

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

Interim     Final

**Date of Report**    Click or tap here to enter text.

### Auditor Information

<b>Name:</b> Arthur Beeler	<b>Email:</b> afbjab@aol.com
<b>Company Name:</b> American Correctional Association	
<b>Mailing Address:</b> 206 North Washington St. S 200	<b>City, State, Zip:</b> Alexandria, VA 22314
<b>Telephone:</b> 919-986-9155	<b>Date of Facility Visit:</b> May 16-18, 2018

### Agency Information

<b>Name of Agency:</b> Ohio Department of Rehabilitation and Corr.		<b>Governing Authority or Parent Agency (If Applicable):</b> Click or tap here to enter text.	
<b>Physical Address:</b> 770 West Broad Street		<b>City, State, Zip:</b> Columbus, OH 43222	
<b>Mailing Address:</b> Click or tap here to enter text.		<b>City, State, Zip:</b> Click or tap here to enter text.	
<b>Telephone:</b> 614-752-1159		<b>Is Agency accredited by any organization?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>The Agency Is:</b>			
<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit	
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Agency mission:</b> To reduce recidivism among those we touch.			
<b>Agency Website with PREA Information:</b> Click or tap here to enter text.			

### Agency Chief Executive Officer

<b>Name:</b> Gary C. Mohr	<b>Title:</b> Director
<b>Email:</b> Gary.Mohr@odrc.state.oh.us	<b>Telephone:</b> 614-752-1164

### Agency-Wide PREA Coordinator

<b>Name:</b> Amanda Moon,	<b>Title:</b> PREA Coordinator
<b>Email:</b> Amanda.Moon@odrc.state.oh.us	<b>Telephone:</b> 614-752-1715

PREA Coordinator Reports to: Agency Chief Inspector	Number of Compliance Managers who report to the PREA Coordinator 39
--	---

### Facility Information

Name of Facility: Dayton Correctional Institution	
Physical Address: 410 Germantown Street, Dayton, OH 45417	
Mailing Address (if different than above): <a href="#">Click or tap here to enter text.</a>	
Telephone Number (937) 263-0060	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit <input type="checkbox"/> Municipal <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Jail <input checked="" type="checkbox"/> Prison
Facility Mission: To reduce recidivism among those we touch.	
Facility Website with PREA Information: <a href="http://www.drc.ohio.gov/dci">http://www.drc.ohio.gov/dci</a>	

### Warden/Superintendent

Name: Wanza Jackson-Mitchell	Title: Warden
Email: wanza.jackson2oderc.state.us	Telephone: 937-684-8558

### Facility PREA Compliance Manager

Name: Justin C. Johnson	Title: Facility Compliance Manager
Email: justin.johnson@odrc.state.oh.us	Telephone: 937-684-8558

### Facility Health Service Administrator

Name: Deb Harris	Title: Health Care Administrator
Email: Deborah.Harris@odrc.state.oh.us	Telephone: 937-684-8669

### Facility Characteristics

Designated Facility Capacity: 500	Current Population of Facility: 856
Number of inmates admitted to facility during the past 12 months	559
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	559
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	559

Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		125	
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 18-75	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		0	
Average length of stay or time under supervision:		3.76 Yrs	
Facility security level/inmate custody levels:		1-4	
Number of staff currently employed by the facility who may have contact with inmates:		269	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		34	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		9	
<b>Physical Plant</b>			
Number of Buildings: 12		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		8	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		20	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
The video monitoring layout for the facility is found was reviewed and camera placement was generally determined to be satisfactory. The actual schematic showing placement was not provided as part of the report for security reasons.			
<b>Medical</b>			
Type of Medical Facility:		Outpatient – Primary Care /Overnight Observ.	
Forensic sexual assault medical exams are conducted at:		Miami Valley Hospital, 1 Wyoming St, Dayton, OH 45409	
<b>Other</b>			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		93 Contractors; 620 Volunteers	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		39; one assigned to Dayton	

## Audit Findings

### Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

Dayton Correctional Institution is an all-female facility located in the city limits of Dayton, OH. Prior to the actual on-site visit, this auditor reviewed the pre-audit questionnaire. As always there were very few questions as Ohio has incorporated PREA not only as part of their policy but as part of their "desire." That desire to incorporate a culture of sexual safety comes from the leadership of the agency and has trickled down to most administrative staff throughout the agency. As with all correctional environments and cultures, there are some who do not embrace the concepts of sexual safety. When you can link sexual safety to institutional safety; thus, staff safety, more start to institutionalize the concepts.

In addition to reviewing the pre-audit questionnaire and reviewing all the relevant policies, review was had of the most recent Correctional Institution Inspection Committee Report (CIIC report). The CIIC report is a report completed by the Ohio State Legislature generally on a three-year cycle looking at the policy and morale of the institution. All CIIC reports include sections on PREA within the report. The latest report for Dayton was completed in 2017 and may be found at:

[www.ciic.state.oh.us/docs/Dayton%20Correctional%20Institution%202017](http://www.ciic.state.oh.us/docs/Dayton%20Correctional%20Institution%202017). Also, the internal management audits of the Compliance Division of the Ohio Department of Rehabilitation and Correction reviews internally all aspects of PREA on an annual basis. I reviewed the latest of these completed on February 14, 2018. The 2018 PREA portion of the IMR made the following suggestions:

In recreation, there is potential for cross gender viewing in the bathroom area and it was recommended a mobile scree be used or a half swing door be installed.

There are some shower curtains missing in some housing units and some curtains need to be replaced.

Some shower curtains are too long making it difficult to determine how many inmates could be in the shower.

There were several cameras identified as not working.

