# Prison Rape Elimination Act (PREA) Audit Report

## Adult Prisons & Jails

- **Interim**: ☐
- **Final**: ☒

### Date of Interim Audit Report:

If no Interim Audit Report, select N/A. ☒ N/A

### Date of Final Audit Report:

July 12, 2021

## Auditor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Douglas K. Sproat, Jr.</td>
<td><a href="mailto:dougksproat@gmail.com">dougksproat@gmail.com</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Company Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>American Correctional Association</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>141 Skyline Drive</td>
<td>Clinton MS 39056</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Telephone:</th>
<th>Date of Facility Visit:</th>
</tr>
</thead>
<tbody>
<tr>
<td>601 924-4742</td>
<td>May 25-27, 2021</td>
</tr>
</tbody>
</table>

## Agency Information

<table>
<thead>
<tr>
<th>Name of Agency:</th>
<th>Ohio Department of Rehabilitation and Correction</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Governing Authority or Parent Agency (If Applicable):</th>
<th>State of Ohio</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4545 Fisher Road, Suite D</td>
<td>Columbus OH 43228</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address:</th>
<th>City, State, Zip:</th>
</tr>
</thead>
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<tr>
<td>4545 Fisher Road, Suite D</td>
<td>Columbus OH 43228</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The Agency Is:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Military</td>
<td>☐ Private for Profit</td>
</tr>
<tr>
<td>☐ Private not for Profit</td>
<td>☒ State</td>
</tr>
<tr>
<td>☐ Municipal</td>
<td>☐ County</td>
</tr>
<tr>
<td>☐ County</td>
<td>☐ Federal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Website with PREA Information:</th>
<th><a href="http://drc.ohio.gov/prea">http://drc.ohio.gov/prea</a></th>
</tr>
</thead>
</table>

## Agency Chief Executive Officer

<table>
<thead>
<tr>
<th>Name:</th>
<th>Annette Chambers-Smith</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:Annette.Chambers-Smith@odrc.state.oh.us">Annette.Chambers-Smith@odrc.state.oh.us</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>1-614-752-0283</td>
</tr>
</tbody>
</table>

## Agency-Wide PREA Coordinator

<table>
<thead>
<tr>
<th>Name:</th>
<th>David Kollar</th>
</tr>
</thead>
<tbody>
<tr>
<td>Email:</td>
<td><a href="mailto:David.Kollar@odrc.state.oh.us">David.Kollar@odrc.state.oh.us</a></td>
</tr>
<tr>
<td>Telephone:</td>
<td>330-540-1713</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PREA Coordinator Reports to:</th>
<th>Number of Compliance Managers who report to the PREA Coordinator:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chief, Bureau of Operational Compliance</td>
<td>25</td>
</tr>
</tbody>
</table>
### Facility Information

**Name of Facility:** Franklin Medical Center

**Physical Address:** 1990 Harmon Ave.  
**City, State, Zip:** Columbus, OH 43223

**Mailing Address (if different from above):**  
City, State, Zip: Click or tap here to enter text.

**The Facility Is:**  
☐ Military  
☐ Private for Profit  
☐ Private not for Profit  
☐ Municipal  
☐ County  
☒ State  
☐ Federal

**Facility Type:**  
☒ Prison  
☐ Jail

**Facility Website with PREA Information:**  
https://drc.ohio.gov/prea

**Has the facility been accredited within the past 3 years?**  
☒ Yes  
☐ No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

☒ ACA  
☐ NCCHC  
☐ CALEA  
☐ Other (please name or describe): Click or tap here to enter text.

☐ N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:

Internal Management Audit

**Warden/Jail Administrator/Sheriff/Director**

**Name:** Jenny Hildebrand  
**Email:** Jenny.Hildebrand@odrc.state.oh.us  
**Telephone:** 614-441-0212

**Facility PREA Compliance Manager**

**Name:** Josh Suerdieck  
**Email:** Joshua.Suerdieck@odrc.state.oh.us  
**Telephone:** 614-441-0212

**Facility Health Service Administrator**  
☐ N/A

**Name:** Dave Pennington  
**Email:** David.Pennington@odrc.state.oh.us  
**Telephone:** 614-441-0500

### Facility Characteristics

**Designated Facility Capacity:** 670

**Current Population of Facility:** 373
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average daily population for the past 12 months:</td>
<td>422</td>
</tr>
<tr>
<td>Has the facility been over capacity at any point in the past 12 months?</td>
<td>☒</td>
</tr>
<tr>
<td>Which population(s) does the facility hold?</td>
<td>☒ Females, ☒ Males, ☒ Both Females and Males</td>
</tr>
<tr>
<td>Age range of population:</td>
<td>18-87</td>
</tr>
<tr>
<td>Average length of stay or time under supervision:</td>
<td>1 year 3 months</td>
</tr>
<tr>
<td>Facility security levels/inmate custody levels:</td>
<td>1,2,3,4,DR</td>
</tr>
<tr>
<td>Number of inmates admitted to facility during the past 12 months:</td>
<td>698</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:</td>
<td>698</td>
</tr>
<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:</td>
<td>250</td>
</tr>
<tr>
<td>Does the facility hold youthful inmates?</td>
<td>☒</td>
</tr>
<tr>
<td>Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)</td>
<td>0</td>
</tr>
<tr>
<td>Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</td>
<td>☒</td>
</tr>
<tr>
<td>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</td>
<td>☐ Federal Bureau of Prisons, ☐ U.S. Marshals Service, ☐ U.S. Immigration and Customs Enforcement, ☐ Bureau of Indian Affairs, ☐ U.S. Military branch, ☐ State or Territorial correctional agency, ☐ County correctional or detention agency, ☐ Judicial district correctional or detention facility, ☐ City or municipal correctional or detention facility (e.g. police lockup or city jail), ☐ Private corrections or detention provider, ☐ Other - please name or describe: Click or tap here to enter text.</td>
</tr>
<tr>
<td>Number of staff currently employed by the facility who may have contact with inmates:</td>
<td>534</td>
</tr>
<tr>
<td>Number of staff hired by the facility during the past 12 months who may have contact with inmates:</td>
<td>147</td>
</tr>
<tr>
<td>Number of contracts in the past 12 months for services with contractors who may have contact with inmates:</td>
<td>5</td>
</tr>
<tr>
<td>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</td>
<td>83</td>
</tr>
<tr>
<td>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</td>
<td>0</td>
</tr>
</tbody>
</table>
## Physical Plant

### Number of buildings:

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

| Number of buildings: | 6 |

### Number of inmate housing units:

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

| Number of inmate housing units: | 9 |

### Number of single cell housing units:

| Number of single cell housing units: | 0 |

### Number of multiple occupancy cell housing units:

| Number of multiple occupancy cell housing units: | 9 |

### Number of open bay/dorm housing units:

| Number of open bay/dorm housing units: | 0 |

### Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):

| Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.): | 2 |

- **In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)**
  - ☒ Yes  ☐ No  ☒ N/A

- **Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?**
  - ☒ Yes  ☐ No

- **Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?**
  - ☒ Yes  ☐ No

## Medical and Mental Health Services and Forensic Medical Exams

### Are medical services provided on-site?

| Are medical services provided on-site? | ☒ Yes  ☐ No |

### Are mental health services provided on-site?

| Are mental health services provided on-site? | ☒ Yes  ☐ No |
### Where are sexual assault forensic medical exams provided?
Select all that apply.

- On-site
- Local hospital/clinic
- Rape Crisis Center
- Other (please name or describe: Click or tap here to enter text.)

### Investigations

#### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility investigators</td>
<td>☐</td>
</tr>
<tr>
<td>Agency investigators</td>
<td>☐</td>
</tr>
<tr>
<td>An external investigative entity</td>
<td>☒</td>
</tr>
</tbody>
</table>

When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)

- Local police department
- Local sheriff's department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Click or tap here to enter text.)
- N/A

#### Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment:

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
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When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply.

- Facility investigators
- Agency investigators
- An external investigative entity

Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)

- Local police department
- Local sheriff’s department
- State police
- A U.S. Department of Justice component
- Other (please name or describe: Click or tap here to enter text.)
- N/A
Audit Findings

Audit Narrative (including Audit Methodology)

On May 25-27, 2021, a PREA audit was conducted at Franklin Medical Center (FMC), 1900 Harmon Avenue, Columbus, Ohio, to determine compliance with the Prison Rape Elimination Act (PREA) standards finalized August, 2012. The auditor was present at the facility 12 noon to 5:30 on Tuesday, 7:00 A.M.-5:30 P.M. Wednesday, and 7:30 A.M.-6:00 P.M. on Thursday. The facility was previously audited April 11-12, 2018, with all standards being in compliance.

Pre-Audit Activities:

Notice of PREA audit: The PREA audit notice for the Franklin Medical Center (FMC) was provided to Douglas K. Sproat, Jr., Department of Justice (DOJ) auditor, by email on March 15, 2021, by David Hassenritter, Director of Standards and Accreditation, American Correctional Association (ACA). The audit notices (English and Spanish) were posted in common areas, the entrances to the facility, and inmate living units approximately nine weeks prior to the PREA site visit. These postings were verified by the Auditor’s observation during the on-site visit and interviews with random staff and inmates. The auditor did not receive any correspondence from any staff or inmate prior to arrival. The auditor reviewed the agency website and all PREA audit reports were available, along with the PREA annual reports; information about third-party reporting was also included on the website. The previous PREA audit report for FMC was reviewed and there were no previous issues.

Pre-Audit Questionnaire and Documentation Review:

The auditor reviewed the pre-audit questionnaire (PAQ) and documentation received on a password-protected flash drive approximately six weeks before the on-site visit for each of the 43 standards. The flash drive information was provided by David Kohler, the agency-wide PREA Coordinator. The auditor reviewed policies and procedures, along with documents and files, during the pre-audit, on-site, and post-audit phases. These materials included secondary documentation submitted to the auditor both on-site and post-audit. Reviewing the agency’s PAQ and supporting documentation, the Auditor found the information to be well-organized, with key points highlighted, allowing for ease of auditing. The auditor had contact with the facility’s Operational Compliance Manager (OCM) on various audit-related matters by telephone and email, both before and after the on-site visit.

On-Site Audit Activities:

The auditor had served as a member of the ACA accreditation audit team immediately before the PREA audit, which allowed him an opportunity to make a visual inspection of all areas of the facility that related to PREA issues before the formal start of the PREA audit. While touring the facility as part of the accreditation audit, he was also able to conduct 10 informal interviews with staff and 13 informal interviews with inmates. During this tour, the auditor saw notices announcing the dates of the PREA audit posted in various buildings throughout the FMC compound. He also saw posters about the agency’s/facility’s zero tolerance policy which included information on how and to whom to report allegations of sexual abuse and sexual harassment. During that facility tour and the revisits, he evaluated sightlines and potential blind spots, along with noting camera placement and the use of mirrors; this information provided valuable insight for helping to determine if coverage was sufficient for monitoring and whether placement of cameras or mirrors gave rise to any PREA-related privacy/viewing issues.
An entrance briefing was held on Tuesday, May 25, 2021, at 1 P.M. with the following individuals: Warden Jenny Hildebrand, Deputy Warden of Operations Darryl May, Deputy Warden of Special Services Erin Maldonado, OCM/Inspector Josh Suerdieck, Chief of Security Major Lashaunda Mason, and PREA Compliance Administrator Justin Johnson. The auditor discussed the PREA audit process with the group for the on-site phase of the audit and explained the method he would use to gather information: (1) observe facility practices and physical plant, (2) review written policies and procedures, (3) interview staff and inmates, and (4) supplement documentation as needed. The auditor explained that a PREA audit process can be much more probing than a typical accreditation, but the association between facility staff and the auditor should represent a joint undertaking to ensure FMC achieves full compliance with each PREA standard. He advised those present that DOJ anticipates that some corrective action may be needed, and the need for corrective action to address a shortcoming should not be viewed negatively. He stated that the process of a PREA audit, including interviews and documentation review, was more detailed than it was during the facility’s 2018 PREA audit, since auditors now have the benefit of additional guidance and direction from DOJ and the PREA Resource Center. At this point the briefing concluded.

Because the auditor had previously toured the facility as a part of the ACA accreditation team, the auditor was able to begin his interviews at the close of the entrance briefing. The OCM provided the auditor a private room for his interviews with the inmates; staff interviews were conducted either in a private office or the office of the person being interviewed.

The auditor interviewed 12 on-site specialized staff as follows:

- One Warden
- One Deputy Warden of Operations
- One Deputy Warden of Special Services
- One Major, Chief of Security
- One OCM/Inspector
- One Facility Investigator
- One Ohio State Highway Patrol (OSHP) Investigator
- One Human Resources Manager
- One Mental Health Chief
- One Health Services Administrator (HSA)
- One Training Officer
- One Unit Manager Chief (UMC)

The auditor interviewed 21 random staff as follows:

- Three shift supervisors, one from each shift
- Eight correctional officers, two from each shift and two utility officers
- Two master control correctional officers, from first and second shifts
- One Unit Manager (UM)
- One Maintenance Supervisor
- One Laundry Supervisor
- Two contractors, Aramark Food Service
- One Mental Health Clinician
- Two intake staff

The auditor conducted a total of 27 detainee interviews:

- Two transgender inmates
- One bisexual inmate
• One inmate reporting prior sexual abuse
• Two physically disabled inmates confined to wheelchairs
• 21 random inmates

On Site Documentation Request and Review

• Five random employee background checks/PREA training documentation
• Two contractor background checks/PREA training documentation
• Five random medical and mental health PREA specialized training documentation
• Two volunteer background checks/PREA training documentation
• Samples of written PREA inmate education materials, inmate handbook, poster, brochures,
• Five random sample of inmate files showing the receipt of comprehensive PREA education within 30 days of arrival
• Five random inmate risk screenings for sexual victimization/abuse, to include reassessments within 30 days of arrival

Onsite Visit Closeout:

The auditor conducted an exit briefing on May 27, 2021 with Warden Jenny Hildebrand, Deputy Warden of Operations Darryl May, Deputy Warden of Special Services Erin Maldonado, OCM/Inspector Josh Suerdieck, Chief of Security Major Lashaunda Mason, Investigator Greg Harris, Agency PREA Coordinator David Kollar, and PREA Compliance Administrator Justin Johnson. Although the Auditor could not give a final tally from the audit at that point, he did give a preliminary assessment that all standards were at least at the “Meets Standard” level. He noted that FMC was very well-run with experienced and capable staff and good security practices. He concluded by expressing his gratitude to the group for the materials supplied to him in advance, for their cooperation and hospitality during the audit, and for their commitment to PREA.

