and how to report such is included. The agency maintains documentation confirming volunteer/contractors understanding and acknowledging the training they received.

In the past 12 months, 196 volunteers and contractors have been trained in the agency’s policies and procedures regarding prevention of, detection of, and response to sexual abuse/harassment.

The ODRC acknowledgment form details the following:

1) the ODRC’s zero-tolerance for sexual abuse,
2) the ODRC’s zero tolerance for sexual harassment,
3) how to report sexual abuse and sexual harassment,
4) sexual abuse and sexual harassment prevention,
5) sexual abuse and sexual harassment protection,
6) how to respond to sexual abuse and sexual harassment,
7) the legal prohibition on any sexual activity with inmates,
8) the identifiers of possible sexual assault victims, and
9) sexual assault prevention strategies.

Review of the above policies, acknowledgment forms, and interviews with contractors and volunteers confirms an assessment of “meets standard”.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
115.33 (b)

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

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No

- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate’s new facility differ from those of the previous facility? ☒ Yes ☐ No

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No

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

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

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

115.33 (e)

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

Auditor Overall Compliance Determination

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

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

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

Inmate education is directed such that, at intake, the inmates are made aware of the zero-tolerance policy of the ODRC and how to report incidents or suspicions of sexual abuse or harassment. This standard, 115.33, and its eight subsections a-h, directs that within 30 days of intake, inmates receive this important zero-tolerance and reporting information as well as be completely educated on their rights to be free from sexual abuse and retaliation for reporting sexual abuse and harassment, (the ODRC does this). It is also noted that inmates who are English-language deficient or otherwise disabled are educated on their rights to zero-tolerance policy and how to report. The agency makes this educational material available to all inmates and does maintain documentation of this educational process.

The PAQ, prepared by FMC, indicates that 574 inmates, within 30 days of their intake, received information, and that this number of inmates also received comprehensive education on their rights to be free from sexual abuse and sexual harassment.

The Pre-Audit Questionnaire also reports that there were zero (0) number of inmates in the facility on the date of the audit, who did not receive comprehensive education within the 30 days of intake as required in this standard.

PREA education for inmates is available in many formats for inmates who are limited English proficient, deaf, visually impaired, limited in their reading skills, and otherwise disabled. Accommodations strategies have been developed by the ODRC to address those bullets outlined in subsection (d) of this standard. FMC also makes available through posters, handouts, the inmate handbook, bulletins and written formats, information and updated information concerning PREA.

Based on the auditor’s review of policies and documents, the inmate handbook, posters, and the interviews with inmates throughout the facility, this standard is assessed as compliant, “meets standard”.
### Standard 115.34: Specialized training: Investigations

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

#### 115.34 (b)
- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a.)] ☒ Yes ☐ No ☐ NA

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

#### 115.34 (d)
- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*
☐ **Meets Standard** *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*

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

National Institute of Corrections (NIC) training is extended to the Ohio State Highway Patrol Investigators, and to the Institutional Investigators at each correctional facility. This training, addresses, investigating sexual abuse in confinement settings and supplements both the Ohio State Patrol investigative training, and protocols that are used by both the patrol, and investigators at the institution.

Specialized training also includes interview techniques of sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection and the criteria and evidence required to substantiate any case for administrative action or prosecution referral.

There is a Memorandum of Understanding between the ODRC and the OSHP concerning the cooperative effort to eliminate rape in prison. Both investigative staff of the ODRC and the OSHP were interviewed.

Based on the interviews, the MOU, the training curriculum, and the documentation of training, the auditor assesses this standard as “meets standard”.

### Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes  ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes  ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes  ☐ No
115.35 (b)

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

115.35 (c)

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

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The healthcare leadership (medical and mental health) from the Central Office of the ODRC was involved with the audit of the FMC from the beginning. It was clear that not only was the Institution Division of the ODRC, but also the Health Services Division, was concerned with the success of the PREA audit. It was this impressive leadership and involvement from the Central Office through the Regional Office to the Franklin Medical Center that helped influence an “exceeds standard” for the specialized training at FMC.

The auditor reviewed:

1) agency policies including 79-ISA-01 Prison Rape Elimination,
2) Healthcare policies,
3) the specialized training of Healthcare staff,
4) contractor orientation,
5) infirmary and mental health training, and
6) the PREA medical/mental health pretest and video.
The auditor was not only impressed with the training, but also with the expertise and knowledge displayed by those that work at the hospital Zone A, those that extend health care to both Zones A and B, the collegial association with Ohio State University Hospital, and all the small details that indicates performance above and beyond normally expected of these employees. Again, it’s this professionalism in conjunction with the concrete policies, procedures, and day-to-day operations that so positively impressed the auditor.

Specifically, the auditor also reviewed the e-learning report, the PREA training session report, the mental health training report, the contractor/volunteer/intern training acknowledgment form, the testing of health care staff, and the number of percent of health care practitioners who were trained, i.e. staff practitioners 183, 100% (including specialists, part/full time, OSU Hospital staff consults and etc.). This training according to the Pre-Audit Questionnaire.

During the on-site audit, the auditor reviewed healthcare operations, and interviewed staff and inmates about healthcare that was extended to the inmate population. This healthcare was assessed by staff and inmates as comparable to, or better than, the community level of care.

Based on the above information, the reviews of policies and training, and interviews with staff and inmates, the auditor assesses this standard as “exceeds standard”.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

**Standard 115.41: Screening for risk of victimization and abusiveness**

**115.41 (a)**

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

**115.41 (b)**

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

**115.41 (c)**

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No
115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener’s perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate’s own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No
115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

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

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

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

The screening for risk of victimization and abusiveness by Franklin Medical Center, directed by the institution and further outlined by the ODRC screening process, is considered to be an “exceeds standard” by the auditor.