Inmates need to be educated on the "89" hotline number as several did not seem to be familiar with the process.

Handbooks were readily available and up to date in the facility.

First responder cards should be reprinted and reissued to staff.

During my site review(s), it appears all the physical plant issues have been corrected and fixed. A review of all the cameras was had during morning watch and none of the 157 were seen as inoperable. The shower curtains had all been replaced. There was no cross-gender supervision issue in the recreation area. And all staff were proud of their first responder cards.

A couple of things which will take continual and constant education is the use of the inmate phones, which also now include the ability to make collect calls to the outside crisis agency, as well as at least one of the handbooks needs to be printed in larger print for those who are visually impaired. There were no records of blind or blind offenders. If there had been I would have recommended an audio recording of the handbook

and a braille handbook. While not a recommendation but a suggestion, as I did not inform the institution of this, they might record the handbook for those offenders who have reading difficulties or are intellectually impaired.

Using the format supplied by the PREA Resource Center, I had all investigations from 2017 pulled copied and documented. This allowed me to spend a significant amount of time I would have completed reviewing investigations to asking questions of the investigator and others. The institution, as throughout Ohio, has an outstanding working relationship with the Ohio State Highway Patrol, who reviews and if appropriate criminally investigates all allegations. The OSHP agent who is assigned to Dayton has been trained as a sexual abuse investigator and works daily with the institution investigator. If there is a need for an offender to give a "rape kit" by the SANE/SAFE staff at Miami Hospital, the agent goes to the hospital to take custody of the kit. The trooper and the staff at Miami Hospital have a good working rapport. While I will articulate more about this during the report, it is evident the institution investigator has spent a good deal of effort to make certain PREA investigations are complete, with good analysis and conclusions. He like a number of staff are concerned about the manipulative process many of the women use in developing PREA accusations; however, there is no evidence, quite the contrary that investigations are done in any less of a fashion by the couple of "frequent flyers" identified.

During the site review, I also attended the orientation session for new offenders. It is held in the receiving section of the facility and occurs the same day of arrival. The information provided in the tape showed is complete and provides the necessary information on how offenders could report sexual allegations. There were no deficiencies provided in the information. Two concerns: one there was no time for a question and answer period provided and two, because of the location, there was a lot of excess activity and noise when the offenders were watching the video. In all fairness, this was at least the second time for all the women to have seen the video. However, even with this being the second time, I opine there should have been at least an opportunity to ask questions.

As Dayton is a female institution and statistically incarcerated women have suffered high levels of physical and psychological trauma, I spent a significant amount of time looking for evidence of trauma services afforded to the population. When I asked, 25% of the Dayton population had identified as being victimized at some point in their lives and 24% identified as being LGBTI. This comports with a study completed in the United Kingdom in 2017 which shows 57% of female offenders have been victims of domestic violence and 53% being abused as a child <https://www.independent.co.uk/news/uk/home-news/female-prisoners-women-prison-domestic-violence-victims-more-than-half-prison-reform-trust-report-a8089841.html>. Another article which has a small N of 17 is "Investigating Trauma History and Related Psychosocial Deficits of Women in Prison: Implications for Treatment and Rehabilitation," *Women and Criminal Justice*, April-June 2011, 21(2): 83-99. Specifically, for these reasons trauma and abuse programming takes on special importance. The Mental Health department at Dayton provides:

Anxiety Management  
Bright Depression (CBT)  
Emotional Regulation and Mood Management Groups in Restrictive and Limited Privileged Housing.  
Illness and Recovery Management – targeted primarily to those with significant mental illness  
NAMI Peer to Peer Group  
NAMI Weekly Support Group  
Seeking Safety – coping skills therapy to help people attain safety from trauma/substance abuse  
PTSD – Psychotherapy Group – CBT based

In addition to these programs others were identified in the Annual Needs and Assessment Report as having relevance in providing women the ability to cope with their issues and trauma. These programs were identified in education and religious services. But I desire to take special notice to programs recently initiated in the Recreation area. There is a staff member recently hired (January) who is a trained domestic

violence therapist, who is working as a recreation specialist. She has instituted several programs/activities in the recreation department to assist the women in dealing with interpersonal and psychosocial issues. The institution is lucky to have this person on staff.

Using the format suggested by the PREA Resource Center, I reviewed twelve random inmate files to assure that they were being informed of PREA material, policy requirements as codified because of PREA, and appropriate information was documented. This included information that a PREA screening was completed within 72 hours that inmates were appropriately identified, reassessment occurred within 30 days, information at intake, comprehensive education was occurring within 30 days of intake. All documentation reviewed and submitted showed compliance with the standards (115.33, 115.41, and 115.81). While all of the documentation and subsequent interviewing demonstrated substantial compliance with the standard, there are two recommendations I have made to the staff at Dayton to strengthen this process. First, part of screening within the ODRC is managed by medical staff. The offenders indicated they did not know why staff were asking them questions about their perceived sexual orientation. It is suggested staff advise the inmates why these safety questions are being asked. During the time of interviews two offenders self-identified to me after I advised them of the reason for the questions. The second recommendation is after the 30-day reassessment, policy does not require additional questions concerning PREA unless the investigator is assessing compliance against retaliation. It is recommended that at the yearly security review a question concerning relationships and sexual safety be added. Empirically, and as a former Warden of a female facility experientially, relationships, broken relationships, and behavioral issues related to in-prison relationships are huge factors. While behavioral issues will often find the offenders becoming in low-level misconduct, when reported, many of the other issues involving relationships are not reviewed unless the woman seeks assistance. Therefore, it is being recommended, at least for female offenders, a question be asked at the yearly security review concerning the in-prison relationships and any issues being presented.