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

What is now known as FCM previously was designated according to the two functions it served: the Correctional Medical Center and the Franklin Pre-Release Center. These two functions were administratively joined and in 1993 became the Franklin Medical Center, comprised of two zones, Zone A and Zone B. Zone A of FMC continues to function as a medical facility, providing medical treatment to ODRC inmates throughout the state. It offers outpatient and in-patient treatment to both male and female inmates in coordination with the care provided at the various parent institutions and outside hospitals. Zone B serves as a minimum-security male facility that focuses on re-entry programming.

The physical address of Zone A of the Franklin Medical Center is 1990 Harmon Avenue, Columbus Ohio. The five primary buildings in Zone A are the administration building, the three-story medical building, the rear sally port control building, the transportation hub/transfer facility, and an institutional warehouse. The administration building houses administrative offices, human capital, mailroom, key and lock, main central control, and main pedestrian entrance to the compound. The medical unit building houses a large medical lab, kitchen and dining room, maintenance shops, laundry, warehouse, pharmacy, visitation, chaplain, outpatient clinics and holding area, short term patient units, and housing for 80 inmates who are classified as either long-term extended care patients, or females who are assigned a cadre or are at FMC for medical observation while pregnant. There is a second control center housed in a stand-alone building at the rear sally port. The control center houses the primary arsenal and regulates all vehicle traffic into the institution.

FMC also serves as the primary location for the ODRC medical clinic operation and transport hub. On any given weekday, as many as 200 inmates can be transported to Zone A for specialty clinics as well as transfer exchanges.

Zone B, whose physical address is 1800 Harmon Ave., Columbus, Ohio, consists of two buildings located on 5.7 acres. One building serves as a gatehouse and main entrance to the facility. Also located in this building are the administrative offices, kitchen and dining room, arsenal, central control, commissary, library, maintenance, gym, visiting park, and receiving area. The other building is inmate housing, consisting of five dormitories. The two-story dormitories each have large dayrooms on each floor. There are four, eight, and twelve person rooms in each dormitory. There is also a single-person safe cell and a two-person isolation cell in the dorms. The yard accommodates a large uncovered recreation area that provides for basketball and volleyball courts. The medical unit is also housed in this building, along with inmate housing. A separate modular trailer has been placed between the two buildings and serves as the institution’s primary training facility.
## Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

### Standards Exceeded

| Number of Standards Exceeded: | 4 |
| List of Standards Exceeded:   | 115.21, 115.31, 115.41, 115.64 |

### Standards Met

| Number of Standards Met: | 39 |

### Standards Not Met

| Number of Standards Not Met: | 0 |
| List of Standards Not Met:    | 0 |
PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- Facility Policy 79-ISA-01-FMC/Institution PREA Zero Tolerance Policy, December 1, 2017
- PAQ
- Organizational charts: ODRC, FMC
- Interviews: Warden, OCM, PREA Compliance Administrator

(a) FMC, ODRC’s medical correctional facility for the medical treatment of all ODRC inmates, has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. The policy is 79-ISA-01/Prison Rape Elimination (July 23, 2018). This policy states, “It is the policy of the Ohio Department of Rehabilitation and Correction (DRC) to provide a safe, humane, and appropriately secure environment, free from the threat of sexual misconduct for all inmates by maintaining a program of prevention, detection, response, investigation and tracking. The DRC shall maintain zero tolerance for sexual misconduct in its institutions and in any facilities with which it contracts for the confinement for inmates.” The policy defines prohibited act and behaviors, and it explicitly prohibits any sort of sexual misconduct, whether between inmates or by staff, contractors, and/or volunteers toward inmates. Another policy, 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation (July 24, 2017), mandates that every allegation of sexual misconduct and/or sexual harassment must be investigated administratively and/or criminally by trained investigators. This policy also spells out the specifics of ODRC’s framework for preventing, detecting, and responding to sexual abuse and sexual harassment. This policy includes, but is not limited to, provisions regarding PREA training, inmate education, and prevention strategies.

(b)(c) David Kollar is the ODRC agency-wide PREA coordinator. Before the on-site portion of the audit began, he had advised the Auditor by telephone that he would be unable to be present at the start of the audit. His assistant, the PREA Compliance Administrator, provided the auditor with information about the functions of the office of the agency-wide PREA coordinator. According to the PAQ, 25 institutional PREA Compliance Managers report directly to Mr. Kollar, who reports to the Chief of the Bureau of Operational Compliance (BOC). The agency’s organizational chart reviewed by the auditor verified this reporting structure. The facility OCM, who reports directly to the FMC Warden, stated that he has both the time and the authority to handle the tasks that comprise his PREA responsibilities. While the auditor was onsite, the OCM worked closely with him to schedule interviews, locate requested documents, and provide other support as needed. He appeared to be both very knowledgeable and very efficient.

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

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

115.12 (a)

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

115.12 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- Contract with private companies
- PAQ
- Written summary of interview of the Chief of Acquisition and Contract Compliance by DOJ-certified PREA auditor Valerie Mahfood
- Memo regarding confinement of inmates by private companies

(a)(b) ODRC contracts with CoreCivic and Management and Training Corporation for the confinement of Ohio inmates in three facilities: Lake Erie Correctional Institution, North Central Correctional Complex, and Northeast Ohio Correctional Center. A requirement of Policy 79-ISA-01 is that “all new or renewed contracts for the confinement of DRC inmates must include a provision that the contractor will adopt and comply with PREA standards. In addition, any new contract or contract renewal shall provide for contract monitoring to ensure the contractor is complying with PREA standards.”

Management staff with particular subject matter expertise sometimes cannot be present at a facility when an audit is scheduled. In that circumstance, a written summary of an interview with that person, recently conducted by another DOJ-certified auditor when auditing a different Ohio facility, can serve as
a substitute to provide important information for the on-site PREA auditor when the agency administrator is unavailable. The PREA Compliance Administrator provided the auditor a copy of the March 22, 2021, interview of Ken Kopycinski, Chief of Acquisition and Contract Compliance, by DOJ-certified PREA auditor Valerie Mahfood. The auditor has reviewed the written summary and is incorporating material from that interview to support compliance with this standard. Mr. Kopycinski stated that all the facilities with which ODRC contracts have had PREA audits within the last three years; all were fully PREA-compliant. He further stated that each of the three facilities “has a full-time Contract Monitor…to monitor day to day operations. The Contract Monitor reports directly to the Assistant Chief of Acquisition and Contract Compliance. The Regional Medical/Mental Health/Recovery Services monitors conduct regular visits. The Regional Director conducts site visits. The Bureau of Operational Compliance conducts an annual Internal Management Audit to include a PREA Compliance Review. Contract facilities are required to follow ODRC policies.”

FMC is compliant with this standard.

**Standard 115.13: Supervision and monitoring**

_All Yes/No Questions Must Be Answered by the Auditor to Complete the Report_

**115.13 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  
  X Yes
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
  ☒ Yes  ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  
  ☒ Yes  ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  
  ☒ Yes  ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  
  ☒ Yes  ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?  
  ☒ Yes  ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  
  ☒ Yes  ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  
  ☒ Yes  ☐ No
In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? ☒ Yes ☐ No ☐ NA

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

115.13 (b)

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

115.13 (c)

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

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

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

115.13 (d)

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

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

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

Auditor Overall Compliance Determination
☐ □ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 50-PM-02/Inmate Communication/Weekly Rounds, October 7, 2019
- ODRC Policy 79-ISA-01/Prison Rape Elimination
- Shift duty rosters for three shifts
- Employee visit records (sign in logs for staff entering and reason for entering)
- Statement of status memo advising of the lack of a segregation unit
- Interviews: Warden, PREA Coordinator, OCM, Chief of Security, and intermediate and higher level facility staff
- Written summary of interview with PREA Coordinator
- Blank PREA staffing plan
- Blank staffing plan annual review

(a) The auditor’s interviews with the Warden and the OCM established that the facility’s staffing plan addresses the 10 factors listed in the standard, plus any other relevant factors. In addition to making observations during the tour of the facility’s practices using direct and video supervision, the auditor reviewed the staffing plan for all posts and all shifts at FMC. The facility’s staffing plan is satisfactory.

(b) By policy, the facility must develop and document a staffing plan. After the plan is developed, it is then submitted to the Warden for approval before being sent to the agency PREA coordinator. Any deviation from the plan must be approved by the Warden. There was no need to adjust the staffing plan during the audit period.

(c) At least annually the facility must consult with the agency PREA Coordinator “to assess the staffing plan, the facility’s deployment of video monitoring technologies, and the facility resources to determine if adjustments are needed.” Some issues that might be considered during a staffing plan review would the number of substantiated/unsubstantiated allegations for the previous 12 months and other factors such as staff neglect of duties.

(d) The auditor reviewed approximately 45 days of a continuous log of Employee Visit Records reflecting the rounds made 24 hours daily. These logs showed the unannounced rounds made by mid and upper-level staff required by this standard. Under Policy 50-PM-02, staff are prohibited from alerting others that supervisors are making rounds “unless such announcement is related to the legitimate operational function of the facility.” According to a memo from the OCM, “FMC has no individual segregation unit, due to the physical plant and housing logistics.”

FMC is compliant with this standard.
### Standard 115.14: Youthful Inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

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

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) □ Yes □ No ☒ NA

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

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

**Auditor Overall Compliance Determination**

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

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- ODRC Policy 52-RCP-01/Reception Admission Procedures, September 14, 2020
- ODRC Policy 71-SOC-05/Youthful Inmate Management
- Statement of Status memo regarding current audit cycle
- Interview: OCM

A memo from the facility OCM states, “Franklin Medical Center will only house youthful offenders in the event that a youthful offender will require extended stay in a medical facility for treatment or recovery purposes only. FMC has not housed any youthful offenders since the last PREA audit. Therefore, there are no facility housing arrangements for youthful offenders. No youthful inmates were placed in isolation. No services were delivered to youthful inmates. There were no instances of denial of exercise, education, or other programs to youthful offenders. The OCM confirmed this information when the auditor was on-site. “Since FMC did not have youthful offenders at any point since the last audit, there were no documents to review.

The facility is compliant with this standard.

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

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

**115.15 (a)**

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

**115.15 (b)**

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
  - ☒ Yes  ☐ No  ☐ NA

- Does the facility always refrain from restricting female inmates’ access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)
  - ☒ Yes  ☐ No  ☐ NA

**115.15 (c)**

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  ☒ Yes  ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) ☒ Yes ☐ No ☐ NA

115.15 (d)
- Does the facility have policies that enable inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enable 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 solely for determining the inmate’s genital status? ☒ Yes ☐ No
- If an inmate’s genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

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

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

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- Franklin Medical Center Policy 79-ISA-01-FMC/Institution PREA/Zero Tolerance Policy, December 1, 2017
- ODRC Policy 79-ISA-05/Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI), July 9, 2018
- ODRC Policy 310-SEC-01/Incarcerated Individual and Physical Plant Searches, September 14, 2020
- FMC PREA training requirements for facility staff and tracking log for fiscal year 2020
- Opposite gender search script and video
- Statement of status memos regarding the absence of cross-gender searches during the audit period
- Interviews: Security staff, medical staff, female and male inmates

(a)(c) ODRC policy 310-SEC-01 directs that a facility “shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.” This policy also requires staff to use “the highest degree of professionalism when conducting searches.” Documentation is required for “all cross-gender strip searches, cross-gender visual body cavity searches and all cross-gender pat down searches of female incarcerated individuals on an Incident Report (DRC1000).” The Auditor formally and informally interviewed eight security staff about facility practices addressing cross-gender and visual body cavity searches. None of those interviewed had ever been involved in any search of that type, nor could they recall ever hearing about any exigent circumstances where such searches were necessary. The training video the auditor viewed covered cross-gender, transgender, and intersex searches, along with the restrictions imposed on such searches when exigent circumstances did not exist. The HSA told the auditor that medical personnel at FMC did not perform any cross-gender strip searches or cross-gender visual body cavity searches during the audit period; he also expressed his awareness that such searches by medical personnel would only occur under exigent circumstances. The PAQ also indicated that there had been no searches of this type at FMC during the audit period.

(b) The auditor interviewed the only two female inmates on-site at FMC. These two inmates reported they had not been pat searched or strip searched by either male or female officers while at the facility. They also told the auditor there were no restrictions on them relating to participating in recreation or any other program that male inmates could participate in. A statement of status memo from the OCM states, “There were no incidents of cross-gender strip searches or body cavity searches during this audit period.” A second memo from the OCM indicates, “There have been no instances of exigent circumstances, that would require cross-gender strip searches or visual body cavity searches, or searches conducted by medical staff during this PREA compliance period.”
Under ODRC policy 310-SEC-01, documentation is required for “all cross-gender strip searches, cross-gender visual body cavity searches and all cross-gender pat down searches of female incarcerated individuals on an Incident Report (DRC1000).” Security line-staff and supervisors all told the auditor that documentation was required for cross-gender and visual body cavity searches, as well as for all cross-gender pat down searches of female inmates. These statements were in accord with their training on how to perform searches. However, they all noted that they had never had to perform a cross-gender search based on exigent circumstances.