ODRC policy 79-ISA-01 Prison Rape Elimination, was reviewed with staff and it was clear that the specific directions were being followed as outlined: “all inmates shall be screened and assessed upon admission to the Department and for all subsequent intra-system transfers for the risk of being a victim of sexual abuse or the likelihood of committing sexual abuse”. There is an electronic tracking system used by the ODRC (the Departmental Offender Tracking System, DOTS) that serves as the primary information system on all offenders incarcerated at FMC and throughout the agency. The DOTS tracks whether an inmate has a mental, physical or developmental disability; tracks the age; the physical build; previous incarceration; criminal history; prior convictions for sex offenses; LGBTI or gender nonconforming status; the inmate’s previous sexual victimization; the inmate’s own perception of vulnerability; and whether the inmate is detained solely for immigration purposes (none/not held at FMC). There is individualized treatment of the person at FMC.

The auditor’s review included not only the assessment process but the ODRC agency Risk Management Tool, the agency’s policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies; PREA Classification Reports; and the individualized treatment received as described by staff and inmates. It is noted that no assessment is perfect when it comes to predicting human behavior, but the professional evaluations, communications, and monitoring accomplished by Unit Management staff, Healthcare staff, Program staff, Security staff, and simply all staff, clearly assist inmates (both male and female) with feeling safe and secure at the facility.

In the past 12 months, 574 inmates were screened, within 72 hours of their entry into the facility, for the risk of sexual victimization or the risk of sexually abusing other inmates. Additionally, 574 inmates, were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days after their arrival at the facility. Reviewing each inmate exceeds the routine practice of just those that received additional/relevant information.

Based on the quality of the screening instrument; based on the fact that the instrument is a multidisciplinary format; based on the review by the Healthcare staff (medical and mental health care) based on interviews with Unit Management staff; based on the review of the Inmate Classification/DOTS; and based on interviews with staff and inmates; the auditor assesses this standard as “exceeds”.
### Standard 115.42: Use of screening information

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

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

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

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

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

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

**Auditor Overall Compliance Determination**

- ☐ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☒ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*
The use of the Assessment Tool (that tool that contains the 10 elements that are used in addressing inmates during intake) was established by the ODRC in conjunction with preventing, detecting, reporting, and eliminating rape in prison. This key document that was described in 115.41 has an assessment checklist for the use of the Unit Management teams in conjunction with the security of the institution and is truly the key document when it comes to knowing the inmate. This Assessment Tool and the information it contains helps with the security of staff who work at FMC and inmates who work and are housed at Franklin Medical Center (and for all incarcerated ODRC inmates). Unit Management staff along with medical/mental health staff and key security staff, and others who have a need to know, use this risk assessment and screening information to appropriately place inmates in housing, work, and program assignments to secure and accomplish their safety, custody, care, and control.

The policies of the ODRC including 79-ISA-01 Prison Rape Elimination; 79-ISA 03 Sexual Abuse Review Team, and 79-ISA-04 Risk Assessment and Accommodation Strategies and 79-ISA-05 Lesbian, Gay, Bisexual, Transgender and Intersex inmates were reviewed by the auditor and found to direct individual treatment, to direct the individual safety and security of each inmate, and to direct the appropriate and confidential use of information by staff using the assessment tools and information obtained and garnered during intake.

FMC staff, and staff from the Support Services/Central Office work together to address the specialized population at the institution and make determinations about how to insure the safety of each inmate at the facility, on an individual basis. The Unit Management team, in conjunction with the policies and procedures, also make appropriate assignments for transgender and intersex inmates. It is noted that transgender and intersex inmates’ opinions and perceptions of their own safety and vulnerability are also given serious consideration.

Based on the above policies, the observation of Unit Management, the medical and mental health teams, and the security teams; and based on the interviews with specialized staff and random inmates, this standard is assessed as compliant, “meets standard”.

**Standard 115.43: Protective Custody**

**115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

**115.43 (b)**

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No

If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No

Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility’s concern for the inmate’s safety? ☒ Yes ☐ No

If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made. This prohibition against the placement of inmates in protective involuntary segregated housing is outlined in ODRC policy 79-ISA-04 Risk Assessment and Accommodation Strategies. The policy further indicates that if any inmate is placed in involuntary segregated housing, each inmate will be reviewed at least every 30 days as to whether there is a need for separation from the general population. Further, this policy outlines that all available alternatives will be reviewed and considered before placement in involuntary segregated housing. This was confirmed by interviews with key staff, administrative staff, and security staff throughout the facility.

In the past 12 months there have been zero (0) number of inmates at risk of sexual victimization, who were held in involuntary segregated housing. This was documented in the Pre-Audit Questionnaire and supported by a review of files, reflecting zero (0) number of inmates held in involuntary segregated housing during the past 12 months.

The auditor assesses this standard as compliant, "meets standard" based on the review of policies and procedures, the review of segregated housing, and interviews with staff and inmates, including those staff who work in segregation and those inmates assigned to some segregated status.