During a review of the site, the unannounced rounds practice was observed in many of the units with the sign-up logs showing a predictability of UAR's. This had been corrected by the end of the audit.

As with any PREA audit, most on-site activity involved interviewing. During the week, a total of 30 offenders were formally interviewed. Interviews lasted approximately 20 minutes. Random interviewees were overselected during the first day of the ACA audit to ensure that there would be enough offenders to interview which met the quotas as imposed. A minimum of two random inmates were selected from each housing area. The following targeted offenders were interviewed: two offenders who identified as transgendered or intersexed, two offenders who identified as lesbian or bi-sexual, two inmates who had reported sexual abuse, and two inmates who had reported sexual victimization during screening and one inmate who had visual acuity issues. One inmate who had reported sexual abuse refused.

From the staff side, thirteen random interviews were conducted with at least one from each shift (3 shifts). Of the staff interviews, the Health Services Administrator was interviewed as well as Mental Health Staff. Supervisory staff were interviewed as well as investigative staff. Members of the Sexual Abuse Review Team, Restrictive Housing Staff, Staff responsible for assessing retaliation (investigator), Victims Advocate, Screening staff, first responders, and institutional victim support staff were interviewed. The interview with the Victims Support staff (local District Attorney's Victim Support) was completed by telephone. After the description of how forensic examinations were conducted and chain of evidence was maintained, it was determined there needed to be no contact with the Miami Hospital staff to see if someone who interacted with the institution was present.

From the agency standpoint, interviews were had and coordinated by PREA Auditor Jim Carrington with the Director, the Agency PREA Coordinator, Human Resources, and the Agency Contract Administrator. No issues were noted.

From the institution's administration, the Warden and Deputy Warden responsible for PREA, as well as the Human Resource Manager and the PREA Compliance Manger were interviewed. There were no issues found from these discussions.

An overview of the inmate interviews showed that a significant percentage of the offenders indicated male staff did not always announce themselves before entering the unit. The Warden issued a reminder memorandum to be read at three days roll calls before departure. Inmates largely believed that the women at the facility did not take PREA seriously. Many saw it as an opportunity to manipulate staff into different housing or job changes. Inmates also demonstrated a concern staff were not always committed to PREA. When pressed, the women indicated that staff did not become overly concerned with the different sexual relationships among the women which they indicated were significant. The nature of these relationships did not generally lead to violence, but it is concerning this is occurring. As indicated previously, experientially, it is difficult to get staff concerned about consensual relationships among female offenders, as the level of violence or dangers to staff safety are not readily observed. A discussion was had with the Warden regarding this phenomenon and she indicated she was going to implement a training program for inmates regarding the issues of relationships in prison. ORW (Ohio Reformatory for Women) has implemented such a program.

It is also suggested at the next in-house staff training the issue of female relationships and sex be discussed in some detail. Specifically, how complacency regarding this subject can lead to much more demonstrative incidents.

The transgendered offenders wanted to be able to purchase underwear according to their gender preference and they desired to have a support group from the outside. I suggested to the administration from my experience as a Warden, which might be considered system wide, regarding "shorts" which could be purchased. (As a side note, while in Texas the following week, they were allowing the female offenders there to have a type of "short." It was demonstrated staff have attempted on many occasions to have outside volunteers to provide a support group for the transgendered offenders. It appears at the time of the review there were eight offenders who identified as transgendered.

During the interviews, reports were provided regarding two staff whom the inmates believed needed to be investigated because of inappropriate behavior. Referrals for investigation was made in both cases. The investigator was aware of both allegations and yet not been able to substantiate the claims. There was evidence the investigator and the PREA Compliance Manager had been attempting to verify the claims.

From a staff perspective, all staff function as first responders and all staff had a copy of their first responder cards on their person. Staff had been trained as required both in face to face as well as an electronic training system. The training coordinator presently at Dayton is brand new, but he was left with good records from the previous coordinator. Review of training records did not show any deficiencies, nor did contract or volunteer records. Using the format provided by PRC, the following issues for staff were reviewed for six staff and three contractors or volunteers.

- Criminal History Check
- Elder or Child Abuse Registry Check
- Administrative Adjudication Check
- Institutional Reference Check
- FBI Rap Sheet Check or NCIC or Ohio CJ Check
- PREA Training Documentation
- PREA Acknowledgment Form Signed
- And for those requiring it, documentation of specialized training and or refresher training

In addition to this, I went to HR during the audit and pulled five additional staff files to make sure the PREA Acknowledgement form was signed. I found no issues showing substantial compliance in any of these areas (115.17, 115.31, 115.32, 115.34 and 115.35). A review of the resume for the Investigator was had and he has significant correctional experience).

An overview of staff interviews demonstrated they also generally believed that certain female offenders manipulate the system in an attempt to make things better for themselves. Some were not able to articulate the sexual dynamics of working in a female facility. Five years ago Dayton was a male facility. The institution was a single cell minimum security institution which is now a double celled female facility of many security levels. The Warden has done an especially outstanding job in making the facility a female facility; dealing with the physical attributes of harshness as well as the programming issues. Having transitioned two facilities in my career, she has done a great job. It is my suggestion that phase two of the transition go into effect so that staff are very aware of the dynamics of a female population; specifically, then need not to become complacent because they generally do not invoke violence. As a student of organizational behavior and leadership, the institution may have hit its first "S" curve. This is a time where the staff need to be revitalized. In business, it is generally coupled with the introduction of new technology. With an agency like a prison, it is generally with a renewed emphasis on the basics of how, in the case of sexual dynamics, the tendencies not to demonstrate violence in relationships may tend to make staff complacent.