(d) ODRC policy 79-ISA-01 specifies that all facilities must make sure “inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks, which includes viewing via video camera.” The two female inmates told the auditor they were housed in private rooms, apart from the male inmates, and the correctional officers supervising them were all female. These inmates said they had ample privacy to shower, perform bodily functions, and change clothing.

The auditor viewed the living arrangement for the female inmate and confirmed there was ample privacy afforded by their living arrangements. The male detainees interviewed by the auditor all indicated that they provided sufficient privacy that they did not have to worry about being seen by opposite gender staff when they were showering performing bodily functions or changing clothing.” The auditor’s observations of male living areas in both Zone A and Zone B confirmed that all of the male detainees had ample privacy.

The standard requires that whenever staff of the opposite gender enters an inmate housing unit, he or she must announce their presence. Previously, ODRC required this announcement: “Male/Female in housing unit.” However, this verbal announcement has been replaced at ODRC with a buzzer system to be used through most of the day through the early evening/night hours, to be supplemented with verbal announcement when the buzzer system is not being used. Under Policy 79-ISA-01-FMC the entrance of each housing unit. When the buzzer is pushed, it “makes a unique audible sound” that replaces the need for the “verbal announcement opposite gender staff….” The verbal announcement is used from 10:00 P.M. – 8:00 A.M.

The PREA buzzers in Zone A and for the medical area in Zone B need only to be pressed once at the beginning of each shift, since” the inmate handbook shall inform inmates that opposite gender medical staff are in these units at all times.” For the Zone B housing areas for the cadre inmates, the PREA buzzer is to be used whenever an opposite gender employee, contractor, or volunteer “enters a housing unit where there is not already another opposite-gender employee present.” The auditor heard the PREA buzzer sound numerous times during his time on-site. The detainees interviewed said the PREA buzzer is used consistently at least once per shift during the day and early evening to announce the presence of opposite gender staff, contractors, or volunteers in the unit.

(e) ODRC Policy 79-ISA-05 provides that “staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. If the genital status is unknown, it may be determined through conversations with the inmate or by reviewing medical records. If staff members are unable to determine the inmate’s genital status, the inmate shall be referred to medical for a broader medical examination conducted in private by a medical practitioner.” Medical staff indicated that determining an inmate’s “genital status” had not been a part of any medical examination during the audit period.

(f) Under ODRC Policy 79-ISA-01 and ODRC Policy 79-ISA-05, the facility must train its security staff on appropriate search techniques for transgender and intersex inmates. Searches must balance the need for professionalism and respect, with the facility’s need for security. All security staff told the
auditor that their training covered appropriate search practices with transgender and intersex inmates. A review of training records established that all security staff had been trained.

The auditor interviewed two transgender inmates while at FMC. Both said they had not been pat searched or strip searched. Additionally, both said they felt safe and that FMC did a good job in providing the PREA protections of all of the inmates there. A further comment was that they never felt as though they were being singled out in any way because of their transgender status. They expressed their appreciation for being treated, in their words, “just like any other inmate.”

FMC is compliant with this standard.

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

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

115.16 (a)

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

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

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

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

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

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

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

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

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

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

115.16 (b)

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

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

115.16 (c)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC policy 64-DCM-02/Inmates with Disabilities, March 5, 2018
- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- ODRC Policy 52-RCP-10/Inmate Orientation, January 6, 2020
- PREA orientation video
- Department of Administrative Services contract with Vocalink Language Services
- Statement of status regarding requests for reasonable accommodations
- Statement of status regarding use of inmate interpreters, readers, or helpers
- Written summary of interview with agency director's designee
- Interviews: Intake staff, medical staff, OCM, two physically-disabled inmates

(a)(b)(c) ODRC policy 64-DCM-02 sets out that no individual in the ODRC system can be discriminated against based on a disability. Inmates must have equal access to all programs and service offered by the agency, and the agency’s role in identifying any disabilities begins when an inmate arrives at an ODRC reception center, where the inmate is screened for “vision, medical, hearing, mobility, mental health, and intellectual disabilities and developmental disabilities.” Disabilities not identified at a reception center may become apparent later and/or may be identified when the inmate arrives at the “parent institution.”

Under ODRC Policy 52-RCP-10/Inmate Orientation, unless there are “unusual circumstances,” orientation will occur with one week after an inmate arrives at the “parent institution,” and handbooks are to be provided in the “inmate’s native language, where possible.” However, if there are “obvious barriers to comprehension,” staff must “explain the information to inmates…and document this assistance on the Inmate Orientation Checklist…..” This policy also states that whenever “a literacy or language problem prevents…[an inmate] from understanding any of the information provided…a staff member or translator shall assist the inmate.” Translation and interpretation services are readily available as needed, and the auditor reviewed the agency contract with Vocalink for such services, which also include American Sign Language, for verification. All facility handbooks for inmates include information on PREA, as well as the Americans with Disabilities Act accommodation process. The institution provides the following information to the inmate regarding this orientation program:

Within seven (7) days of your arrival or transfer to an institution, you will watch an ODRC Prison Rape Elimination Act (PREA) education video. This video will inform you of ODRC’s zero tolerance policy against sexual misconduct. The video is in English with a deaf interpreter. It also is closed caption with a Spanish outline at the end of the video. If you need additional assistance understanding anything in the PREA inmate education video or institution inmate handbook, see your unit staff.

The auditor viewed this video to confirm the features of the video that would be helpful to inmates who are hearing impaired, who use sign language, or who speak Spanish.

As noted above, “unusual circumstances” can affect this directive for providing an orientation within one week. For instance, at FMC “short-term, transitional inmates at…FMC Zone A” will have orientation upon arrival, with everything to be documented on the Inmate Orientation Checklist. This orientation, as described in local policy 79-ISA-FMC, will involve “oral instructions directing them to the institutional handbook for information about the agency’s zero-tolerance policy regarding sexual misconduct.” The handbook contains a section on PREA. The orientation video as described above will supplement the initial orientation within seven days.
Facility Policy 79-ISA-FMC, consistent with agency Policy 79-ISA-01, directs staff to “make appropriate provisions for any inmate not fluent in English, those with low literacy levels, and those with disabilities that hinder their ability to understand the information in the manner provided…. “ The agency PREA coordinator has the duty to “ensure all inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of DRC’s efforts to prevent, detect, and respond to sexual misconduct.” This policy further spells out the restrictions on using inmates as interpreters or readers except in situations when taking the time to contact an authorized interpreter could present a threat to safety or interfere with the performance of the protocol for first responders. A memo from the OCM states, “There have been no instances where inmate interpreters, readers or other inmates, were used during this audit cycle.” Another memo from the OCM states, “There have been no inmate reasonable accommodation requests received during this period.”

Although the auditor did not have an opportunity to interview the agency head, the ODCR PREA Administrator provided the auditor with a written summary of a recent interview with the agency Director's designee conducted by another DOJ-certified PREA auditor. In response to a question about what procedures the agency uses to allow LEP or disabled inmates to benefit fully from the protections of PREA, the agency Director's designee stated: “Our Incarcerated Adult Education Video has sign language and closed captioning. We also have contracts for interpreters and sign language available to all institutions.” The intake staff and the OCM told the auditor there had not been any time during the audit period when there was any difficulty in conveying information to an inmate. At the time the auditor was on-site, the facility did not have any limited-English-proficiency inmates (LEPs) or inmates with hearing, vision, or intellectual impairments. However, he did interview two inmates with a physical disability (confined to wheelchairs). Each of them indicated they were provided information on PREA and was made aware of how and whom to report PREA allegations if it became necessary.

The facility is compliant with this standard.

**Standard 115.17: Hiring and promotion decisions**

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

115.17 (a)

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

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

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

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

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

**115.17 (b)**

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

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

**115.17 (c)**

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

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

**115.17 (d)**

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

**115.17 (e)**

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

**115.17 (f)**

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

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 34-PRO-07/Background Investigations, August 10, 2017
- ODRC Policy 79-ISA-01/Prison Rape Elimination, January 23, 2018
- ODRC Policy 31-SEM-02/Standards of Employee Conduct, September 3, 2019
- Resume and application for job at FMC
- Spreadsheet for FMC staff background checks (initial and date for future check) and PREA training completion date
- Spreadsheet for FMC contractor background checks (initial and date for future check) and PREA training completion date
- Two background investigation checklists
- PREA annual acknowledgement form, signed and dated
- Statement of status memo related to requests for prior employment information
Interview: Human resources supervisor, OCM

Policy 34-PRO-07 requires a background investigation be conducted on each state employee, intern, contractor, and volunteer under consideration for employment with or entrance into any ODRC institution. The purpose of the background check is to identify offenses or behaviors that may impact job performance of staff or contractors, volunteer participation, or internship work. PREA standard 115.17 specifically requires that before anyone who may have contact with an inmate is hired as either an employee or contractor, the individual must be specifically questioned about whether he or she has ever: (1) engaged in sexual abuse in any prison, jail, lockup, community confinement facility, juvenile; (2) 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 or been civilly; and (3) administratively adjudicated 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.

The Human Resources/Personnel Department at FMC coordinates with the Centralized Background Checks Unit for background information, background checks, and personal history checks required to employ staff or contractors at FMC. The Standards of Conduct require employees to self-report any sexual misconduct, criminal sexual abuse, and/or sexual harassment behavior; there is a Prison Rape Elimination Act Annual Acknowledgement form that must be completed each year. The OCM and the HR Supervisor confirmed that the facility is current with the 2020 acknowledgement with these documents.

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. Unless prohibited by law, ODRC will 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. A memo from the OCM states, “No information requests for prior employment have been made to the Franklin Medical Center during the audit period.” The auditor reviewed five personnel files on site and one personnel file provided online before the audit. The file reviewed online included an application with the required PREA questions, and a background check. The files reviewed on-site included job applications with the required PREA questions, a background check, and annual acknowledgment forms (ODRC 1214 E.). Files for employees working for ODRC longer than five years also had at least one five-year background check.

FMC meets the requirements of this standard.

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**Standard 115.18: Upgrades to facilities and technologies**

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

115.18 (a)

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

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- PREA Staffing Plan
- PREA Staffing Plan Deviation
- Transit Hub technology plan
- Written summary of interview with Director’s Designee

(a)(b) The agency has made structural modifications at FMC, as well as extending video monitoring to accommodate any additional areas requiring video supervision. In April, 2020, 2 South, B Building, which was previously unoccupied, was put to use for 2A cadre housing; the changes were due to adjustments related to Covid-19. Additionally, in November, 2020, a new transportation hub building was completed. FMC makes it a practice to consider all relevant PREA issues when making changes of this sort. The ODRC PREA Administrator provided the auditor with a written summary of an interview conducted on March 3, 2021, by DOJ-certified PREA Auditor Valerie Mahfood with the agency Director’s designee, who stated the following: “The Construction, Activation, Maintenance and Sustainability division is responsible for facility modifications and works directly with the PREA Coordinator to ensure PREA related issues are considered.”

The facility is compliant with this standard.
Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

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

115.21 (c)

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

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

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

- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based
organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) ☒ Yes ☐ No ☐ NA

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

115.21 (e)

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

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- ORDC Policy 68-MED-15/Bureau of Medical Services Co-Payment Procedures, September 10, 2018
- Memo from a former PREA Coordinator regarding the agency’s use of hospitals with Sexual Assault Nurse Examiners (SAFEs) and Sexual Assault Forensic Examiners (SANEs)
- Medical Protocol B-11: Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse, September 9, 2015
- Medical Services Agreement between ODRC and Ohio State University on behalf of its University Hospital (July 1, 2017-June 30, 2021)
- Memorandum of Understanding (MOU) between ODRC and the Ohio State Highway Patrol (OHSP)
- Victim Support Person lesson plan
- MOU between ODRC and the Sexual Assault Response Network of Central Ohio
- OSP-103.07, Attachment P—Sexual Assault Evidence Collection and Analysis
- OSP-100.01, Offense and Incident Reports/Reports of Investigations
- Statement of status memo regarding the absence of forensic examinations during the audit cycle
- FMC PREA Victim Support Team schedule
- Certificates for 12 victim support staff
- Roster for PREA victim support training
- PREA Incident Report Application
- Interviews: HSA, medical staff, random staff, OCM, facility Investigator, OSHP Investigator, Director of Sexual Assault Response Network of Central Ohio (SARNCO)—by telephone

(a)(b)(c)(d)(e)(f)(h) At FMC there is one facility Investigator, along with the investigator assigned to FMC by the Ohio State Highway Patrol (OSHP). The investigatory duties of the OSHP investigator at FMC are detailed in an MOU, and both of these investigators use a uniform evidence collection protocol. As set out in the MOU, 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.” Under the MOU, both the facility investigator and the OSHP investigator are required to have specialized investigatory training. By policy, the FMC Investigator conducts an administrative investigation on every allegation. Potentially criminal cases are the province of the OSHP investigator. If the OSHP Investigator determines a crime has been committed, the case is then passed to the appropriate entity for prosecution. During the 12-month audit period, there were two allegations of sexual abuse. No cases were referred by the OHSP Investigator for prosecution.

Ohio State University Medical Center is used for all forensic exams, and the auditor reviewed the Medical Services Agreement between ODRC and Ohio State University on behalf of its University Hospital (July 1, 2017-June 30, 2021). There is no cost to the inmate for any part of this exam or any follow up. The medical center accepts and will perform forensic exams on FMC inmates using either a SANE or a SAFE, if available. If not, the examination can be conducted by other qualified medical personnel. During the audit period there were no forensic exams performed, and a memo from the OCM indicated that the cases during the audit period were not evidentiarily appropriate for a forensic exam.
SARNCO (Ohio Sexual Violence Helpline and Sexual Assault Response Network of Central Ohio), a rape crisis of Central Ohio, provides support services for inmates at FMC, as outlined in an MOU. The auditor reviewed the MOU regarding the services to be provided by SARNCO and spoke with the SARNCO director to confirm the services offered. Information about SARNCO can be found on posters throughout the facility. FMC also has a number of trained in-house victim support persons. The auditor viewed victim support persons’ training certificates, along with sign-in rosters for victim support training. The auditor also noted on the PREA Incident Report Application that there is a place to record whether a victim support person (either FMC staff or a community victim advocate) assisted the victim, and he reviewed the Victim Support checklist.