**REPORTING**

**Standard 115.51: Inmate reporting**

**115.51 (a)**

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

**115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☐ Yes ☒ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? 
  ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? 
  ☒ Yes ☐ No

### 115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? 
  ☒ Yes ☐ No

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? 
  ☒ Yes ☐ No

### 115.51 (d)

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

**Auditor Overall Compliance Determination**

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

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation outlines the procedures for reporting. Specifically, part four, Procedure-A, Reporting of Sexual Misconduct and Retaliation, directs inmate reporting. The inmate handbook, posters, inmate education video, and the video script, which was reviewed by the auditor, detail ways to report. The handbook indicates that the inmate has the right not to be sexually abused or harassed and is quoted “you have the right not to be sexually abused or harassed”. This is followed by information on how to report that includes reporting to any staff member; in writing to any staff member; to the Operational Support Center/Central Office at a no-cost phone number 614-996-3584; and to an outside agency hotline *89. The auditor was especially impressed with the *89 number which is at no cost and also has the option to report anonymously. Reporting can also be accomplished in writing outside the agency to the Ohio Bureau Chief of the Office of Quality Assurance and Improvement, Department of Youth Services. There are multiple ways to report.

To further emphasize this change in culture, which is to report, report, report; the auditor observed, posters, kiosk machines, pamphlets, intake materials, and hotline numbers advertised throughout the facility; all of which directed reporting sexual abuse and sexual harassment.
Based on the information posted throughout the facility, based on actual use of the anonymous telephone reporting system, based on written materials directing inmates on how to report, and based on interviews with staff and inmates, the auditor assesses this standard as “exceeds standard.”.

**Standard 115.52: Exhaustion of administrative remedies**

**115.52 (a)**

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

**115.52 (b)**

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

**115.52 (c)**

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

**115.52 (d)**

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

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate’s decision? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.). ☐ Yes  ☐ No  ☒ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA

- Does the initial response and final agency decision document the agency’s determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes  ☐ No  ☒ NA
- Does the initial response document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency’s final decision document the agency’s action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

115.52 (g)

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

**Auditor Overall Compliance Determination**

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

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

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

The ODRC does not use an inmate grievance process for reports of allegations of sexual abuse or sexual harassment. A memo from the Agency PREA Coordinator details the process for reporting (see standard 115.51), and timeframes required to comply with PREA. The ODRC does educate inmates that grievance forms filled out will immediately be channeled to the Institutional Investigator for proper handling and not through the grievance process. Note, all allegations of sexual abuse are investigated by the ODRC/FMC. Investigations include notification of the Ohio State Highway Patrol.

This standard is NA and thus assessed as “meets standard” by the auditor.

**Standard 115.53: Inmate access to outside confidential support services**

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No
115.53 (b)

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

115.53 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**Auditor Overall Compliance Determination**

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

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

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

Franklin Medical Center is directed by the ODRC policy 79-ISA-01 Prison Rape Elimination, to furnish to the inmate population, addresses and phone numbers for access to outside confidential support services. This is accomplished at FMC through posters throughout the facility, information in the inmate handbook, verbal and written handouts distributed upon intake, available information through the Unit Management teams, information kiosks in each housing unit, and the library/information centers. The auditor reviewed the agency policy, the MOU between the Sexual Abuse Response Network of Central Ohio (SARNCO) and FMC, posters, the intake process, and kiosks centers, all ways of contacting confidential support services.

The MOU between the Sexual Abuse Response Network of Central Ohio and FMC listed confidential support services and optional resources as part of the MOU. The address for writing was listed as 1305 Olentangy River Rd., Columbus, OH 43212 and the phone number listed as 614-267-7020. Victim Support Services are also available through specially trained staff at the FMC. It was noted by the auditor that FMC is a medical center and their approach does place emphasis on medical and mental health care for the inmate.

Nationwide and area-wide sexual abuse support services with phone numbers and addresses are available, the outside agency hotline is available, and the Ohio Department of Youth Services option is also available (these in addition to SARNCO and FMC local services).
Based on the above policy, the above services listed, and based on staff and inmate interviews, this standard is assessed as “meets standard”.

**Standard 115.54: Third-party reporting**

**115.54 (a)**

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

**Auditor Overall Compliance Determination**

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

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

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

In conjunction with the standard 115.51, inmates can accomplish third-party reporting simply by having a friend or family member contact the agency through its phone number (614) 995-3584 or by emailing Support Services/Central Office, <DRC.ReportSexualMisconduct@odrc.state.oh.us> website.

The above is posted in visiting areas and public areas of the facility. The inmates and staff, when interviewed, were aware of the third-party reporting options.

Based on the above, and after review of the policy and procedures, staff and inmate interviews, the posters at the facility, the inmate handbook, and the website on the Internet, the auditor assesses this standard as compliant, “meets standard”.

**OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT**

**Standard 115.61: Staff and agency reporting duties**
115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes  ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes  ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes  ☐ No

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes  ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes  ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

☐  Exceeds Standard (Substantially exceeds requirement of standards)

☒  Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
The ODRC and the Franklin Medical Center (as with all ODRC facilities) requires all staff to report immediately and according to policies 79-ISA-01 Prison Rape Elimination, and 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurs at the FMC. This duty to report must be made immediately. The policies also stipulates that retaliation and third-party and anonymous reports shall be reported to the Institutional Investigator (the Institutional Investigator is responsible for monitoring retaliation, and working with the OSHP on all allegations of sexual abuse).

FMC has zero tolerance for sexual abuse and sexual harassment. It is committed to zero tolerance and this is outlined, not only in the ODRC policies and procedures mentioned above, but also outlined in the employee training under standard 115.31. This training includes all subsections of this training, A-E (reporting, information use, legal reporting, youthful reporting which is a third-party, and anonymous reports). Staff training and the curriculum for training and the online training scripts were reviewed by the auditor and confirmed the staff’s responsibility and duty to report sexual abuse and sexual harassment. Training records were also reviewed. Documentation is maintained.

Formal interviews with random staff from each shift, included the question, does the agency “require all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility?” This question was asked directly in the each formal interview and without fail, all staff answered affirmatively.