While there are many examples of S curves, the curve above illustrates how institutions need to continually reinvent themselves.

## 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.*

The Dayton Correctional Institution was constructed in 1986, as a single cell, minimum security male facility. About five years ago, a decision was made to change the mission of the institution to a double celled female facility, which has upped stated designated capacity significantly. And while there are more people at Dayton than for which it was originally designed, it does not present a feeling of being overly crowded, largely because of the out of cell time enjoyed by the populace. While all offenders would like to receive more recreation time, even for those Level 3 offenders and Limited Privilege Offenders there is significant recreation time afforded, in my opinion. The 4 large housing buildings hold two units a piece. Because of the administrative function of the institution, one of the housing areas is designated for Level 3 security needs (out of 4 levels) and one of the housing areas is designated for reentry. There is a small restrictive housing unit, which also holds those offenders with limited privileges. A large infirmary area is immediately inside the secure compound, and a mental health portable unit has been added for office and group space.

The needs and risk assessment for the institution shows that there were at the time of its writing 323 LV-1 offenders; 355 LV-2 offenders; 192 LV-3 offenders; and, 8 LV-4 offenders. When this needs assessment was completed there were 335 African American offenders; 538 Caucasian offenders with 5 being identified as others. Ethnicity was not delineated. The types of programs offenders indicated an interest: thinking for a change; cage your rage; victim awareness; money smart; and, domestic violence. While these are the programs listed, the documentation shows most of the activities involve Education and Vocational Training. A favorite of mine, the institution has two dog programs; one to train service animals, and a "doggy" day care for staff. Most of the offenders were either raised by one parent or raised by grandparent(s). Most of the women have children; most believe they will obtain custody of their children upon release.

There is a what I will call a "support building" in the center of the compound, which houses many activities to include religious services, education, food service, commissary, beauty shop, library, and law library. A contractor manages the food service department. Many volunteers augment the religious services department. Education provides for adult basic education, GED, a high school, and some college courses through Sinclair College. Educational activities seem to be adequate. There is a need and desire for parenting classes. Many offenders identified substance use issues along with mental health issues. This is prevalent across the county. Dayton provides many different types of programs to address substance use and those with dual diagnosis. They could have much more but are limited by resources and space.

A review of the camera schematics demonstrates camera placement throughout the institution. As more cameras are added, additional storage space for images will need to be added.

In the site review, two locations were recommended for mirrors. One was behind the dryers in the laundry and the second in the outside warehouse where there are several blind spots. The institution has on tap to install an additional 25 cameras, but at this time, decisions have not been made regarding placement. The institution needs to strategically plan where to put the additional cameras. As always cameras may be deterrents as inmates and staff know they are present. A fallacy of cameras is that they are preventative. As more and more cameras are added, storage space needs to be addressed.

The institution has and continually reviews a PREA staffing plan. This plan looks at the staffing needed to meet the safety needs of the population. As with all correctional facilities, the institution is having to expend

Commented [afb1]:

monies on overtime to make sure positions are filled given their vacancy rate. While the institution complained about their inmate contact vacancy rate, it had not fallen below 90% over the last 18 months. The following population report demonstrates the inmate population over the 12-month period:

Monthly Population Totals	Population Totals for the 1 <sup>st</sup> of the Month	Population Totals for the 10 <sup>th</sup> of the Month	Population Totals for the 20 <sup>th</sup> of the Month
January	942	968	964
February	965	956	952
March	956	948	953
April	957	933	933
May	934	933	919
June	914	907	898
July	873	859	869
August	872	878	885
September	880	888	899
October	889	884	893
November	883	878	883
December	873	866	882

## Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

**Number of Standards Exceeded:** Fourteen

Click or tap here to enter text.

**Number of Standards Met:**

Click or tap here to enter text.

Thirty-One

**Number of Standards Not Met:**

Click or tap here to enter text.

None at the time of the final report

**Summary of Corrective Action (if any)**

In a review of the physical plant, there was a recommendation for a mirror to be placed in the laundry so staff could see behind the washers and dryers. A secondary recommendatory for mirrors in the outside warehouse was made. In the first case the mirror was placed before the end of the audit and in the second case the Warden was going to have staff assess where additional mirrors need to be placed. I have been informed this assessment has been completed.

As is indicated in the report, there is a "feeling" of mediocrity among some staff when it comes to "inappropriate" relationships among female offenders. It is noted that these relationships may not lead to sexual activity and be as minor as holding hands. However, it is recommended that a session be provided at the next annual refresher training about the nuanced indicators of relationships among female offenders and the possibilities of not acting proactively.

In reviewing the thousands of unannounced visits especially to units, it appeared there was some predictability of when staff made rounds. There is not enough evidence to say this is a common practice, but there is enough evidence to warrant comment. Executive staff at Dayton indicated they would be reviewing.

Although there is evidence the institution has made inmates aware of the confidentiality of \*89, many inmates during interviews indicated they did not know of this. This will continue to take constant monitoring and is one of the reasons for the suggestion at each offender's annual security review that all things PREA be discussed. This is not a standard, but good correctional practice. ODRC Central Office may desire to make this change to policy as good practice. Also, the crisis center telephone number which we learned was available for collect calls (but not confidential) be added to unit posters. This was being accomplished.

Again as a suggestion, because a standard does not exist for this, it is suggested that medical staff during their initial conversation as part one of the assessment, advise the inmate of the reasons the questions being asked as part of the assessment are being asked. Most offenders indicated they were asked the questions (or had some remembrance) of being asked the questions, but did not know the reason. After the reasons were explained to inmates during interviews self-disclosure was made as to sexual orientation.