Because FMC has both a specially-trained facility Investigator and a specially-trained OSHP investigator on-site, as well as trained victim support staff to complement services provided by a local rape crisis team, and detailed protocols for evidence collection and forensic exams, it exceeds the requirements for this standard.

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

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.
115.22 (e)

- Auditor is not required to audit this provision.

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- PREA Incident Report Application
- Statement of status memo “There have been no allegation of sexual harassment at Franklin Medical Center during this audit cycle.”
- Interviews: OCM, FCM Investigator, OSHP investigator

(a)(b)(c) Policy 79-ISA-02 requires all facilities within ODRC to conduct an investigation (administrative and/or criminal) into every allegation of sexual abuse or retaliation. The OSHP investigator is legally authorized to conduct criminal investigations. The FMC Investigator handles the administrative investigations, except for the allegations of sexual harassment; those are forwarded to the OCM after being reviewed by the Investigator. The auditor interviewed the FMC Investigator, who confirmed that an investigation is conducted on every allegation of sexual abuse, sexual harassment, or retaliation, regardless of how the allegation was made or received (written, verbal, anonymous or third party). The OCM outlined for the auditor the process the investigator follows when allegations occur, including the specific evidence protocols that must be followed. The auditor interviewed the OSHP Investigator, who confirmed that he conducts all criminal investigations.

Appendix A of Policy 79-ISA-02 contains a very detailed set of tasks related to evidence collection, along with an investigatory/evidence checklist, with tasks listed depending on whether the allegation is made sooner than 96 hours after the event or later. Appendix A sets out that “evidence is collected in accordance with the Ohio State Highway Patrol Sexual Evidence and Collection and Analysis Protocol and the Ohio Department of Health Sexual Assault Evidence Collection Kit Protocol (revised, February 2011) and a National Protocol for Sexual Assault Medical Forensic Examinations Adult/Adolescents (Second Addition – April 2013).” The auditor viewed PREA Incident Report Applications as a verification of the type of information entered into the reporting system when an allegation occurred.
During the audit period, there were two PREA allegations for abuse. No cases were referred for prosecution. The OCM reported in a memo that there were no allegations of sexual harassment at Franklin Medical Center during this audit cycle.” The auditor reviewed the investigative files from the audit period, and the materials in the files, such as statements from victims and/or witnesses and video footage, appeared to reflect thorough and appropriate investigations. One allegation was determined “unfounded” and the other was judged to be “unsubstantiated.” ODRC publishes its investigative policy (Policy 70-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation, and Prevention of Retaliation) on its website (http://drc.ohio.gov/policies/sexual-assaults), along with several other PREA-related policies.

FMC is compliant with this standard.

**TRAINING AND EDUCATION**

**Standard 115.31: Employee training**

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

115.31 (a)

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

Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

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

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

115.31 (c)

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

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

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

115.31 (d)

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

- ODRC policy 79-ISA-01/Prison Rape Elimination, January 23, 2018
- ODRC policy 39-TRN-10/Employee Orientation Training, March 1, 2021
- Facility policy 79-ISA-01-FMC/Institution PREA Zero Tolerance Policy, December 1, 2017
- Spreadsheet: Learning Plans for staff--PREA training requirements and completion dates
- Orientation/OJT Program checklist for institutional transfers
- Pre-test for PREA training
- Pre-test for Appropriate Communication with LGBTI Offenders
- Lesson plan outline: PREA Appropriate Supervision of LGBTI and Sex Offender Population
- Interviews: OCM, training officer, random staff

(a)(b)(c)(d) Policies 79-ISA-01, 79-ISA-01-FMC, and 39-TRN-10 all address the scope of the training for staff at FMC. The auditor evaluated the training for employees at FMC by reviewing agency policies--including the issues of zero-tolerance and other PREA principles--reviewing training records, and interviewing with staff. All staff, not just those with inmate contact, receive extensive training. According to the PAQ, the facility has 534 staff, all of whom have been trained or retrained during the audit period.

The auditor reviewed the training curriculum and confirmed that it covered all areas outlined in the standard. Non-security employees receive 40 hours of new employee orientation training (NEO), including various PREA topics, before assuming their duties and being allowed to have any unsupervised offender contact; they must also have supervised, job-specific OJT. Security staff receive more training, including various PREA topics, such as proper search techniques for transgender or opposite gender detainees, supervision techniques for LGBTI detainees, etc.

Annual refresher PREA training is required for all employees. Employee transfers from another ODRC facility must have at least eight hours of orientation training, which has a PREA component. If the employee is transferring to FMC from either an all-male or an all-female institution, a part of the training will be tailored to working with the gender of inmates with whom they have not worked. The auditor viewed a record of a transfer staff member’s orientation to working at FMC. FMC issues PREA informational cards to staff and discusses PREA policies at rollcall. The NEO curriculum is reviewed annually. There is also an intranet component with PREA information.

All staff interviewed, whether security or non-security, knew their responsibilities under PREA. Both during random staff interviews and through general questions asked while on-site, the auditor was able to confirm staff understanding of and commitment to the zero tolerance policy and the tasks/responsibilities associated with it. The annual refresher training takes place both in a classroom trailer on-site and online, and all training must be documented. The auditor interviewed the training officer to verify the different types of PREA training at the facility. He reviewed a sampling of five staff training files and a spreadsheet showing the Learning Plan for FY20 for all staff members (with required PREA training and completion dates) to verify that staff members had received their initial and up-dated PREA mandatory training.

As noted above, there is annual refresher training on PREA, even though the Department of Justice PREA requirement for employee training under this standard is every two years. Having an annual requirement for PREA training serves to underscore the importance ODRC accords the principles of PREA and is a large part of the reason FMC exceeds the requirements of this standard.
Standard 115.32: Volunteer and contractor training

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

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

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

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- Contractor/volunteer PREA training script and slide presentation
- Contractor/volunteer/intern signed acknowledgement forms
- PREA training session report
- Interview: Training Manager
(a)(b)(c) ODRC Policy 79-ISA-01 requires all contractors and volunteers to receive PREA training prior to assuming their responsibilities. This training provides information on the contract staff/volunteer’s responsibilities regarding sexual misconduct prevention, detection, and response. The level and type of training is based on the services they provide and the level of contact they have with the inmate population. The PAQ states that 25 “volunteers and individual contractors” have been trained regarding PREA during the audit period.

The Training Manager told the auditor that the contractors and volunteers go through the same orientation and refresher training as FMC employees, and he verified that the training provides PREA education. The auditor reviewed five contractor training files from the audit period and five volunteer training files that pre-dated the audit period because the use of volunteers was suspended during the audit period. He confirmed that each person trained signed a document verifying their understanding of the PREA training and their responsibilities under PREA and that each file contained a background check. He also reviewed the training script to verify that the PREA topics were covered in a clear and thorough manner. He interviewed two contractors from Aramark. They both confirmed they had completed PREA training before starting their duties. They said they had been trained on the facility’s zero-tolerance policies, including the consequences for violations of ODRC’s PREA policies, and they knew what to do if a situation arose where they needed to make a report about sexual abuse or retaliation.

FMC is compliant with this standard.

### Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)
- Have all inmates received the comprehensive education referenced in 115.33(b)? ☒ Yes  ☐ No

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

115.33 (d)

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

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

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

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

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

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

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

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- ORDC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- ORDC Policy 52-RCP-10/Inmate Orientation, January 6, 2020
- ORDC Policy 64-DCM-02/Inmates with Disabilities, March 5, 2018
- PREA posters on inmate reporting, English and Spanish
- PREA orientation video
- PREA Appendix to Inmate Handbook, English and Spanish
- Memo from OCM
- Inmate Transfer List
- Inmate Orientation Checklist for inmates on the transfer list
- Inmate files with acknowledgements of receiving inmate handbooks
- Interviews: intake staff, random inmates, UM, UMC

(a)(b)(c)(d)(e)(f) ORDC Policy 79-ISA-01 requires inmates to receive oral and written PREA information on arrival. Although FMC receives inmates who have already gone through processing at a reception center—or a reception center and a parent institution—inmates still receive a complete PREA education at FMC. Oral PREA information and references to the inmate handbook, which contains PREA information, are a part of the intake education on arrival. By policy, a more comprehensive PREA education must occur within seven days, but a memo from the OCM states that once the initial orientation takes place on the date the inmate arrives at FMC, the rest of the orientation is completed “over the course of two to three business days.”

The auditor reviewed an Inmate Transfer List from a reception center and the PREA education of the two inmates on that list. In both cases the inmates were given the brief PREA orientation and the more comprehensive orientation on the same day. The more comprehensive PREA education includes the PREA orientation video, which informs inmates of their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents and provides them with information on reporting any such incidents. The inmate’s participation in this orientation and education, as well as the receipt of an Inmate Handbook, is documented on the Inmate Orientation Acknowledgement Checklist. During the site review the Auditor interviewed 27 inmates. Each of them informed the auditor that they had received PREA information on the day they arrived and received additional information including a video within their first few days after arrival at the facility. The two intake staff interviewed told the auditor that inmates are provided a handbook in English and Spanish when they arrive at FMC, along with oral PREA information. They also said inmates must view the PREA video within seven days of arrival as well. The intake staff said they had never been unable to communicate with an inmate about PREA and its protections, regardless of language issues due to limited English proficiency (LEP) or impairments related to vision, hearing, literacy, or intellectual deficits.

ODRC policy 79-ISA-01 requires the facility to ensure that that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The auditor observed abundant PREA signage in English and Spanish throughout the facility, and his reviews of various inmate files verified receipt of a handbook. The auditor reviewed Appendix A from the Inmate Handbook that gives specific information on various ways for reporting sexual misconduct, such as to staff, through toll-free telephone numbers, or to a private/public agency not associated with

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Franklin Medical Center
The random interviews with inmates confirmed their knowledge of the reporting signage throughout the facility and how and whom to report incidents of sexual abuse if they needed to. The UM and the UMC said they had never had an inmate to claim he or she did not receive PREA information or did not understand the protections provided by PREA.

The facility is compliant with this standard.

**Standard 115.34: Specialized training: Investigations**

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

115.34 (a)

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

115.34 (b)

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

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

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

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

115.34 (c)

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

115.34 (d)
Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews, and Other Evidence Reviewed

- ORDC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- Curriculum list: PREA—Investigating Sexual Abuse in a Confinement Setting
- Training Certificates for 4 FMC staff for completing “PREA—Investigating Sexual Abuse in a Confinement Setting”
- Memorandum of Understanding (MOU) between ODRC and the Ohio State Highway Patrol (OHSP)
- Interviews: Facility Investigator, Ohio State Highway Patrol Investigator, OCM

FMC has two investigators on site: one facility investigator employed by FMC and an assigned investigator employed by the Ohio State Highway Patrol (OHSP). There is a Memorandum of Understanding (MOU) between ODRC and the OHSP regarding the responsibilities of each entity regarding PREA investigations, and one part of the MOU requires that “investigators will have specialized training on conducting investigations in a confinement setting. Under Policy 79-ISA-01, in addition to the PREA training required of all staff, facility investigators must also have specialized training which includes, but is not limited to, conducting investigations in confinement settings, interviewing techniques for sexual abuse victims, sexual abuse evidence collection, proper use of Miranda and Garrity warnings, and the criteria and evidence required to substantiate a case for administrative or criminal action. The auditor also viewed the certificates attesting to the facility investigator having completed the specialized training for investigators.

FMC is compliant with this standard.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)
Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (b)

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

115.35 (c)

Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

115.35 (d)

Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) ☒ Yes ☐ No ☐ NA

Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination
☐ **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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**Policy, Materials, Interviews, and Other Evidence Reviewed**

- ORDC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- FY20 spreadsheet showing medical staff training plans and completion dates
- FY21 spreadsheet showing medical staff training plans and completion dates
- PREA training acknowledgement for contractor/volunteer/intern for mental health contractor
- PREA training acknowledgement for contractor/volunteer/intern for medical contractor
- E-learning PREA specialized training for medical and mental health staff
- Three PREA training session reports
- Statement of status memo from OCM regarding N/A status of §115.35(b)
- Interviews: HSA, Mental Health Chief, mental health clinician

(a)(b)(c)(d) Under Policy 79-ISA-01, all full-time and part-time medical and mental health staff (whether FMC employees or contractors) must have specialized training beyond their mandated initial/refresher PREA training. Additionally, passing a post-test with a minimum score of 80% is required. Medical and mental health staff at FMC are contractors. The medical practitioners at FMC do not perform forensic exams, and the OCM has supplied a memo stating that §115.35(b) is N/A since they do not perform forensic exams. However, their daily interactions with inmates require them to be knowledgeable about mental and/or physical issues that may be indicators of sexual abuse. In addition to various documents attesting to the receipt of PREA training by medical and mental health staff, the auditor reviewed the e-learning specialized training module. It covered essential topics such as how to detect signs of sexual abuse and harassment, how to respond to victims, how/to whom to report incidents, and how to preserve evidence. The mental health clinician told the auditor he had received the specialized training, and the HSA and the Mental Health chief said they and 100% of their staff had received the training. The auditor’s review of training records confirmed all medical and mental health staff/contractors at FMC had satisfactorily completed this training.

FMC is compliant with this standard.