Based on the auditor’s interviews with random staff, specialized staff, intermediate and higher level staff, and the review of policies, procedures, training documents and training videos, this standard is assessed as compliant, “meets standard”.

**Standard 115.62: Agency protection duties**

115.62 (a)

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

**Auditor Overall Compliance Determination**

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
The agency policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation states in section F, page 13, how to handle reports of substantial risk of imminent sexual abuse. All reports require immediate action to protect the inmate. It is noted that it takes some action to assess and implement appropriate protective measures without unreasonable delay. The following is outlined from the above policy:

1) All reports shall be immediately forwarded to the Investigator, the Unit Management Chief, and the Shift Supervisor.
2) When considering the protection of staff or inmates, staff shall consider housing changes, transfers, and/or removal of alleged staff or abusers.
3) The risk of imminent sexual abuse shall be investigated by a staff member assigned by the managing officer.
4) Inmates shall not be placed in involuntary segregation unless there is no alternative.
5) Appropriate paperwork will be completed.
6) The managing officer’s designee shall provide a documented response within 48 hours.
7) A documented final decision will be made within five calendar days.
8) The Imminent Risk of Sexual Abuse form will be sent to the Unit Management team for special screening.

In the past 12 months, there have been zero (0) number of times that the facility, FMC, has determined that an inmate was subject to substantial risk of imminent sexual abuse. This information obtained from the PAQ.

Based on the ODRC policy and procedures and based on the interviews with inmates and staff, including the Warden and the PREA Manager, this standard is assessed as compliant, “meets standard”.

**Standard 115.63: Reporting to other confinement facilities**

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

**115.63 (b)**
- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

**115.63 (c)**
- Does the agency document that it has provided such notification? ☒ Yes ☐ No

**115.63 (d)**
- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No
Auditor Overall Compliance Determination

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

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

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

During the past 12 months there have been zero (0) number of allegations the Franklin Medical Center has received that an inmate was abused while confined at another facility. A statement of status indicates that there have been zero (0) number of allegations that the facility has received that an inmate was abused while confined at another facility, this is also confirmed by the facility’s PAQ. Conversely during the past 12 months there have been zero (0) reports from other facilities that FMC had an inmate report that he was sexually abused while at FMC. Again, it is noted that Franklin Medical Center is a medical center and staff is very cognizant of its custody, care and control in helping take care of inmates. Thus, if there were such PREA issues, they would be addressed immediately and handled according to policy, in this auditor’s assessment.

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation requires that upon receiving an allegation of sexual abuse while confined at another facility, the head of the receiving facility/designee must notify the head of the facility or the appropriate office of the agency where the sexual abuse is alleged to have occurred. As noted above, there were no such incidents related to PREA, in the past 12 months.

Based on the policy and procedures, review of investigations, and documents and interviews with the Institutional Investigator, the PREA Compliance Manager, and the Warden, this standard is assessed as compliant, “meets standard”.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,
changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

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

Auditor Overall Compliance Determination

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

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

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

The auditor’s pre-audit review included the following six items:

1) ODRC policy 79-ISA-02 Sexual Misconduct…, specifically addressing reporting and response
2) FMC’s Sexual Abuse Coordinated Response Plan
3) The investigative protocol
4) First responder flowchart
5) PREA incident report and application
6) Statement of status: that in the past 12 months there have been four (4) allegations of sexual abuse, four (4) times that the staff member responded to the report and separated the alleged victim and abuser; zero (0) number of allegations that were in the time period that allowed for the collection of physical evidence; and zero (0) number of times where the first security staff member was able to respond to the report and etc.; and three (3) times a non-security staff member was the first responder. This information taken from the PAQ. It was obvious from the review of the investigations that there was a delayed time frame concerning these allegations (inmate personal reporting is often delayed and not within the timeframe for forensic examinations as required by Ohio law). It was also noted that no forensic exams were accomplished (see standard 115.21).

Staff first responder duties and procedures are outlined in ODRC policy 79-ISA 01 Prison Rape Elimination and in ODRC policy 79 ISA-02 Sexual Misconduct… The policy indicates that the following duties will proceed upon receipt of an allegation of inmate sexual abuse:

1) the first responder, non-security, separate victim and abuser, advise victim not to destroy any evidence, and notifies the shift supervisor (complete incident report);
2) the first responder, security, will separate victim and abuser, preserve and protect the crime scene, review time periods, contact medical services, notify the Institutional Investigator/OSHP, notify the PREA Manager, notify victim support, and complete the incident reports. These steps were taken from the policy and followed, as outlined in the above four allegations of sexual abuse. Note, documents and investigations were reviewed by the auditor.

Staff, when interviewed, responded with answers that closely resembled or paraphrased the above first responder duties and responsibilities, both security and non-security. Training records support first responder training, annual training, e-learning, and supplemental briefings and information were all reviewed by the auditor and supporting excellent training (see standard 115.31).

Based on the above policies and procedures and interviews with staff, the auditor assesses this standard as compliant, “meets standard”.

### Standard 115.65: Coordinated response

**115.65 (a)**

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

**Auditor Overall Compliance Determination**

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

The FMC has a policy 79-ISA-02 FMC titled Sexual Abuse Coordinated Response Plan. This Plan was developed to direct “coordinated actions taken in response to an incident of sexual abuse, among staff, first responders, medical and mental health staff, investigators, and institutional leadership.” This plan lays out procedures A-E as follows:

A) First responders, action/activities described.
B) Medical responsibilities, procedures/protocols outlined.
C) Mental health responsibilities, procedures/protocols outlined.
D) Investigation, and responsibilities and duties outlined.
E) Institutional leadership, duties and responsibilities detailed.