It is also suggested the Warden reiterate the availability of a "language line." Many staff indicated they did not know it existed. One of the reasons is virtually no inmate at Dayton does not have understanding of English. However, as part of annual refresher training, the presence and use of the language line is suggested. This is especially relevant as all staff at Dayton are first responders.

It was found the one offender who was visually impaired was not provided materials to allow for her to “read” in a large font version of the handbook PREA information. This was corrected during the review; however, staff must be proactive when determining if someone has a disability to ensure all steps are taken they have means to obtain and understand PREA information. While this offender indicated she was present when the PREA video was shown, she was not able to hear all which was spoken. Toward this end, it is also recommended that the showing of the PREA video be completed in an area where there is quiet and not allowing continual talking among inmates and staff. This recommendation was immediately addressed. As indicated in the body of the report, it is suggested that ODRC develop tools, such as audio recordings of the handbook and braille or “signed” products of the handbook for those who have disability. There was not finding as there were no inmates present at Dayton who had this need.

I was going to make a finding that after all sessions of the PREA video there be a answer and question period. During my viewing this did not occur. The reason that a finding was not made but only a suggestion executive staff and the PREA compliance manager monitor this is I could find no evidence this aberration occurred routinely. This could have gone either way. It is my suggestion to either the Warden or the PREA compliance manager written communication reinforce the need for “quiet” listening of the PREA video and completion of a question and answer period. It is noted that many of the offenders did not really desire to watch the video again as many had seen it at least twice and some multiple times and although this was probably true, this does not alleviate staff responsibility of making sure information is provided consistently and uniformly.

## 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.*

As indicated in the narrative, Ohio, more than any other state or locality this auditor has reviewed or audited, has incorporated the entire concept of sexual safety at the agency level. This has largely been accomplished through the leadership of the Director, Managing Directors, Regional Directors and Agency Inspectors. There have been two agency PREA coordinators. Both, who hold or have held, concomitant responsibilities for organizational compliance (not auditing) have incorporated the entire concept of PREA into these concepts. The following agency policies document this determination. But much more than policy narrative, is the context in which the leadership of the agency has incorporated the need for sexual safety in its institutions.

One such example of this is the sexual safety incident system implemented by ORDC. This automated system allows for a state-wide analysis of sexual safety cases, investigations, trends by institutions, and if there are any systemic issues which arise.

#### 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 OR the response to 115.12(a)-1 is "NO".)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

**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.*

Ohio contracts for three institutions state-wide. All are male facilities and have no interface with the Dayton Correctional Institution. All the institutions in Ohio have contract food service, which is currently let to Aramark. There appears to have no sustainable actions for the food service contractor. All staff have been trained in PREA. It has helped that Aramark has employed former Ohio staff to provide assistance to the food service staff, in areas to include PREA.

**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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No  NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence

of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

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

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

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

## 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.*

There is a comprehensive staffing plan and the requirements are found in Policy I79-ISA-01, Prison Rape Elimination Act revised on February 3, 2017. This policy requires that the staffing plan be reviewed and maintained. At least once a year the staffing plan must be reviewed and revised as necessary. Dayton not only has a staffing plan but uses it to ensure that there is adequate staff to meet the needs of the institution. It is clear the institution has for lack of a better term vital posts which may not be abandoned because of lack of staff. The filling of these vital posts was witnessed during roll call. The institution is very good about making unannounced visits to posts. This is evidenced by the log books which are available. A review of these log books demonstrated many unannounced visits daily. Review demonstrated a predictability in the unannounced rounds as it appeared they were made around the same time each day. This perception was corrected during the audit. The following daily roster shows the seriousness of making sure the necessary posts are filled.



Dayton  
Correctional Institut

## 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

- 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.*

Dayton Correctional Institution does not have juveniles or youthful offenders as defined by law.

#### 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.)  Yes  No  NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.)  Yes  No  NA

#### 115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?  Yes  No
- Does the facility document all cross-gender pat-down searches of female inmates?  Yes  No

#### 115.15 (d)

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

#### 115.15 (e)

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

#### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

### 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.*

While policy as articulated by ODRC is very clear regarding cross gender viewing and supervision, compliance with this policy was demonstrated through interviews. In interviewing offenders, everyone said they had never been pat searched since PREA by a man. No one had ever been visually searched by a man. Some of the very "old time" inmates indicated they had been pat searched by men prior to the implementation of PREA. One offender indicated that officers could look over the shower curtains on the top tier of the living units and see women showering. This auditor went to two of the living units (all living units designed with the same footprint) and determined there was no evidence to support her allegation. Several inmates indicated there was one staff member who made rounds during a time when women were returning to their rooms from the shower. A discussion was had with the institution investigator and institution compliance manager. Both were aware of the allegation that this man purposely made rounds after the women returned to their rooms after showering. Camera footage for this matter did not reveal any evidence to sustain the allegations made by several women. While the allegation was not sustained a formal referral for investigation was made to the institution investigator as so many women had made the same allegation. Women also indicated that all men did not always announce their entry into the living units as required by ODRC policy. Before departing the institution had reinforced the policy requirement of announcing by sending a memorandum to be read at roll call. A special emphasis will also be given to the requirement during annual training. It was ascertained most male staff members did announce themselves when entering a living unit. Only on one occasion was it observed that a male staff member did not announce either verbally or using the PREA buzzer. Substantial compliance is found, although this is one of the areas which may require continual reinforcement.

A discussion with transgendered and bisexual inmates revealed these offenders did not believe they were ever searched simply to visualize their genital areas.