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**
Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

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

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

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

115.41 (e)

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

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? ☒ Yes □ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? ☒ Yes □ No

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate’s risk level when warranted due to a referral? ☒ Yes □ No

- Does the facility reassess an inmate’s risk level when warranted due to a request? ☒ Yes □ No

- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? ☒ Yes □ No

- Does the facility reassess an inmate’s risk level when warranted due to receipt of additional information that bears on the inmate’s risk of sexual victimization or abusiveness? ☒ Yes □ No

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

115.41 (i)

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

**Auditor Overall Compliance Determination**

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

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- Written summary of interview with PREA Coordinator
- ODRC Policy 79-ISA-04/PREA Risk Assessments and Accommodation Strategies, July 29, 2019
- Two copies, transfer list
- Three copies of a PREA assessment
- One Incident Review Report
- PREA assessment process
- Statement of status memo
- Interviews: Medical, OCM, UM, UMC, random inmates

Policy 79-ISA-04 requires offenders to be screened for risk of sexual victimization or sexual abusiveness toward other inmates whenever they are admitted to a facility or transferred to another facility. At FMC, the inmates are always coming from elsewhere, either a reception center or another facility. The PREA assessment from that location—or those locations—is computerized and available for review for the additional intake procedures/screening that takes place at FMC. That screening, which takes place in the Medical Department and is handled by medical staff, is normally completed on the day of arrival since it must occur within 72 hours of arrival. The assessments are completed and reviewed by the OCM and Medical Administrator as quickly as possible. The only exception to being assessed at FMC is “inmates transported to Franklin Medical Center on the HUB for clinic
appointments and returned to his/her parent institution the same day.” All inmates interviewed stated they had been screened numerous times—including at FMC—since entering the custody of ODRC.

By policy the facility must also reassess each inmate’s risk of victimization or abusiveness from 15-30 days after the inmate’s arrival at the facility, based on any additional relevant information received by the facility after the intake screening; the OCM confirmed this process. The fact that the ODRC PREA risk assessment is digital is a great benefit since it allows each facility easily to share information systemwide. The screening is done with the use of a very comprehensive assessment that yields a great deal of PREA-related information. There were no inmate intakes during the on-site visit to FMC. The OCM and the HSA told the auditor that all new arrivals are immediately assessed by the medical department, with the assigned nurse beginning the assessment and completing the first screen. Key points in the assessment follow the requirements of the standard. There is no discipline imposed for an inmate’s failure to reveal personal information to any of the screening questions.

After the first step, the assessment is then put in a queue for the case managers, and any inmate potentially at risk based on this screening is sent to mental health or medical. The UM and the UMC told the auditor that case managers review their “In Progress” assessments at least daily and complete the second screen. The assessment then goes into the unit manager queue, and the unit managers determine whether or not an inmate requires one of four PREA classifications: Victim (High Risk)—an automatic classification for any previous victim of sexual abuse in an institution setting; Abuser (High Risk)—an automatic classification for anyone who previously abused another in an institutional setting; Potential Victim—at risk of victimization; or Potential Abuser—at risk of abusing another.

If a PREA classification is recommended, the UMC, along with the unit team, decides on the final classification and develops the PREA accommodation strategy with the goal of keeping the inmate safe. All transgender and intersex inmates are automatically referred to the PREA Accommodation Strategy Team (PAST). That team is chaired by the OCM and includes the unit team, together with medical and mental health staff. The team meets with the inmate to discuss his or her views and develop a PREA accommodation strategy. After an inmate’s initial bed/housing assignment, if there is any allegation of abuse, the inmate victim is moved to a safe housing situation until a review of the situation is made. Within seven calendar days, unit management must complete a special assessment of both the alleged victim and abuser within the PREA risk assessment system. This special assessment may lead to a change in PREA classifications for those involved, as well as a different accommodation strategy. According to a memo from the OCM, “There have been no substantiated PREA cases during this audit cycle.”

A special screening may also occur if any employee makes a mental health referral based on their observation of the inmate’s behavior or at the inmate’s request. Staff must make sure the sensitive assessment information is not exploited and that any documents obtained from the assessment are secure. The information is used only to guide staff to making prudent decisions about housing, work, education, and program assignments.

FMC exceeds the requirements of this standard. This rating is primarily due to the comprehensiveness of its process, which essentially captures and tracks PREA-related information from the moment the inmate arrives at FMC and throughout his or her time there, with reassessments occurring whenever various circumstances may change. The staff at FMC is always alert to PREA issues and requirements, while also having to be vigilant about the inmate’s physical health (with the general exception of the cadre inmates). If the inmate is later transferred to another Ohio prison, this comprehensive digital assessment is ready to be shared with any other facility in the system.

Standard 115.42: Use of screening information
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

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

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

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

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

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

115.42 (b)

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

115.42 (c)

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

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No
115.42 (e)  
▪ Are each transgender or intersex inmate’s own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)  
▪ Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-04/Risk Assessment and Accommodation Strategies, July 29, 2019
- ODRC Policy 79-ISA-05/Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI), July 9, 2018
- Facility Policy 79-ISA-FMC/Institution PREA Zero Tolerance Policy, December 1, 2017
- Assessment Summary Screen from PREA Assessment Process
- Assessment Details from PREA Assessment Process
- Inmate list for tracking compliance
- Written summary of interview with PREA Coordinator
- Interviews: UM, UMC, OCM

(a)(b)(c)(d)(e)(f)(g) ODRC policy 79-ISA-04 and facility policy 79-ISA-FMC set out the framework for using the PREA risk assessment and other relevant information available to the intake staff. The information from the risk screening process is applied to all aspects of the inmate’s life, even though the life of a hospitalized inmate at FMC clearly would vary from that an inmate housed at a non-medical ODRC institution who might have work or program assignments. Zone A is dedicated to patients and Zone B houses some patients, along with cadre inmates who either work off the compound or perform some jobs on the facility ground. The UM and the UMC told the auditor they had never had an inmate with a PREA classification that could not be satisfactorily addressed during his or her stay at FMC.

If an inmate is designated as a victim or potential victim or as an abuser or potential abuser, the PREA Accommodation Strategy Team (PAST) pays special attention to that inmate’s housing, work assignments, and/or program assignments. The OCM chairs the team, which also includes the UMC, medical and mental health staff, and other staff, as necessary. The team uses the ODRC risk assessment and classification information, along with sound correctional judgment, to devise the best accommodation for an individual inmate. LGBTI housing assignments are decided on a case-by-case basis. The strategy for various inmates is to be reviewed and adjusted, as necessary. The auditor reviewed documents and assessments reflecting the work of this team.

Assignments for transgender and intersex inmates are done individually after discussions with the inmates. In addition to the directives in Policy 79-ISA-05, any accommodation other than showering alone must forwarded to the PREA coordinator by e-mail for approval. No inmate interviewed at FCM had any complaint about privacy issues or showering practices. The UM and the UMC confirmed the information from the assessments, along with the information from discussions with transgender or intersex inmates, is used for placements strategies at FMC. Transgender and intersex inmates receive special screening every six months regarding their placement and/or programming assignments using the PREA assessment strategy. The two transgender inmates interviewed by the auditor both expressed their satisfaction with the way they were treated at FMC.

The policies of the ODRC, including 79-ISA-01/Prison Rape Elimination, 79-ISA-01-FMC/ Institution PREA Zero Tolerance Policy, 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. He found these policies appropriate for directing the individual accommodations needed for the safety and security of each inmate and for addressing the appropriate and confidential use of information by staff gained from using the assessment tool and otherwise obtained during intake.
FMC meets the requirements of this standard.

**Standard 115.43: Protective Custody**

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

**115.43 (a)**

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

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

**115.43 (b)**

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

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

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

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

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) ☒ Yes ☐ No ☐ NA

**115.43 (c)**

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

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

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

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

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

Policy, Materials, Interviews, and Other Evidence Reviewed
- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- ODRC policy 79-ISA-04/Risk Assessment and Accommodation Strategies, July 29, 2019
- Statement of status regarding use of involuntary segregated housing or actions based on imminent risk an inmate
- Interviews: Warden, Chief of Security, OCM

(a)(b)(c)(d)(e) Under Policy 79-ISA04, inmates at high risk for sexual victimization must not be placed in involuntary segregated housing unless an assessment of all available alternatives have been made. The policy further indicates that if any inmate is placed in involuntary segregated housing, he or she will be reviewed at least every 30 days to evaluate any continued need for separation from the general population. A memo from the OCM states, “There have been no occurrences of involuntary segregated
housing or imminent risk for PREA purposes during the current audit cycle.” The PAQ also confirms that there were no involuntary placements in segregated housing. Consequently, there were no documents available to review concerning any practice by the facility of involuntarily placing an inmate in segregated housing for his or her protection against sexual victimization. However, the on-going practice not to make involuntary placements in segregated housing for PREA-related protection was confirmed by the Chief of Security. She noted that while FMC does not have a dedicated administrative segregation unit, the facility does have other viable housing options that can provide protection. The Chief of Security further stated that if alternate housing options had to be used for an inmate’s protection, the facility would apply all of the requirements of the standard to the alternate housing, such as not curtailing programs or privileges any more than necessary and conducted reassessments for continued confinement according to the schedule set in the standard.

The facility is compliant with this standard.

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**REPORTING**

**Standard 115.51: Inmate reporting**

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

**115.51 (a)**

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

**115.51 (b)**

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes) ☐ Yes ☐ No ☒ NA
115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- PREA family and friends poster—English and Spanish
- PREA restrictive housing poster—English and Spanish
- ODRC policy 79-ISA-02/Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation July 24, 2017
- ODRC Policy 52-RCP-01/Reception Admission Procedures, September 14, 2020
- Incident report
- MOU between ODRC and Ohio Department of Youth Services/Reporting methods for inmates
- Portions of the Employee Handbook
- PREA e-learning course
- MOU between ODRC and Ohio Department of Youth Services/Reporting method for inmates in restrictive housing
- PREA orientation video
- Appendix A to Inmate Handbook—English and Spanish
- Interviews: Random staff, OCM, random inmates

(a)(b)(c)(d) ODRC policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation outlines the procedures for reporting. Inmates can make reports to employees, contractors, and/or volunteers. The auditor noted multiple posters on-site with reporting
information (addressed to the inmates and to family and friends); and he also viewed the Orientation video, which provides further information on inmate reporting. The inmate handbook is another source of information on reporting; it states that an inmate can report (orally or in writing) to any staff member and he or she can call the Operational Support Center/Central Office at a no-cost phone number or call an outside agency hotline at no cost. The reporting information also states that an inmate can remain anonymous. According to the OCM, based on FMC’s extensive efforts to educate the inmates on how to report PREA allegations, there should be little reason for an inmate not to know how to make a report. Every inmate interviewed by the auditor stated that he or she knew the different methods for making a report.

ODRC has a Memorandum of Understanding (MOU) with the Ohio Department of Youth Services (ODYS) to serve as an outside agency to which telephone reports can be made, anonymously if desired. ODRC has a second Memorandum of Understanding (MOU) with the Ohio Department of Youth Services (ODYS) to serve as an outside agency to which written reports from inmates in restricted housing can be sent, anonymously if desired. The standard requires the agency to provide inmates with at least one way to report to an outside agency that can “receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials.” Under the MOU related to telephone calls, the MOU merely states that the answering machine for the dedicated line for messages from ODRC inmates will be “checked daily,” but once the line is checked, any messages left will be immediately forwarded to ODRC. For the MOU related to written reports from inmates in restricted housing, there will be an immediate notification to FMC by email when such reports arrive.

Coupled with the emphasis on letting inmates know how to make reports of sexual abuse, sexual harassment, and/or retaliation is the emphasis on letting employees know what actions to take if they receive a report. The Employee Handbook and PREA e-learning courses outline the responsibility under PREA to accept reports and forward the information as required. Staff can privately report sexual misconduct by completing an Incident Report (DRC1000) marked confidential and submitting it directly to the facility OCM or Agency PREA Coordinator. All reports of allegations of sexual misconduct and retaliation, including third party and anonymous reports are to be forwarded to the facility Investigator; incidents or observations are to be on an Incident Report form (DRC1000), marked confidential.

The auditor interviewed both security and non-security staff and asked them specifically what they would do if an inmate approached them about having been sexually abused, either at FMC or elsewhere. He also asked about their knowledge of their responsibility to accept oral, written, third-party or anonymous reports of sexual abuse or retaliation. They all seemed to be thoroughly familiar with how to respond according to ODRC/FMC policy.

The facility is compliant with this standard.

**Standard 115.52: Exhaustion of administrative remedies**

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

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explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☒ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☐ No ☒ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☒ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☒ NA

- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☒ NA

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

115.52 (e)

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

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

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

115.52 (f)

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

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

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

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

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

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

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

115.52 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews, and Other Evidence Reviewed

- PAQ
- Written statement from agency-wide PREA Coordinator

The agency PREA Coordinator has provided the following written statement to the auditor concerning the applicability of this standard, even though the agency considers itself exempt from the provisions of this standard:

“The Ohio Department of Rehabilitation and Correction does not utilize the Inmate Grievance process as its administrative procedure for handling allegations of sexual abuse or sexual harassment. All cases of sexual abuse or sexual harassment are referred to the Institution Investigator. Department Policy 79-ISA-02 Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation details the agency protocols for investigations of sexual abuse. This policy adheres to the time constraints referenced in this standard. ODRC inmates are not prohibited from utilizing any grievance related forms (ICR, NOG, Appeal forms) to communicate PREA allegations in writing. However, ODRC does educate inmates (inmate handbooks and DRC Policy 79-ISA-02) that any PREA allegations received on grievance forms will be immediately channeled to the Institutional Investigator for proper handling as outlined in policy 79-ISA-02. Therefore, this standard is applicable but exempt.”

The information reviewed by the auditor establishes that the facility is considered to have met this standard.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

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

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- MOU between ODRC and the Sexual Assault Response Network of Central Ohio
- Inmate Handbook, English and Spanish
- Appendix A, Inmate Handbook, English and Spanish
- Sexual Abuse Response Network of Central Ohio (SARNCO) posters
- Contact information for rape crisis centers in Ohio
- Interviews: Director of SARNCO, random inmates

(a)(b)(c) Key portions of Policy 79-ISA-01 address the important issue of providing victim advocacy or rape crisis support to inmate victims:
“The institution OCM and the victim support person shall compile mailing addresses and telephone numbers including toll-free hotline numbers of local, State, or national victim advocacy or rape crisis organizations. This information shall be provided to the unit staff for communication to the inmates. Inmates must be notified that telephone calls are not confidential.”