This plan is used to support this supplement to the ODRC’s policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention and Retaliation. The plan further
describes and details actions and duties at the institutional level, to clearly assist with preventing, detecting, responding to, and eliminating sexual abuse and sexual harassment in prison. There are appendices that include flow charts and a checklist to assist with specific and coordinated actions, assignments, and responsibilities.

Based on the above information outlined in the policies and based on interviews with the Warden and institutional leadership, including medical and mental health staff, Sexual Abuse Review Team members, and interviews with the Agency Director and the Agency PREA Coordinator, this standard is assessed as compliant, “meets standard”.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

A memo to the file from the Agency PREA Coordinator to PREA auditors, documents the agency’s ability to protect inmates from contact with abusers reference collective bargaining agreements. Specifically, the memo indicates the following: “The Ohio Department of Rehabilitation and Correction has entered into a new or renewed collective bargaining agreement since August 20, 2012. Effective July 1, 2015 the below listed unions have entered into a collective bargaining agreement with the Ohio Department of Rehabilitation and Correction.

OEA/NEA
OCSEA/AFSCME
These agreements allow for the preservation of the ability of the ODRC to protect inmates from contact with abusers.

Based on the above, and based on the auditor’s review of the contracts as well as discussions and interviews with the Warden, the Institutional PREA Manager, the Agency PREA Coordinator, and key staff, the auditor assesses this standard as compliant, “meets standard”.

**Standard 115.67: Agency protection against retaliation**

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, in the Investigation, and Prevention of Retaliation; protects the inmates and staff who report sexual abuse or sexual harassment
or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

Protection and emphasis on protection from retaliation is further addressed in the employee handbook, on the intranet, and the inmate handbook for FMC. Staff and inmates were knowledgeable, when interviewed, concerning their rights not to be retaliated against and to be protected from retaliation. The formal scripted interviews, specifically asked if the inmate knows of his right not to be retaliated against for reporting actual sexual abuse and sexual harassment.

The Institutional Investigator at FMC is responsible for monitoring retaliation of sexual abuse cases, and the Institutional PREA Manager/Operational Compliance Manager is responsible for monitoring retaliation of sexual harassment cases. This is detailed in the above mentioned policy 79-ISA-02 Prison Sexual Misconduct… Prevention of Retaliation.

ODRC and FMC requires monitoring every 30, 60, and 90 days or longer if necessary. This is more than required by the standard itself. There is a Statement of Fact by the Institutional PREA Manager, and confirmed by the Warden, that there have been no incidents of retaliation during this audit period.

The auditor’s interviews with the Warden, the Institutional Investigator, the Institutional PREA Manager, inmates and random staff, plus the auditor’s review of allegations, investigations, and the investigation/notification process, confirmed compliance for this standard thus, “meets standard.”

### Standard 115.68: Post-allegation protective custody

115.68 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

The ODRC has a policy prohibiting the placement of inmates, who alleged to have suffered sexual abuse, in involuntary segregated housing unless there are no alternatives available. This is outlined in policy 79-ISA-04 Risk Assessment and Accommodation Strategies. This policy indicates involuntary segregation is used only as a last resort for protection of inmates who have alleged to have suffered sexual abuse.

FMC places inmates at high risk of victimization into safe circumstances, whether in the medical Zone A or the minimum/medium security Zone B. Inmates at this medical center are treated on an individual
basis with safety and security in mind. Individualized treatment is the key. Inmates are screened to ensure safety, custody, care, and control. At this medical center, in the past 12 months, there have been zero (0) number of inmates who have been placed in involuntary segregated housing. This confirmed by the institutional PAQ documentation and by interviews with staff and inmates.

It is noted that there are no segregation cells at FMC and if involuntary segregation is required, transfer is easily accomplished.

Based on the fact that this is a medical center and a minimum/medium custody facility of only 690 beds, and the mission is medical treatment and re-entry/short-term incarceration; and based on the interviews with staff and inmates, the auditor assesses this standard as “meets standard”.

### INVESTIGATIONS

#### Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

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

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No
115.71 (d)

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

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

- Auditor is not required to audit this provision.

115.71 (l)

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

**Auditor Overall Compliance Determination**

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

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

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

Investigators (both OSHP and FMC investigators) were very cooperative, informative, professional, and knowledgeable concerning criminal and administrative PREA investigations at FMC. The ODRC policies 79-ISA-01 Prison Rape Elimination, and policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, present and outline a very thorough and extensive approach for the investigator, the staff of the OSHP and the Franklin Medical Center. During interviews, the auditor was impressed with the knowledge and expertise of the investigating authorities’ use of Ohio State Highway Patrol protocols and ODRC protocols for investigations, which are precise and comprehensive.

The policies address all sub-standards, as listed above, and the sub-standards on the Auditor’s Compliance Tool. Additionally, the investigative policy of the OSHP, the laws of the State of Ohio, and the Memorandum of Understanding between the ODRC and the OSHP provide a uniform process for evidence collection and the investigation of PREA related incidents. The MOU further outlines and details the professional collaboration of the OSHP and the ODRC with the following procedures detailed:

1) PREA incident investigations,
2) Victims of sexual abuse medical examinations,
3) Victim advocate/rape crisis center assistance,
4) Specialized training,
5) Investigator evidence collection,
6) Investigator interviews,
7) Credibility of victims, witnesses,
8) Documentation,
9) Substantiated allegation referral, and
10) The departure of victim or abuser from employment or control of the facility.
The OSHP has an office at FMC as part of the Institutional Investigators office complex. This signifying the professional involvement of the OSHP with FMC.