All staff interviewed indicated they knew how to conduct a search of an opposite sex member. Since the implementation of PREA in 2012, no one indicated they had conducted such a search. Offenders indicated they had never been denied programming because of an inability to have someone available to conduct a same sex search. The lesson plan for staff training provides evidence that training is provided.

Policy provided to meet this standard include: Inmate and Physical Plant Searches, Lesbian, Gay, Bisexual, Transgendered and Intersexed Inmates and Prison Rape Elimination Act titles. Also, the lesson plan and to

include a prepared video on cross gender pat searches was reviewed along with the training records for staff.

## 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.*

There were very few women who met the definition of English limited proficiency or disability confined at Dayton Correctional Institution. One of the two women so designated refused to participate in an

interview (the only offender who refused an interview at Dayton) Many of the interviews with staff they did not know about the language line (interpreter service available) if there was a need to interview or discuss sensitive information with an offender. It was ascertained this was because there were virtually no inmates assigned to Dayton who did not have a working knowledge of English. Many staff did say if necessary they would use inmate interpreters. It is recommended that all staff be reminded of the presence of the language line and how to use it if necessary.

The one inmate I did interview who had significant visual impairment indicated she was; not able to watch the PREA video but she did listen to the content. She was not provided a large print inmate handbook. It is being recommended the institution maintain at least one large print inmate handbook for those with visual issues. Although there is no evidence support this need at Dayton, it is suggested ODRC maintain a recording of the inmate handbook, especially the PREA information, along with a braille handbook, and a video of someone who signs the handbook, which can be provided to institutions who receive inmates who have these sorts of disabilities. The larger font handbook was completed immediately after the audit.

There are policies and other information provided which clearly articulates the way offenders who require assistance are managed. These policies and documents include a policy entitled Inmates with Disabilities. Also, the Prison Rape Interpretation Act policy has a section requiring inmate education to be provided to all offenders. A contract for interpreter service as reviewed in addition to a contract for deaf interpreters. The inmate handbook is available in English and Spanish.

## 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, or to enlist the services of any contractor, who may have contact with inmates?  Yes  No

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

It is clear the Dayton Correctional Institution Executive staff to include the human resource manager takes their role in ensuring all hiring standards are met seriously. The institution provided the information for 9 staff and contractors to review. Contractors and volunteers were provided the same scrutiny as full-time employees. In addition to the information provided, during the audit, I randomly pulled additional information on staff and all information was maintained as required. Background investigations are completed by the institution investigator. There was no lapse demonstrated in the documentation and it is clear this process has become part of the hiring culture and process.

In making a determination regarding this standard, in addition to the steps taken above, a review was had of the Standards of Employee Conduct, Background Investigation Policy, Prison Rape Elimination Act Policy, Background Investigation Checklist, Background Investigation Authorization (by employees) Background Investigation Status Dates checklist, and PREA Annual Acknowledgement for employees, volunteers and contractors.

#### 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.*

As with every Ohio institution I have visited for the past several years there has been a proliferation of cameras throughout the facility with plans to install another 25. In 2012, the institution had 60 cameras. It now has 161 workable cameras. A CIIC review in 2017 revealed several cameras not to be working but a review of all the cameras in the institution showed they all to be working and showing high resolution video. The PREA staffing plan shows the location of each of the 161 cameras. A schematic of camera location was provided entitled DCI Camera locations. The schematic of camera locations is not being shown for security reasons. All videos are kept for a period of fourteen days, and if there is a need the institutional investigator secures a copy of the video material. As more cameras are added, more storage capacity will be necessary to meet this fourteen day requirement.

The institution has not completed any major structural renovations since the implementation of PREA but have incorporated many cameras as illustrated into their overall facility plan.

## RESPONSIVE PLANNING

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

**115.21 (e)**

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

**115.21 (f)**

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

**115.21 (g)**

- Auditor is not required to audit this provision.

**115.21 (h)**

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

**Auditor Overall Compliance Determination**

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

## 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.*

The state is indeed fortunate they have state law which mandates Medicaid rates for Emergency Room visits in most facilities in Ohio. For Dayton, the Miami Hospital in Dayton have and would conduct forensic investigations deemed necessary and appropriate. All staff at Dayton Correctional Institution are first responders. All carry a first responder card which provides guidance on how they manage a alleged allegation of sexual assault. They know and can articulate how they maintain evidence if confronted with a situation where an offender indicates they have been sexually abused. The alleged victim in any allegation is separated from the alleged perpetrator; sent to medical; designated a victim-support staff member if requested; and sent to the local hospital if appropriate. The offender is also advised of community victim support. If it is found a forensic medical examination (rape kit) should be conducted, SANE/SAFE nurses conduct it. Any forensic examination is conducted without cost to the offender. The Ohio State Highway Patrol, responsible for any criminal investigation travels to the facility to take custody of any physical evidence. The institutional investigator and other members of the Dayton executive staff are contacted. The first responder documents the incident via use of the Incident Report form; in addition to keeping the parties separated and affording medical treatment to the alleged sexual assault, appropriate is made to mental health for follow up with the alleged victim. After the alleged victim, the alleged perpetrator is provided a medical examination, evidence obtained and notification the alleged perpetrator would be seen by mental health staff upon request.

The following policies and documents provide guidance to various staff on how to manage a sexual assault allegation: Prison Sexual Misconduct Reporting; Bureau of Medical Services Co-Payment Schedule; PREA Incident Report Application; B-11 Medical Core Guidelines for Sexual Conduct; and Ohio Department of Rehabilitation and Correction Medical Services Agreement. Although not listed as policy documents by Dayton, the first responder card as well as state regulations mandating Medicaid rates for payments to hospitals from an Expanded Medicaid process implemented by the Governor in 2012.