“The agency PREA coordinator, with assistance of staff from the Office of Victim Services (OVS), shall attempt to identify rape crisis centers that can provide victim advocate services. All efforts to secure services from rape crisis centers shall be documented. In addition, the agency PREA coordinator, with assistance from OVS, shall maintain or attempt to enter into memoranda of understandings or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. Calls made by the inmates to community service providers may be subject to monitoring. Community service providers shall follow mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply for disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

If a victim advocate from a rape crisis center is not available to provide victim advocate services, the institution shall make available a victim support person to provide these services. The victim support person supports a victim of sexual misconduct which may include: (1) accompanying the victim to the hospital; (2) supporting the victim through the forensic medical examination and investigatory interview; and/or (3) providing emotional support, crisis intervention, information and referrals.

The auditor saw victim advocate information, to include statewide contact numbers, posted throughout the facility, both in inmate housing areas and public areas such as visitation. The auditor reviewed the MOU between ODRC/FMC and with SARNCO which extends until December 30, 2022. The agreement was entered into in 2019 and states that SARNCO will provide victim support through forensic exams and interviews at the hospital, along with emotional support, crisis intervention, and referral services. The Director of SARNCO confirmed the role SARNCO would fulfill with inmates from FMC, whether through hospital services such as support through a forensic examination or through more generalized emotional support services. All inmates interviewed were aware of advocate services in the community because of the postings in their units. These inmates could also provide at least a general statement about what the services offered.

FMC does not house inmates or detainees for immigration purposes.

The facility is compliant with this standard.

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews, and Other Evidence Reviewed

- Third-party reporting poster—English and Spanish
- Agency website address for third-party reporting
- Inmate handbook
- Interviews—OCM, UM, random inmates, random staff

(a) Posters imparting information about third-party reporting are prominently displayed at FMC in multiple locations, such as the entrance/lobby and the visiting area. The posters all carry this message: “Family and friends can report allegations of sexual abuse, sexual harassment and retaliation.” A phone number and agency email address are provided, along with agency website information. The auditor checked the agency web address on the poster and found the address leads to a page with various PREA reports and a rather small and insignificant-looking statement: “To report Sexual Misconduct on behalf of an offender, please email us.” Although this statement could easily be overlooked, it contains a link for emailing the same address that is furnished on the poster. All inmates interviewed by the auditor knew they could have a friend or family member contact the agency by telephone, email, or through the agency website. They also knew the Inmate Handbook listed ways to make reports. The staff interviewed by the auditor were aware of the third-party reporting options.

The facility is compliant with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.61 (a)
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

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

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

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

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

Auditor Overall Compliance Determination

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

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

☐ Does Not Meet Standard *(Requires Corrective Action)*
**Instructions for Overall Compliance Determination Narrative**

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**Policy, Materials, Interviews, and Other Evidence Reviewed**

- Written summary of interview with PREA Coordinator
- ODRC Policy 79-ISA-04 Risk Assessment and Accommodation Strategies/July 7, 2019
- ODRC Policy 79-ISA-02/ Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, July 24, 2017
- Statement of status memo from the OCM regarding informed consent
- Statement of status memo from the OCM regarding reports of previous abuse
- Interviews: OCM, random staff, random inmates
- PREA Incident Report Application

(a)(b)(c)(d)(e) There are policy provisions covering all parts of this standard. As directed in Policy 79-ISA-02, staff must immediately report “any knowledge, suspicion, or information regarding an incident of sexual misconduct…. This duty to report also extends to “retaliation against inmates or staff who report such incidents and any staff neglect or violation of responsibilities that may be contributed to an incident or retaliation.” Staff must also report concerns that an inmate may be “at significant risk of sexual victimization.” Additionally, unless prohibited by law, “medical and mental health practitioners shall be required to report sexual abuse pursuant to this section and to inform inmates of the practitioner’s duty to report and the limitations of confidentiality at the initiation of services.” The policy directs that these “reports of allegations of sexual misconduct and retaliation, including third-party and anonymous reports, shall be reported to the institutional investigator.” However, under Policy 79-ISA-02, before medical or mental health staff can report sexual abuse that occurred in the community, they must obtain informed consent from the inmate. An exception to that policy occurs when “the alleged victim is under the age of eighteen or considered a vulnerable adult as defined by this policy, the institution shall report the allegation on an Incident Report (DRC1000) and send it to the institutional investigator who will then report the allegation to the OSHP.” A memo from the OCM reports that no situation during the audit cycle required informed consent. A second memo stated, “There [were] no occasions of IDD offenders reporting previous abuse during this audit period.”

Staff may privately report sexual misconduct by completing an Incident Report marked confidential and submitting it directly to the OCM or the ODRC PREA Coordinator; the report will then be routed to the FMC investigator. Any employee who receives a verbal or written report from an inmate, an anonymous source, or a third party of an incident of sexual misconduct or retaliation must immediately notify the shift supervisor and complete an Incident Report, marked confidential, with a copy to the OCM and an institutional investigator. Documents reviewed by the lead auditor were in compliance with the ODRC policies. The auditor’s questioning of staff, both formally and informally, verified that everyone understood the duty to report and the mechanics of how to report. However, not one of these employees had ever actually received an allegation either from an inmate or a third party.

The auditor also viewed a PREA Incident Report Application for an allegation determined to be unfounded. The file shows that the allegation had been handled swiftly and efficiently, according to policy.
FMC is compliant with this standard.

### Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

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

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

### Instructions for Overall Compliance Determination Narrative

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

### Policy, Materials, Interviews, and Other Evidence Reviewed

- ORDC Policy79-ISA-02/Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, July 24, 2017
- Statement of status regarding the absence of imminent risk situations
- Interview: OCM

(a) Policy requires that whenever the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action must occur to protect the inmate. All reports of substantial risk of imminent sexual abuse shall immediately be forwarded to an institutional Investigator, the OCM, UMC, and shift supervisor. As soon as a report is received, security staff will act immediately to protect the inmate. Protective measures would be housing changes, transfers of inmate victims or abusers, and removal of alleged staff or inmate abusers from contact with victims. Reports of substantial risk of imminent sexual abuse are to be investigated by a facility investigator and documented in the electronic PREA Incident Reporting system. If an Imminent Risk of Sexual Abuse assessment cannot be completed immediately, the inmate may be held in some type of housing situation that would sufficiently protect the inmate since there is no administrative segregation housing at FMC. The inmate would be placed in this alternative housing for less than 24 hours while the
assessment is completed. This process was verified with the OCM during his interview. There were no reports of imminent substantial risk to any inmate during the audit period.

FMC is compliant with this standard.

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

▪ Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-02/ Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, July 24, 2017
Statement of status regarding the absence of reports of abuse at other institutions.

Interview: OCM

(a)(b)(c)(d) Under ODRC Policy 79-ISA-02, allegations of sexual abuse occurring at other institutions or facilities are to be reported promptly by the “managing officer” of the facility where the abuse was reported to the “managing officer” or the “appropriate office of the agency” of the institution or facility where the abuse allegedly occurred. Such a report is to be made as soon as possible, but no later than 72 hours after receiving the report of abuse. The notification to the other facility must be documented by FMC on an Incident Report, and the “managing officer” or “agency office” receiving the notification from FMC has the duty to investigate the allegation. A memo from the OCM states, “There have been no reports made from other institutions of abuse occurring at FMC, during this audit cycle.” However, the OCM did state to the auditor that the facility would follow all guidelines regarding the timeliness of notifications in the event FMC received a notice of abuse occurring at another facility.

FMC is compliant with this standard.

**Standard 115.64: Staff first responder duties**

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

**115.64 (a)**

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

**115.64 (b)**

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

**Auditor Overall Compliance Determination**
Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017

(a)(b) ODRC Policy 79-ISA-02 and FMC’s Institutional Sexual Abuse Coordinated Response Plan set out the responsibilities of security and non-security staff acting as first responders when allegations of sexual abuse arise. Each staff member at FMC is trained to be a first responder. The agency has an excellent flow-chart type graphic in Appendix C of Policy 79-ISA-02 that clearly distinguishes the duties of both security supervisors and of non-security/line security as first responders. Appendix D of that same policy is a detailed first responder checklist showing tasks with room for comments so the facility investigator and the OCM have a brief summary of what actions were to be taken by whom. The auditor interviewed multiple security and non-security personnel about their duties as first responders. All staff interviewed knew their duty to separate the inmates to ensure safety for the victim while also either asking those involved not to destroy evidence or acting to protect/preserve evidence themselves, depending on the first responder’s job title. All first responders have a card listing their tasks. Additionally, the auditor reviewed completed Incident Reports and their accompanying First Responder Checklists. The checklists have a place for indicating whether the first responder is security or non-security. The auditor interviewed a number of staff about their role as a first responder. Everyone easily recited all of the tasks he or she would carry out as a first responder. The auditor noted that many of the staff he interviewed had their first responder cards in hand during their interviews—but no one ever had to refer to the card before listing what he or she would do if acting as a first responder. The in-depth knowledge of staff about what to do when an incident occurs was impressive, and the comprehensive checklist helps to make sure that no important step is missed. The policy’s graphic showing who does what throughout the process is also indicative of FMC’s understanding of the important role of the first responder.

The facility exceeds what is required by this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.65 (a)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- Facility policy 79-ISA-02-FMC/ Sexual Abuse Coordinated Response Plan, December 1, 2017
- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- First responder checklist
- Statement of status
- Interviews: Warden, OCM, Chief of Security, UMC

(a) FMC has a very detailed written institutional plan that sets out how the actions of first responders, medical/mental health practitioners, victim support persons, investigators, and facility leadership are to be carried out and coordinated to provide the most effective response possible to an incident of sexual abuse. This local policy works in conjunction with ODRC policy 79-ISA-02. The auditor reviewed the institutional plan, and various staff interviewed—including the Warden, Chief of Security, UMC, and the OCM—indicated their knowledge of FMC’s coordinated response plan and verified they knew what their individual roles would be in case of an incident. The OCM provided a statement of status memo stating, “FMC had no cases with non-security first responders during this audit cycle.”

FMC is compliant with this standard.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report
115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- Contract between the State of Ohio and the Ohio Civil Service Employees Association
- Written summary of written interview with agency Director’s designee

The agency PREA administrator provided the auditor with a written summary of an interview conducted on March 23, 2021, with the agency Director’s designee by another DOJ-certified PREA Auditor. The director’s designee was asked whether the agency, or any governmental entity responsible for collective bargaining on behalf of ODRC entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012. The designee indicated that ODRC renews Collective Bargaining Agreements with OEA/NEA, OCSEA/AFSME, SEIU/1199 every three years. The designee also verified that any such agreements allow ODRC to remove alleged staff sexual abusers from all inmate contact pending an investigation or a determination of whether and to what extent discipline is warranted.

The auditor reviewed a contract with one of the entities subject to a collective bargaining agreement. A portion of the contract provided the following information: “The Union agrees that all of the functions, rights, powers, responsibilities and authority of the Employer, in regard to the operation of its work and business and the direction of its workforce which the Employer has not specifically abridged, deleted, granted or modified by the express and specific written provision of the Agreement are, and shall
remain, exclusively those of the Employer. Additionally, the Employer retains the rights to: 1) hire and transfer employees, suspend, discharge and discipline employees...."

The facility is compliant with this standard.

**Standard 115.67: Agency protection against retaliation**

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

115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

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

115.67 (c)

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

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No

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

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

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

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

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

115.67 (d)

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

115.67 (e)

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

115.67 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- Statement of status regarding the absence of retaliation monitoring
- Interview: OCM

(a)(b)(c)(d)(e) Policy 79-ISA-02 requires each facility to protect all inmates and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other inmates or staff. At FMC, the OCM is the staff member responsible for monitoring retaliation against inmates alleging sexual abuse and inmates or staff cooperating with any investigation into allegations of sexual abuse. During the site visit the auditor interviewed him about his monitoring responsibilities. The OCM stated that monitoring begins at the time the allegation is made and continues for at least 90 days unless circumstances warrant an extension. He also stated if the investigation determines the allegation was unfounded, retaliation monitoring ends. The OCM further noted that information gathered about potential retaliation, as well as a record of the contact with the staff member or inmate, is documented on the PREA Incident Report Application. Monitoring of an inmate by the OCM would include a review of such things as the inmate’s discipline record and requests for bed changes. Monitoring of staff would include looking at the employee’s work assignments, time off approvals and requests, facility transfers requests, and evaluations. A memo from the OCM stated, “During this audit cycle, FMC had two abuse allegations. One was unfounded, not warranting retaliation monitoring per policy. The second case was unsubstantiated, but the offender was transferred before retaliation monitoring was required, per policy.” A second memo reported that there had been no cases of retaliation at FMC during the audit cycle.

The facility is compliant with this standard.

**Standard 115.68: Post-allegation protective custody**

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

115.68 (a)

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

**Auditor Overall Compliance Determination**

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

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

 ☐ **Does Not Meet Standard** *(Requires Corrective Action)*
Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-04/Risk Assessment and Accommodation Strategies, July 29, 2019
- Statement of status memo regarding the absence of inmate placement in involuntary segregation for protection
- Interviews: OCM, Chief of Security

ODRC has a policy prohibiting placing inmates who are alleged to have suffered sexual abuse in involuntary segregated housing unless there are no alternatives available. This is outlined in policy 79-ISA-04. This policy indicates involuntary segregation is used only as a last resort for protection of such inmates. 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. In the past 12 months there have been no inmates placed in involuntary segregated housing for their protection. This is confirmed by the PAQ and by a memo from the OCM. There are no segregation cells at FMC and if involuntary segregation is required, transfer is easily accomplished. The Chief of Security and the OCM told the auditor that no inmate, either voluntarily or involuntarily, had to be moved to a safer location for post-allegation protection during the audit period.