It is noted that there were zero (0) number of substantiated allegations that appear to be criminal that were referred for prosecution since the last PREA audit at FMC. Additionally, as part of policy, the agency retains all written reports pertaining to administrative or criminal investigations throughout the ODRC. These reports are retained according to the state retention schedule. Special investigation cases are retained for 10 years after the inmate has reached final release and/or 10 years after the employee is no longer employed by the agency. The OSHP requires that records be held indefinitely for all criminal investigations.

Based on the above information, the review of investigations, interviews with specialized staff, and the collaborative work of the investigators at FMC and OSHP, the auditor assesses an "exceeds" for this standard.

**Standard 115.72: Evidentiary standard for administrative investigations**

115.72 (a)

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

**Auditor Overall Compliance Determination**

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

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

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

As defined in the ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, the agency "imposes a standard no higher than a preponderance of the evidence for administrative investigations".

Based on the above policy, and interviews with the Institutional Investigator and the Warden, the auditor assesses this evidentiary standard as compliant, "meets standard".

**Standard 115.73: Reporting to inmates**
115.73 (a)  
- Following an investigation into an inmate’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

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

115.73 (c)  
- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate’s unit? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)  
- Following an inmate’s allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

- Following an inmate’s allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes   ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

As outlined in PREA standards 115.21 and 115.71, the collaborative relationship between OSHP and FMC investigative staff is professional, knowledgeable, and thorough. These standards were assessed as “exceeds”. These investigative procedures and processes include reporting to inmates. Every allegation is investigated and every investigated allegation is reported to the inmate in writing with the finding of such investigation as to whether it was substantiated, unsubstantiated, or unfounded. Again, this is directed by ODRC policy 79-ISA-02 Prison Sexual Misconduct….

There have been four (4) criminal or administrative investigations of alleged inmate sexual abuse that were completed by the FMC in the past 12 months. Of these alleged sexual abuse accusations all four (4) were completed and the inmates were notified in writing of the results of these investigations. This information outlined in the facility’s Pre-Audit Questionnaire (PAQ).

Based on the review of notifications to the inmate, and interviews with staff and inmates, the auditor assesses this standard as compliant, “meets standard”.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes   ☐ No
115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The Ohio Revised Code, (Employees Limitation of Authority) is quoted and the declaration is clear, “sexual conduct with an inmate or anyone under the supervision of the ODRC is considered criminal. The ODRC will refer and pursue all cases for criminal prosecution.”

The ODRC policy 79-ISA-01 Prison Rape Elimination, and Personnel Policy 31-SEM-02, Standards of Employee Conduct, direct that staff is subject to disciplinary sanctions up to and including termination for violating the agency sexual abuse or sexual harassment policy.

In the past 12 months there have been zero (0) number of staff that have been terminated or resigned prior to termination for violating agency sexual abuse or sexual harassment policies. There have been zero (0) number of staff who have been disciplined short of termination, for violation of agency sexual abuse or sexual harassment policies. In the past 12 months there have been zero (0) number of staff who have been reported to law enforcement or licensing bodies following their termination or resignation prior to termination for violating the agency sexual abuse or sexual harassment policies.
Based on the yes answers (yes answers given by key staff when reviewed with the auditor) to the above bullets in the subsections a-d, and based on the state law, policies, the PAQ, and supported by interviews with the Warden, the PREA Compliance Manager, and random staff, this standard is assessed as compliant, “meets standard”.

**Standard 115.77: Corrective action for contractors and volunteers**

### 115.77 (a)

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

### 115.77 (b)

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

**Auditor Overall Compliance Determination**

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

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

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

Corrective action for contractors and volunteers is defined by ODRC policy 79-ISA-01 Prison Rape Elimination and the policy 71-SOC-01, Standards of Conduct for Contractors and Volunteers. These policies require that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates and reported to law enforcement agencies and/or relevant licensing boards (unless the activity was clearly not criminal). The Ohio Revised Code, mentioned in the above standard 115.76, may also apply to contractors and volunteers.

Contractors, volunteers and others who fall under this standard have been trained and alerted to these policies, rules and regulations.

In the past 12 months there have been zero (0) number of contractors or volunteers who have been reported to law enforcement for engaging in sexual abuse of inmates.
Based on the yes answers to the above bullets, subsections a-b (questions answered by key staff, contractors, and volunteers), and based on the information taken from the PAQ, policies, and interviews with staff and inmates, this standard is assessed as compliant, “meets standard”.

**Standard 115.78: Disciplinary sanctions for inmates**

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

**115.78 (b)**
- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

**115.78 (c)**
- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate’s mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

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

**115.78 (e)**
- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

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

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

**Auditor Overall Compliance Determination**

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

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

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

Inmate Rules of Conduct 5120-9-06, the ODRC Administrative Code, Rule Violations/Disciplinary Violations, and the Inmate Discipline Process Policy 56-DSC-01, address disciplinary sanctions for inmates and a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse or harassment. Further, Administrative Codes 5120-9-07, and 5120-9-08 define and list the Disposition for Rule Violations. This information is available through the inmate handbooks, handouts, the law library, and the electronic kiosk machines.

Inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding. PREA criminal findings are, of course, handled through the Ohio State Highway Patrol and the judicial system.

In the past 12 months, there has been one (1) administrative finding of inmate on inmate abuse that occurred at the facility. The auditor reviewed the disciplinary finding and found that the agency also offers therapy, counseling, or other intervention designed to address underlying reasons or motivations for the abuse. The agency also disciplines inmates for sexual conduct with staff only upon finding that the staff member did not consent to such conduct. Information obtained from the Pre-Audit Questionnaire.

Based on the auditor’s review of policy and procedures and interviews with staff and inmates as well as a discussion and review of the above noted subsections a-g, the auditor assesses this standard as compliant, "meets standard".

