



Department of Rehabilitation & Correction

Facility Location

NUMBER: _____

EFFECTIVE DATE: _____

POSITION OF REVIEWER: _____

SUBJECT: _____

RELATED ACA STANDARDS: _____

RELATED ODRC POLICY: _____

PAGE _____ **OF PAGES** _____

APPROVED: _____

Signature _____

Date _____

I. AUTHORITY

This policy is issued in compliance with Ohio Revised Code 5120.38 which delegates to the Managing Officer the authority to manage all aspects of the institution.

II. PURPOSE

The purpose of this policy is to establish the facility's procedures for (Enter Purpose).

III. APPLICABILITY

This policy applies to all persons employed by (Facility Name), inmates, volunteers, and independent contractors.

IV. DEFINITIONS

Insert any necessary definitions

V. POLICY

It is the policy of the (Facility Name) to implement the agency's

VI. PROCEDURES

It is the policy of the (Facility Name) to implement the agency's

SUBJECT:

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SUBJECT:

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