FMC is compliant with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

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

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

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

115.71 (j)

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

115.71 (k)

• Auditor is not required to audit this provision.

115.71 (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)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

• ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
• ODRC Policy 79-ISA-02 Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, July 24, 2017
• MOU between the ODRC and the OSHP
• Written summary of interview with PREA Coordinator
• Interviews: Facility Investigator, OSHP Investigator, OCM

(a)(b)(c)(d)(e)(f)(g)(h)(i)(j)(l) ODRC policies 79-ISA-01 and 79-ISA-02 present the approach to be used for the facility investigator during and after an allegation of sexual abuse or sexual harassment. The facility investigator conducts an administrative investigation for all allegations, regardless of the
source of the allegation. The facility Investigator and the investigator from OSHP follow the investigatory protocols of ODRC and OSHP, respectively. The policies address all subsections of the standard. The investigative protocols of ODRC and those of the OSHP, along with the MOU between the ODRC and the OSHP, provide a uniform process for evidence collection during the investigation of PREA related incidents. The OSHP has an office at FMC, and the two investigators told the auditor they have a strong working relationship.

The auditor reviewed the files for the two allegations made during the audit period. The investigations were done promptly and thoroughly, whether by the FMC investigator or the OSHP investigator. At no point are there ever any compelled interviews during investigations for allegations at FMC without consultation with a prosecutor. The MOU details the professional collaboration of the OSHP and the ODRC with the following procedures detailed:

- PREA incident investigations are to use a uniform evidence protocol;
- Victims of sexual abuse will be offered forensic medical examinations, at no cost, preferably performed by a Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE);
- Victim advocate/rape crisis center assistance through the medical examination and investigatory interviews;
- Investigators will have specialized training on conducting investigations in a confinement setting;
- Investigators will collect and preserve evidence, interview victims, alleged abusers, and witnesses, along with reviewing prior complaints against the alleged abusers;
- Compelled interviews will be held only after consultation with a prosecutor;
- Credibility of victims, suspects, and witnesses will be addressed on an individual basis and will not be influenced by that person’s status as inmate or staff, and inmates alleging abuse will not be required to undergo a polygraph as a condition to an investigation of the allegation;
- Investigation will be thoroughly documented, with the written report to contain information about all physical, testimonial, and documentary evidence;
- Substantiated allegations that appear to be criminal will be referred for prosecution; and
- The departure of the victim or abuser from employment or control of the facility will not end the investigation.

It is noted that there were zero substantiated allegations at FMC during the audit period, so there were no cases referred for prosecution.

Additionally, in accord with ODRC policy, the agency retains all written reports related to administrative or criminal investigations 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.

The facility is compliant with this standard.

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

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

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- Statement of status regarding the absence of substantiated allegations
- Interviews: OCM, Investigator

(a) Under Policy 79-ISA-02, an investigation into sexual misconduct must impose no standard higher than a preponderance of the evidence to establish whether an allegation is substantiated. A memo from the OCM indicated there had been no substantiated allegations during the audit period. The interview with the FMC Investigator confirmed that preponderance of the evidence is the threshold he uses. Two allegations were made during the audit period, with one allegation being unfounded and the other unsubstantiated. A memo from the OCM verified there were no substantiated allegations during the audit period.

FMC is compliant with this standard.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

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

115.73 (c)

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

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

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

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

115.73 (d)

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

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

115.73 (e)

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

115.73 (f)

Auditor is not required to audit this provision.

Auditor Overall Compliance Determination
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- Statement of status regarding outside investigations
- Statement of status regarding absence of substantiated cases
- Two signed inmate Notifications of Sexual Abuse Investigation Outcome
- Interviews: OCM, Investigator
- PREA Incident Report Application
- Two closure letters from OSHP Investigator regarding PREA investigations
- Two First Responder Checklists
- Two Victim Support Person Activity Reports
- Two Medical Exam report
- Two Referral to Mental Health
- Victim Support Person training log
- Multiple Acknowledgements and Waivers of Rights to Representation

(a)(b) ORDC Policy 79-ISA-02 requires that after an investigation into an inmate’s allegation of sexual abuse concludes, the facility investigator shall notify the inmate whether the allegation was determined to be substantiated, unsubstantiated, or unfounded. Additionally, if facility staff did not conduct the investigation, it must request the information from the OSHP or some other outside entity so the inmate can be informed. During the site examination and interview with the FMC Investigator, he confirmed that he is responsible for notifying the inmate of the sexual abuse investigation outcome. The Investigator and the OCM both told the auditor that the Investigator does the notification, regardless of whether the investigation was done by the facility Investigator or by the OSHP investigator. The inmate is required to sign this notification. The Investigator also confirmed that such notifications are documented and become part of the investigative case file. The auditor reviewed the investigation files for both allegations made during the audit period; both files contained notification forms signed by the inmates. A memo from the OCM reported that no cases were investigated by outside agencies during the audit period. Another memo from the OCM noted there had been no substantiated allegations during the audit period.
Under Policy 79-ISA-02, after any substantiated or unsubstantiated allegation that a staff member has committed sexual abuse against the inmate, the facility must notify the inmate when the employee is either no longer assigned to his or her unit or is no longer employed in the facility. Notification is also required if the employee is indicted or charged based on the allegation. In the case of an inmate’s sexual abuse allegation against another inmate that is either substantiated or unsubstantiated, notification to the inmate is required if the alleged perpetrator is either indicted or convicted of a charge based on the allegation. Both the OCM and the Investigator verified that these additional inmate notifications regarding either alleged staff or inmate perpetrators would be made for substantiated and unsubstantiated allegations. ODRC Policy 79-ISA-02 states that the institution’s duty to notify the inmate will end if the inmate is released from ODRC’s custody.

FMC is compliant with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

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

Auditor Overall Compliance Determination
☐  **Exceeds Standard** *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- ODRC Policy 31-SEM-02/Standards of Employee Conduct, September 3, 2019
- ODRC Policy 79-ISA-01/Prison Rape Elimination, July 23, 2018
- ODRC Policy 31-SEM-07/Unauthorized Relationships, October 4, 2016
- Statement of status memo regarding no cases leading to terminations or discipline during audit period
- Interview: Warden

(a)(b)(c)(d) Policy 79-ISA-01 and Policy 31-SEM-02 both mandate employees be subject to disciplinary sanctions up to and including termination for violating ODRC sexual misconduct policies. Policy 79-ISA-01 further requires that terminations for violating sexual misconduct policies, or resignations by staff who would have been terminated if not for their resignation, must be reported to law enforcement agencies, unless the activity was clearly not criminal. Under Policy 31-SEM-07, “All terminations for violations of agency sexual misconduct policies shall be reported to DRC legal services by the managing officer for notification to any licensing bodies.” The auditor’s interview with the Warden confirmed that disciplinary sanctions for violations of the ODRC sexual abuse/sexual harassment policies, other than committing actual sexual abuse, would be commensurate with the nature and circumstances of the act committed, taking into account the individual’s employment history and the sanctions imposed on other employees for similar behavior.

The OCM reported by memo that FMC had “no cases resulting in staff termination or discipline during this audit cycle.”

FMC is compliant with this standard.

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

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

115.77 (a)
▪ Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No

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

▪ Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 71-SOC-01/Recruitment, Training, and Supervision of Volunteers, September 5, 2018
- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- Statement of status memo regarding absence of cases resulting in contractor or volunteer removal
- Standards of Conduct for Contractors, Volunteers and Interns
- Interview: OCM

(a)(b)(c) According to ODRC Policy, 79-ISA-01, ODRC Policy 71-SOC-01, and ODRC Standards of Conduct for Contractors, Volunteers and Interns any contractor or volunteer who engages in sexual misconduct is prohibited from contact with inmates and must be reported to relevant licensing bodies and law enforcement, unless the activity was clearly not criminal. Additionally, the facility will take appropriate remedial measures and terminate the contract or volunteer arrangement with independent contractors or volunteers or will demand that the offending employee of a contractor be excluded from providing services under the contract.
During the interview with the OCM, he explained to the auditor that a volunteer or contractor suspected of violating the policy would be immediately suspended until a thorough investigation was completed. If necessary, the person would be terminated as a volunteer or contractor and not be allowed access into any institution. Volunteers and contractors are trained about prohibited behaviors and problems that can arise from such behaviors. Contractors and volunteers sign an acknowledgement of receiving the Standards of Conduct for Contractors, Volunteers and Interns, indicating they understand these Standards and agree to abide by all rules and guidelines contained in the Standards. Based on a memo from the OCM, “There have been no cases resulting in contractor or volunteer removal from the facility, during this audit cycle.”

The facility is in compliance with this standard.

**Standard 115.78: Disciplinary sanctions for inmates**

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

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

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

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

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

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

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

115.78 (g)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-02/Prison Sexual Misconduct Reporting, Response, Investigation and Prevention of Retaliation, July 24, 2017
- ODRC Policy 56-DSC-01/Conduct Report and Hearing Officer Procedures, February 3, 2020
- Statement of status memo regarding investigations resulting in inmate discipline
- Statement of status memo regarding absence of cases with guilty dispositions of the Rules Infraction Board
- Ohio Revised Code 5120-9-06/Inmate Rules of Conduct
- Ohio Revised Code 5120-9-08/Disciplinary Procedures for Violations of Inmate Rules of Conduct before the Rules Infraction Board
- Interviews: Warden, Mental Health Chief, Mental Health Clinician

(a)(b)(c)(d)(e)(f)(g) ODRC Policy 56-DSC-01 requires the ODRC inmate disciplinary process be carried out promptly and fairly. Its purpose is not to punish seriously mentally ill inmates, and it allows individuals affected by an inmate rule infraction to provide input into the disciplinary process. Under ODRC Policy 79-ISA-02, an inmate will not be disciplined for sexual contact and/or sexual conduct with staff unless there is a finding that the staff member did not consent to such contact or conduct. Any inmate found guilty by the Rules Infraction Board (RIB) of sexual abuse shall be given appropriate programming and interventions if determined to be necessary by mental health services in consultation with sex offender services, if available. No inmate reporting sexual misconduct will receive a conduct report for lying just because his or her allegation could not be substantiated or that the inmate later
recanted the allegation. Under this same policy, an inmate is not subject to disciplinary sanctions for sexual misconduct with another inmate unless there is first an administrative or criminal finding that an inmate engaged in inmate-on-inmate sexual abuse. Once there is such a finding, considerations of disciplinary sanctions can occur only after finding of guilt pursuant to a formal disciplinary process.

The interview with the Warden verified that FMC has an inmate disciplinary process with sanctions commensurate with the nature and circumstances of the offense committed. The Mental Health Chief and the Mental Health Clinician told the auditor that in all cases, including those involving sexual abuse, the RIB considers whether the inmate’s mental disability or mental illness contributed to his behavior when determining what type of sanction should be imposed.

Statement of status memos from the OCM reported the following information:

- “There have been no investigations resulting in inmate discipline during this audit cycle.”
- “There have been no cases resulting in rule 13 guilty dispositions of the Rules Infraction Board (RIB).”

FMC is compliant with this standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (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)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-04 Risk Assessment and Accommodation Strategies/July 7, 2019
- ODRC Policy 79-ISA-02/ Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, July 24, 2017
- PREA Assessment Process
- Statement of status memo confirming those disclosing prior victimization are offered mental health referrals
- Statement of status memo regarding absence of self-disclosed abusers
- State of status memo regarding absence of inmates with PREA classifications
- Statement of status memo regarding informed consent
- Interviews: Medical and mental health staff, UM, UMC

(a)(b)(c) Under Policy 79-ISA-04, if the risk assessment performed at intake at FMC reflects the inmate is at risk of or has experienced prior sexual victimization, whether in an institution or in the community, staff must offer this inmate a follow-up meeting with a medical or mental health practitioner within 14 calendar days of the intake screening. The offer is noted on the assessment screen. This same policy requires that if the assessment indicates the inmate has previously perpetrated sexual abuse, whether
in an institution or in the community, staff shall offer a follow-up meeting with a mental health practitioner within 14 calendar days of the intake screening. Medical staff confirmed the intake process and the requirement to offer follow-up meetings with medical or mental health practitioners. According to a memo from the OCM, “All offenders who disclose prior victimization during the initial assessment process, are afforded the opportunity to be referred to mental health. No offenders meeting this criteria have requested mental health during the current audit cycle.” The mental health clinician interviewed by the auditor noted that even though there is some leeway in scheduling an appointment with an offender after a mental health referral, he makes it a priority to schedule an appointment as soon as possible, whether the referral comes at intake or through sick call. The OCM reported by memo that FMC did not complete any assessments “on offenders with an abuser classification during this audit cycle” and as of March 29, 2021, there were “no offenders with a PREA classification currently housed at FMC.”

(e) Under ODRC Policy 79-ISA-04, “Medical and mental health practitioners shall obtain informed consent from inmates before reporting information to law enforcement about prior sexual victimization that occurred in the community. If an inmate wishes to report the information, the Informed Consent [Form]… shall be completed and forwarded to the institution investigator. The institution investigator shall contact the Ohio State Highway Patrol (OSHP) and provide them with the information. The institution investigator shall document the contact with the OSHP. The only exception where the Informed Consent [Form]… is not necessary is if the alleged victim is under the age of eighteen or considered a vulnerable adult as defined by this policy, the institution shall report the allegation on an Incident Report…and send it to the institutional investigator who will then report the allegation to the OSHP.” The medical and mental health staff the auditor interviewed were aware of their duties regarding the Informed Consent Form. According to a memo from the OCM, “There have been no instances requiring informed consent during this audit cycle.”