### MEDICAL AND MENTAL CARE

**Standard 115.81: Medical and mental health screenings; history of sexual abuse**
### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
  - ☒ Yes  ☐ No  ☐ NA

### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
  - ☒ Yes  ☐ No  ☐ NA

### 115.81 (c)

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

### 115.81 (d)

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

### 115.81 (e)

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

#### Auditor Overall Compliance Determination

- ☒ Exceeds Standard *(Substantially exceeds requirement of standards)*
- ☐ Meets Standard *(Substantial compliance; complies in all material ways with the standard for the relevant review period)*
- ☐ Does Not Meet Standard *(Requires Corrective Action)*
The facility, Franklin Medical Center, as outlined in its mission statement, is committed “To provide quality healthcare and rehabilitative services to all ODRC populations in a humane and secure environment.” Further, FMC vision statement is “Provide health, wellness and rehabilitation.” This Mission and Vision sets the tone and directs the facility’s compliance of standards 115.81, 115.82, and 115.83, all dealing with the Medical and Mental Care section of the PREA standards.

The ODRC policy 79-ISA-04 PREA Risk Assessment and Accommodation Strategies, directs that all inmates that have disclosed any prior sexual victimization during assessment screening, pursuant standard 115.41 are offered a follow-up meeting with a medical or mental health practitioner. This follow-up is offered within 14 days of the intake screening at FMC. It is noted that 100% of the inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner.

FMC, as mentioned, is a medical facility and it is noted that information related to sexual victimization or abusiveness is strictly limited to those that have a need to know and those that may assist in the appropriate security and safety of the inmate. Information may be used to make assignments for treatment, housing, programs, and security needs. The real emphasis by FMC is individualized treatment. Furthermore, it is noted that the risk assessment, follow-up, healthcare, health care for the abuser as well as the victim, is seriously changing the culture of prison incarceration in the ODRC. Issues are not ignored or quote “swept under the rug”. The ODRC and FMC are addressing rape in prison and clearly making a change. FMC as the department’s “medical center”, located in the capital of the state, and is the focal point/center/leader of health care in the ODRC. It is also noted that the work with the Ohio State University at the FMC and the FMC’s use of the Ohio State University resources, truly does quote raise the bar/standard for healthcare in state correctional facilities.

There is a team effort, a multidisciplinary effort, to identify and treat victims and abusers in the ODRC.

Based on the review of the assessment process, the documentation and follow up of mental health screenings, the attention to the history, by specialized staff, of sexual abuse and victimization, and the observation of the operation at FMC and the leadership and direction offered by the healthcare leadership of the ODRC, the auditor assesses this standard for FMC as “exceeds standard”.

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

**115.82 (a)**

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

**115.82 (b)**

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

At FMC (and throughout the ODRC), inmates receive unimpeded access to medical and mental health treatment and crisis intervention.

Healthcare extended to the inmates of the ODRC and most especially the inmates at FMC, receive healthcare comparable to, or better than, the healthcare extended to the community. Notably, the collaboration of the FMC, the collaboration of the Ohio State University Hospital and the collaboration of the leadership provided by the Central Office/Support Services Healthcare of the ODRC from the “top down” is simply impressive. Please review the comments of the proceedings standard, 115.81.

Specifically concerning PREA, the Policy and Protocol B-11 states the purpose “is to provide standardized guidelines for the medical assessment, treatment, and referral of inmates who have been involved in sexual conduct, and/or recent sexual abuse.” The policy outlines, defines and gives directions for medical care of inmates who report sexual conduct, and/or recent sexual abuse, including notifications, medical exam reports, incident reports, medical care, examination, and treatment and counseling.

Treatment services are provided for every victim of sexual abuse without financial cost. Inmates of sexual abuse are provided timely information about transmitted infectious prophylaxis and emergency contraception. Both women and men offenders are housed at FMC, Zone A.

Based on the above information, interviews with randomly selected inmates, interviews with specialized selected staff and staff from the Ohio State University Hospital, as well as observation of the operations of the FMC, this standard is assessed by the auditor as compliant and “exceeds standard”.
## Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

### 115.83 (c)
- Does the facility provide such victims with medical and mental health services consistent with the community level of care?  
  - Yes ☒  
  - No ☐

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

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

### 115.83 (f)
- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  
  - Yes ☒  
  - No ☐

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

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

Auditor Overall Compliance Determination

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

The ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation; the ODRC Medical Protocol B-11, Medical Care Guidelines for Sexual Contact, or Recent Sexual Abuse; policy 87-MNH-02, Mental Health Screening; Classification Policy 67-MNH-04, Transfer and Discharge, Mental Health Caseload; and policy 67-MNH-15, Mental Health Treatment, all offer and direct medical and mental health evaluation and care, as appropriate, to all inmates who have been victimized by sexual abuse in any prison and follow up services, treatment plans and referrals, following transfer or placement in other facilities or their release from custody.

Ongoing medical and mental health care for those victimized by sexual abuse is available at FMC and appropriate referrals are made if transferred or placed in another facility or released from custody.

Based on the auditor’s review of policy and procedures, formal and informal interviews with inmates and staff, this standard is assessed as compliant, “meets standard”.

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### DATA COLLECTION AND REVIEW

**Standard 115.86: Sexual abuse incident reviews**

**115.86 (a)**

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

**115.86 (b)**

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☑ Yes ☐ No
115.86 (c)

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

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The Franklin Medical Center, in accordance with ODRC policy 79-ISA-03 Sexual Abuse Review Team, requires its key staff to review all sexual abuse incidents within 30 days of conclusion of the investigation unless determined to be unfounded. This policy directs that the managing officer will establish a Sexual Abuse Review Team (SART) that include, at a minimum, the following:
1) Institutional Operation Compliance Manager-chairperson,
2) a Deputy Warden,
3) an Institutional Investigator,
4) a designated Victim Support Person (VSP), and
5) any staff member that may have relevant input, such as Unit staff, line supervisors, and medical and mental health practitioners.