## 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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).]  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### 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.*

The investigation and referral process for sexual assault and harassment investigations was exceptional. The process of referral, the cooperation with the OSHP, and the content and maintenance

of the investigations was among the best which have been reviewed. As part of the review, all the investigations for 2017 were analyzed. Not only were the investigations complete, they were logical, and conclusions were well founded. The OSP review each allegation and makes determination as to criminal prosecution. All cases are discussed with the prosecutor's office. Over the past years, it is evident the relationship between the institution and OSP has strengthened. It is concomitantly evident this enhanced relationship building has enhanced the quality of investigations.

## 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.*

Employee training is of great importance to ODRC. Much effort is taken to ensure that all those staff who have inmate contact are trained to all the aspects of PREA. Volunteers and contractors receive PREA training and are taught how to protect inmates who may have been abused. Staff must receive

training every two years but policy requires yearly training. Most staff understand the issue of sexual dynamics in a female facility. As evidenced by interviews with inmates and staff there are among some staff an acceptance of the “consensual” relationships historically developed in female institutions. This acceptance can lead to complacency and ultimately might lead to serious issues at the facility. It is suggested that at the next annual training the supervision of female offender section of the training be expanded to discuss the sexual dynamics found historically in female institutions and the need not to develop acceptance of these prison relationships. One of the better analysis of this phenomena is found in a 2000 article by Leanne Fiftal entitled, “Sexual Assault and Coercion Among Incarcerated Women: Excerpts from Prison Letters.” This article is found in The Prison Journal. From an institutional perspective inappropriate relationship among women are just as dangerous as inappropriate sexual relationship among men. The female behavior is about relationships and the male behavior is about sex.

Policy is complete and found well written. The lesson plan on supervision of LGBTI and sex offender population provides good information. Electronic Learning System is in place and provides excellent training as well. A post-test score of 80 is required.

## 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.

Ohio has many contractors and unpaid staff members providing services at the Dayton Correctional Institution. Sexual safety training for these contractors and volunteers is a priority for the institution. The training script used for training is well done and provides good information on the impact of training. Because volunteers and contractors have significant contact with female offenders, it is also suggested at their departmental training extra time be spent on the supervision of females and sexual dynamics in female facilities.

The standards do not call of refresher training for contractors or volunteers.

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

**115.33 (d)**

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?  Yes  No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?  Yes  No

**115.33 (e)**

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

**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.*

The inmate education standard is clearly followed. The primary source of training for the population is a video approved by ODRC. This video is complete and if attention is paid to it offenders have will have a basic understanding of the law and their right to be free from sexual harassment and abuse and the methods to report. The video was shown in the receiving area of the institution and there were a lot of people coming and going making the video hard to hear. Additionally, the week I was auditing there was not a question and answer session for the video.

The institution needs to demonstrate there will be a question and answer period after showing the video. Additionally, the area where the video is shown should be quiet.

## 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 have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

#### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]  Yes  No  NA

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### 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.*

The institution, the institutional investigator (investigator of the year for ODRC) and the Ohio State Highway Patrol trooper assigned to the institution have all been trained and have received specialized training on how to conduct sexual harassment and abuse investigations in a correctional facility. Both the investigator and the trooper are aware of the finesse of investigating in an all-female facility. It is clear from a review of the seventeen investigations from 2017, that both the investigator and the institution take their role very seriously. It is clear the investigator and trooper have requested a second review of a case which was investigated and declined for prosecution. It is also clear from the one prosecution of a male staff member, if the opportunity provides for judicial education of PREA it should be undertaken. The court indicated that since the sex was consensual between the offender and the staff member, he was not providing and active sentence. Of course this is the court's prerogative; however, the issue of no consensual sex in a correctional facility is a teachable moment.

#### 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?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

**115.35 (b)**

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

**115.35 (c)**

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

**115.35 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?  Yes  No

**Auditor Overall Compliance Determination**

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

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

#### 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.*

Both mental health staff and medical staff have received specialized training regarding sexual harassment and assault. The medical staff are the first people who assess the offender upon arrival at the facility regarding whether they are perceived as aggressors or victims, their perceived sexual identity or how they identify, their physical stature, and their history of community supervision. The medical staff does a very fine job in asking the question and in all intents meet the standard to include the standard of specialized treatment. It is recommended that the institution or the agency develop a script to provide to the inmate before asking the questions. During interviews with offenders several indicated they did not know why the questions were being asked therefore, they were mute regarding the issues. After discussion, two inmates who had not advised themselves as bisexual did so during our conversation.

The mental health staff is very cognizant of the need to provide trauma informed treatment to the female offenders. Although they did not have empirical data, it was estimated that between 70 – 80% of the women at Dayton had suffered physical or psychological sexual trauma in the past. Much of this trauma appeared to be linked to domestic violence. As previously indicated, the institution provides many programs in mental health and other departments regarding trauma. One special comment is made relative to the programs sponsored in the Recreation Department. A staff member certified in domestic violence intervention provides offenders programming there. This staff member also is an institutional victim support member.

Although this is a concern, it is not being addressed either as a recommendation or a suggestion, but the institution may want to review a need to provide vicarious traumatization support to staff given the amount of trauma experienced by women housed at Dayton.