(d) Under Policy 79-ISA-02, all information related to sexual victimization or abusiveness must be strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment, security and management decisions. The auditor interviewed medical and mental health staff regarding the privacy of this sensitive information. All confirmed that sexual victimization or abusiveness information is under strict control and is only shared on a legitimate need to know basis. The information is not readily available on computer and is password protected.

FMC is compliant with this standard.

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

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

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 67-MNH-09/Suicide Prevention, April 6, 2020
- ODRC Policy 79-ISA-02/ Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, July 24, 2017
- Incident Report
- Medical exam report and offer of mental health services (declined)
- Mental Health contact numbers for psychiatric emergencies
- Staffing schedule
- Statement of status memo regarding the absence of cases requiring emergency contraception or sexually transmitted infections prophylaxis
- Medical Protocol B-11: Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
- Interviews: Medical and mental health staff, random first responders, OCM

(a)(b)(c)(d) Several policies set out the guidelines medical staff at FMC must follow to ensure that victims of sexual abuse have timely, unimpeded access to emergency medical treatment and crisis intervention services. These policies and guidelines permit the scope of the services to be based upon
the medical/mental health practitioner’s professional judgment. Under Medical Protocol B-11 and Policy 67-MNH-02, inmates reporting sexual abuse in any prison, jail, lockup or juvenile facility will be offered medical/mental health evaluations and treatment as appropriate. The auditor viewed the staffing schedule and the emergency contact information sheet to verify the availability of practitioners. Interviews with medical and mental health staff at FMC and a review of the two sexual abuse allegation files from the audit period confirmed every inmate alleged to be a victim of sexual abuse is offered both medical and mental health services. Inmate victims are also offered timely information about contraception and timely access to sexually transmitted infections prophylaxis if needed. The HSA advised the auditor that the facility uses the Ohio State University Medical Center if a forensic exam is needed, and FMC security staff escort the victim to the Medical Center. All treatment services, whether physical or mental health, are provided to the victim without cost and regardless of whether the victim names the abuser or cooperates with any investigation. Staff first responders, whether security or non-security, are all trained in appropriate response procedures, including what steps to take to protect the victims and what medical and mental health practitioners to contact. There were no forensic examinations conducted during the audit period. The OCM reported through a memo that no cases during the audit cycle required “emergency contraception or sexually transmitted infections prophylaxis . . .”

FMC is compliant with this standard.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☒ Yes ☐ No ☐ NA
115.83 (e) ▪ If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) ☒ Yes ☐ No ☐ NA

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

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

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

Auditor Overall Compliance Determination

☒ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 67-MNH-02/ Mental Health Screening and Mental Health Classification, March 2, 2020
• ODRC Policy 67-MNH-04/Transfer and Discharge of the Mental Health Caseload, March 2, 2020
• ODRC Policy 67-MNH-15/ Mental Health Treatment, March 2, 2020
• ODRC Policy 79-ISA-02/ Prison Sexual Misconduct, Reporting, Response, Investigation, and Prevention of Retaliation, July 24, 2017
• Medical exam report
• Mental Health progress notes
• Statement of status memo regarding lack of need for pregnancy test
• Statement of status memo regarding emergency contraception, sexually transmitted infections
• Statement of status memo regarding absence of inmate-on-inmate abuse cases and no evaluations of abusers.
• Medical Protocol B-11: Medical Care Guidelines for Sexual Conduct or Recent Sexual Abuse
• Interviews: HSA, Mental Health clinician, Chief of Mental Health

(a)(b)(c)(d)(e)(f)(g)(h) Agency policy requires a detailed mental health screening (DRC5163) to be completed on all inmates by a mental health professional within seven calendar days of their arrival at any institution. Additionally, all inmates who report sexual conduct and/or recent sexual abuse will be escorted to the FMC medical department as soon as possible after the reported conduct or recent sexual abuse. A health care professional will collect sufficient history/information from the inmate, using a Medical Exam Report (DRC5251) or Emergency Assessment form (DRC5192), in preparation for a full and adequate medical examination to document the extent of physical injury and to aid in appropriate treatment. Policies 67-MNH-02, 67-MNH-15, and 79-ISA-02 require the facility to offer medical and mental health evaluation without cost and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

The facility provides services to inmates that meet that community standard of care, and it provides testing and treatment to victims for sexually-transmitted infections. It also provides pregnancy testing for victims of abusive vaginal penetration and comprehensive information about all lawful pregnancy-related medical services if pregnancy should result from such abusive penetration. FMC also has very detailed protocols to ensure that vital information about inmates on the mental health caseload will follow them upon transfer to another institution or upon discharge to the community.

The HSA and the Mental Health Chief confirmed to the auditor that the evaluation and treatment of any victim includes, as needed, follow-up services, treatment plans, and, when required, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. These services are provided to victims without cost and regardless of whether he names the abuser or cooperates with any investigation.

The OCM provided the following information by memo:
• “There have been no cases warranting emergency contraception or sexually transmitted infections prophylaxis, during this audit cycle.”
• “There have been no cases warranting the offering of a pregnancy test, during this audit cycle.”
• “There have been no cases of inmate-on-inmate abuse, an[d] no evaluation of abusers during this audit cycle.”

FMC is compliant with this standard.

DATA COLLECTION AND REVIEW
<table>
<thead>
<tr>
<th>Standard 115.86: Sexual abuse incident reviews</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>All Yes/No Questions Must Be Answered by the Auditor to Complete the Report</strong></td>
</tr>
<tr>
<td>115.86 (a)</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>115.86 (b)</td>
</tr>
<tr>
<td>▪ Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>115.86 (c)</td>
</tr>
<tr>
<td>▪ Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>115.86 (d)</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>▪ Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No</td>
</tr>
<tr>
<td>▪ 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</td>
</tr>
<tr>
<td>115.86 (e)</td>
</tr>
<tr>
<td>▪ Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No</td>
</tr>
</tbody>
</table>

**Auditor Overall Compliance Determination**
☐ Exceeds Standard *(Substantially exceeds requirement of standards)*

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- ODRC policy 79-ISA-03/Sexual Abuse Review Team, July 17, 2017
- PREA Incident Report Application for an unsubstantiated allegation from the audit period
- Incident file for an unfounded allegation from the audit period
- Interviews: Warden, OCM, Investigator

(a)(b)(c)(d)(e) Policy requires the Warden to establish a Sexual Abuse Review Team (SART) comprised of, at a minimum, a deputy warden, an investigator, the OCM (who will serve as chair), a victim support person, and other staff that may have relevant input, such as a mental health professional. This policy also requires the SART to conduct an administrative review within 30 days of the conclusion of a sexual abuse investigation, unless an allegation was deemed unfounded. SART responsibilities require a thorough review of the circumstances of each incident. Their review and report must contain an extensive list of relevant information, some of which are listed below:
  - events leading up to and following the incident;
  - a consideration of whether the allegation or investigation shows a need to change policy or practice to better detect, or respond to sexual abuse;
  - a consideration of whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affliction, or was motivated or otherwise caused by other group dynamics at the facility; and
  - recommendations to the facility administrator and PREA Compliance Manager for improvements based on the above assessments.

The Sexual Abuse Case Review must be completed in the electronic PREA Incident Reporting System, and it must document the SART’s findings and recommendations for improvement. The OCM will then advise the “managing officer,” i.e., the warden, of the completed review. FMC then must implement any recommendations resulting from this review or document the reasons for not doing so. A sexual abuse incident review report was completed in the prescribed timeframe on the one investigation that required a report. The report reflected that the SART considered all issues listed in the standard and in the agency policy. The report made no recommendations for changes, and the Warden’s signature on the report serves to verify that she reviewed it to determine if the SART made any recommendations for changes. When interviewed, the OCM stated that SART reviews consider such things as inmate movement, area blind spots, and any significant need to supplement camera monitoring. The Warden verified that when a report does recommend changes, she has the responsibility to make such changes or justify why changes are not made.
FMC is compliant with this standard.

**Standard 115.87: Data collection**

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

**Auditor Overall Compliance Determination**

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

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

**Instructions for Overall Compliance Determination Narrative**

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

**Policy, Materials, Interviews, and Other Evidence Reviewed**

- ODRC Policy 79-ISA-01/Prison Rape Elimination
- Annual Reports—2018, 2019, 2020
- PREA Incident Packet Instructions
- Interview: OCM
- Written summary of interview with PREA Coordinator

(a)(b)(c)(d)(e)(f) ODRC Policy 79-ISA-01 requires facility investigators to report “allegation of sexual misconduct they investigated on their monthly reports, along with the dispositions of same.” Additionally, the investigators are responsible for accurately completing “all fields in the PREA Incident Reporting System as provided by the agency PREA Coordinator….” The use of the PREA Incident Packet, a standardized instrument that allows for the collection of uniform data for every allegation of sexual abuse, provides a reliable way for the agency to compile PREA information from all ODRC facilities, whether those run directly by ODRC and those three facilities run by contracting entities. The PREA Incident Packet covers in great details all possible information about allegations of abuse and any activities following an allegation, including—but not limited to—all facets of the investigations, any medical or mental health treatments of the victims, incident reviews, inmate notifications, retaliation monitoring, etc. The OCM confirmed that he collects all relevant data as required and forwards it to the agency PREA Coordinator.

This comprehensive data from each facility is collected and combined annually; it is published on the agency website the following year. The incident-based data collected by the agency is used to answer all questions from the Survey of Sexual Violence-2 (SSV-2) that is submitted to the Department of Justice.

Although the Auditor did not interview the PREA Coordinator, the PREA Administrator provided the auditor with a written summary of an interview with the PREA Coordinator recently conducted by another DOJ-certified auditor. In that summary, the PREA Coordinator confirmed that the PREA data is collected and aggregated as required by this standard; such data covers all facilities run directly by ODRC or through a contractual arrangement. The data is then used to help identify and correct problem areas. The 2020 ODRC Annual Internal Report on Sexual Assault Data, reflecting an analysis of data from 2018-2019, is available for public review on the ODRC website: https://www.drc.ohio.gov/prea.

The facility complies with this standard.

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

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

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

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

☐ Exceeds Standard (Substantially exceeds requirement of standards)

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed
The agency PREA Coordinator and other staff designated by the agency director review and collect data from all facilities. The data is aggregated and used to improve the overall effectiveness of ODRC's sexual abuse prevention, detection, and response policies, along with improving agency training and addressing any problem areas identified. The data is also used for preparing an annual report of its findings and any corrective actions taken. A review of the ODRC 2019 and 2020 Annual Internal Reports on Sexual Assault Data show facility data from 2017-2018 and 2018-2019, respectively. The report, which has all personal identifiers removed, is prepared by the PREA Coordinator and approved by the ODRC Director. These reports, as well as prior reports, can be viewed on the agency's website: https://www.drc.ohio.gov/prea.

The facility complies with this standard.

Standard 115.89: Data storage, publication, and destruction

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

<table>
<thead>
<tr>
<th>Standard</th>
<th>115.89 (a)</th>
<th>115.89 (b)</th>
<th>115.89 (c)</th>
<th>115.89 (d)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Question</td>
<td>Does the agency ensure that data collected pursuant to § 115.87 are securely retained?</td>
<td>☒</td>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Question</td>
<td>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?</td>
<td>☒</td>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Question</td>
<td>Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?</td>
<td>☒</td>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Question</td>
<td>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?</td>
<td>☒</td>
<td>Yes</td>
<td>☐</td>
</tr>
<tr>
<td>Question</td>
<td>Does the agency ensure that data collected pursuant to § 115.87 are securely retained?</td>
<td>☒</td>
<td>Yes</td>
<td>☐</td>
</tr>
</tbody>
</table>
Meets Standard (Substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Policy, Materials, Interviews, and Other Evidence Reviewed

- ODRC Policy 79-ISA-01/Prison Rape Elimination
- ODRC website: https://drc.ohio.gov/prea
- Annual Internal Report on Sexual Assault Data: 2018, 2019 and 2020
- Interview:

(a)(b)(c)(d) ODRC Policy 79-ISA-01 specifies that all materials related to allegations of sexual misconduct or retaliation, "including incident reports, investigation reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling," are to be kept in a secure manner according to the agency’s records retention schedule. The OCM advised the auditor that these agency files are securely stored in a password-protected digital formal. The agency’s record retention schedule sets out that documents covering the “entire investigation process, including sexual abuse investigations….” must be kept for “10 years after [the] inmate has reached final release, expiration of sentence, death or 10 years after [the] employee is no longer employed by the agency.” However, ODRC reports containing “data routinely requested by the public and/or universally used throughout the department” are to be kept permanently.

ODRC Policy, 79-ISA-01, also requires that 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 with all personal identifiers being removed. The 2018, 2019, and 2020 ODRC Annual Internal Report on Sexual Assault Data (PREA Annual Assessments) contain comparative data. The most recent of these reports contains an analysis of data from 2018-2019. The auditor reviewed these reports on the agency website: https://drc.ohio.gov/prea.

The facility is in compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits
All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

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

115.401 (b)

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

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

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

☐ Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

(a)(b) Starting August 20, 2013, and during each three-year period thereafter, ODRC ensured each of their facilities operated by the agency and private organizations, was audited at least once. The entire agency was PREA compliant within the first cycle, which concluded in 2015, and has remained that way.

(h)(i)(m)(n) The auditor had access to all areas of the facility. In addition to the information provided to the auditor before the audit, the staff on site promptly and professionally addressed every on-site request for materials. Based on facility policies, communication from inmates to the auditor would have been treated as legal mail; however, the auditor received no mail from inmates preceding the audit.

The facility is compliant with this standard.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that 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)

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(f) ODRC posts completed PREA audit reports on the agency’s website (https://drc.ohio.gov.prea) as required by this standard. It has posted these documents since 2014, with each report being posted within two weeks of receiving the auditor’s final report.

The facility is in compliance with this 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.

Douglas K. Sproat, Jr.  July 12, 2021

Auditor Signature  Date

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