The policy stipulates “the SART shall review all sexual abuse incidents, unless determined to be unfounded, within 30 calendar days of the conclusion of the investigation. This team will complete the sexual abuse case review and document such in the PREA incident reporting system”. The SART uses a checklist that considers issues in the following sections:

- inmate’s concern,
- Committee considerations,
- Committee recommendations,
- Committee referrals,
- Committee signatures,
- Warden’s comments/actions ordered,
- And committee recommended approved (yes or no).

Under committee considerations, the committee considers change to policy or procedure, motivations, physical barriers, inadequate staffing, and monitoring technology.

In the past 12 months there have been three (3) completed investigations, excluding only unfounded investigations, all of which have been reviewed by the SART within 30 days. This information from the PAQ.

Based on the review of the documents, policies, the SART reports, and interviews with SART members, and specialized staff including the Warden, the auditor assesses this standard as compliant, “meets standard”.

**Standard 115.87: Data collection**

**115.87 (a)**

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

**115.87 (b)**

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No
115.87 (c)
- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

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

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

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

**Auditor Overall Compliance Determination**

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

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

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

The ODRC collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument. The ODRC policy 79-ISA-01 Prison Rape Elimination, addresses eight steps of data collection and monitoring:

1) monthly reports of allegations by Institutional Investigators,
2) accurate reporting modules,
3) review of aggregated data, identifying problems, taking corrective action, and preparing an annual report,
4) review and compare the ODRC annual data and corrective actions of previous years,
5) ensure aggregate data from private facilities,
6) remove/redact personal identifiers,
7) make sure certain appropriate information is entered into the Department Offender Tracking System (DOTS), and
8) maintain and secure records as outlined in the State of Ohio/ODRC Retention Schedule.
This is the basis for the annual ODRC PREA Report as well as the annual Survey of Sexual Victimization (SSV) prepared for the federal government.

The auditor reviewed the above information and the SSV report of the latest year, the ODRC Institutional Aggregate Report and the ODRC Annual Report. Based on these reports, and interviews with the Warden, the Institutional PREA Manager, the Agency PREA Coordinator, and the Agency Director, the auditor assesses this standard as “meets standard”.

**Standard 115.88: Data review for corrective action**

115.88 (a)

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

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

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

The Agency PREA Coordinator prepared the ODRC Annual Internal Report on Sexual Assault Data (Annual Report) for 2013, 14, 15, and 16. The Annual Report and aggregate data contains information for the Survey of Sexual Victimization (SSV) report which is required by the federal government. The institutional information from FMC contains uniform data which is sent to the agency headquarters to assist in the accumulation of aggregate data.

The Annual Report outlines its purpose, which is to make use of the information to identify problem areas and formulate correctional measures. This report, information, and insights provides a compilation of data by the ODRC that is impressive helping support the auditor’s assessment that this standard is “exceeds” (primarily because of the thoroughness and completeness of the information).

The ODRC Annual Report is divided into four areas: 1) Introduction; 2) Data/Information; 3) Problem and Identification, and Corrective Measures; and 4) Conclusions (with attachments/spreadsheets addressing each ODRC institution and dealing with, at a minimum, staff on inmate contact sexual assault, and inmate on inmate confirmed sexual assault). This report is signed by the Agency PREA Coordinator and approved by the ODRC Agency Director.

Agency information and the annual report is available through the public website, www.drc.ohio.gov/web.prea.htm. The annual report reflects, in the auditor’s judgment, the ODRC’s commitment to the safety and security of staff and inmates and the commitment to reduce sexual violence in prison, and the agency’s commitment to comply with PREA standards.

Based on the interviews with the Agency Director, the Agency PREA Coordinator, the Warden, and the Institutional PREA Manager, this standard is assessed as “exceeds”.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
  ☒ Yes  ☐ No
115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

The ODRC has a policy 79-ISA-01 Prison Rape Elimination, which outlines and directs in its section on Data Collection and Monitoring, that all documents will be securely retained in accordance with the ODRC records and retention schedule. This retention schedule is at least 10 years.

The ODRC makes the information available through its public website: http://www.drc.ohio.gov/prea.

The agency redacts or removes all personal identifiers before making information public.

Based on the auditor’s review of the above policy, the retention schedule, and the website, this standard is assessed as compliant, “meets standard”.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits
115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

☒ Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)
Note on Standard 115.401: Frequency and Scope of Audits; the Ohio Department of Rehabilitation and Correction has been awarded the Lucy B Hayes award by the American Correctional Association for having its adult correctional facilities assessed as PREA compliant.

Based on the above note, and the auditor’s review of subsections a, b, h, l, m, n, with the Warden, the Regional PREA Compliance Coordinator; review of supporting documentation, and review of the website, this standard is assessed as compliant, “meets standard”.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

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

Please see the above note for standard 115.401.

The auditor has reviewed the agency website, and the auditor has personally interviewed both the Agency Director and the Agency PREA Coordinator. Based on review of the website, and the interviews, the auditor assesses compliance for this standard, “meets standard”.

**AUDITOR CERTIFICATION**

I certify that:

☑️ The contents of this report are accurate to the best of my knowledge.

☑️ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and

☑️ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

**Auditor Instructions:**

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

James Curington ______________________ 5/28/2018 ____________

Auditor Signature Date

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