## 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, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

The risk assessment process mandated by the ODRC is not only empirically based and follows all of the criteria indicated, it is automated with built in quality control. When an offender arrives at the facility Part I of the assessment is completed by nursing staff. This information is then uploaded to the automated system and the offender's assigned case manager does a record review for any materials which may provide additional information. This may include police reports, presentence investigations, court documents and any other verifiable documentation. All this information is analyzed, and a determination is made concerning the offender being a victim, a potential victim, an aggressor, or a potential aggressor. The Unit Manager then uses this automated tool to make housing and work assignments. While the tool is automated and largely objective it does not supplant professional judgement. If there are any discrepancies or a need for further consultation, the Unit Manager Chief reviews the classification and makes the final determination. This initial classification is completed within 72 hours. There is a secondary classification within 30 days. New information may require re-classification such as the filing of new criminal charges or the receipt of a presentence investigation. While some case managers provide ongoing review of a person's status, policy does not require it unless there is new information. There is no standard requirement beyond the 30-day follow-up assessment, it is suggested that case managers at their yearly security review incorporate any sexual safety issues at this review.

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

#### Auditor Overall Compliance Determination

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

#### 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.*

Dayton Correctional Institution takes care in ensuring only those with a need to know are aware of the assessment information. Additionally, they take care to provide work, housing, and education assignments in a manner not to knowingly put any offender in jeopardy because of their status. The assessment provided during the 72-hour and 30-day time periods. The assessment tools, if honestly answered by the offender, also provides information concerning special needs of the offender such as those who are visually impaired or deaf. This classification instrument provides a plethora of information which can assist those responsible in making good decisions regarding the safety of the offender and the institution.

## **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 access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?  Yes  No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?  Yes  No

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

This standard needs a rewrite in the CFR. The concepts of segregated housing and restrictive housing have changed dramatically since the inception of PREA and the CFR publication. The terms protective custody and segregation are not part of the vernacular in Ohio. Every effort is made not to put an offender in any sort of restrictive housing if there is a protection issue. Some of the processes attempted include unit separation, limited privileged housing. Rarely is any offender placed in

segregated housing for protection. Real effort is made to keep these offenders in the general population. During the past year there have been no women placed in the TPU (Transitional Program Unit) for protected reasons. There have been no women placed in the TPU because of sexual victimization issues. For persons placed in the TPU, care is taken to ensure access to programs such as recreation, library, law library, and education. While there have been five offenders housed in the TPU for more than thirty days over the last year, there is continual monitoring as the goal is to keep people out of restrictive housing.

For information, LPH is a limited privileged housing environment where offenders so assigned go to the compound for education, food service, recreation, and work. They do return to the LPH when not involved in any of these activities and sleep in this unit. A large majority of time for offenders assigned to LPH is out of cell time.

## 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?  Yes  No

#### 115.51 (c)

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

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

Since last year, the \*89 function on the inmate phones has been made entirely confidential. During the course of the week made test calls to the different phones allowing for inmates to call. All successful. The inmates may also write to their families and to the Chief Inspector's office. Posters abound throughout the living quarters and common areas advising both inmates and staff how they may report. During interviews inmates could generally provide at least two methods of reporting. Many did not know that the \*89 function had become totally confidential.

#### 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

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

#### 115.52 (b)

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

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party file 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

*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.*

While the ODRC has a well-defined grievance policy which is overseen by the institutional inspector, inmates are directed not to use the inmate grievance procedure to report issues of sexual abuse or harassment. This is not to say an inmate may not file a formal grievance. If the issue is a reporting issue, the institution inspector, investigator and compliance manager may consult with each other to make sure the issues raised are addressed. All issues are addressed.

#### 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?  Yes  No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

##### 115.53 (b)

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

##### 115.53 (c)

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

**Auditor Overall Compliance Determination**

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

**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.*

There is a comprehensive MOU between the Montgomery County District Attorney’s Office, Victim Support Services and the institution. A phone call between the coordinator and auditor demonstrate good compliance. The Montgomery County unit will accept phone calls from the inmates and the Poster’s throughout the institution are to be updated to reflect this change. It appears there is a good relationship between the unit and the institution. The unit will upon request provide support services to inmates when they are taken to hospital for administration of forensic kits and will maintain support throughout the process.

John R. Kasich, Governor  
Gary C. Mohr, Director

**PRISON RAPE ELIMINATION ACT (PREA)**

**Memorandum of Understanding**

**Effective Date:** Apr 14, 2017

**End Date:** Apr 13, 2020 *(MOU Effective for 3 years)*

Pursuant to PREA Standard 115.53(c), we, the Ohio Department of Rehabilitation and Correction and the organization identified below enter into this Memorandum of Understanding to collaboratively provide response services to those incarcerated within correctional facilities who report being sexually assaulted/abused during their incarceration. Whereas, inmates shall be provided with confidential emotional support services related to sexual assault/abuse as outlined below.

**This MOU involves the following organization and DRC institution:**

Dayton Correctional Institution Montgomery Co. Prosecutor's Office-Victim Witness Div

**County/Countries Served:** Montgomery County

Please complete the following sections to clarify services agreed upon through this memorandum of understanding. Please mark each section of service your organization is able to provide to the institution as per PREA Audit Standard 115.21(d) (e), 115.53 (a) (b) (c). The language must be specific in the MOU as to the service the agency will provide to the prison(s). Make comments/modifications as necessary.

- Accompanying and supporting the victim through the forensic examination process
- Accompanying and supporting the victim through investigatory interviews at the **(check each that apply)**
  - Hospital
  - Institution
- Provide emotional support
- Provide crisis intervention services
- Provide referrals for resources
- Provide follow-up services

---

Operation Support Center • 770 West Broad Street • Columbus, OH 43222  
www.drc.ohio.gov

DRC-3030 E (01/2014)

Page 1 of 2

## 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**

*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*

The Ohio Department of Rehabilitation and Correction has a comprehensive web page for the public which outlines the methods third party reports may be made. The information provided shows how family members or others may make reports concerning sexual safety in the institution. The link to this webpage is found: <http://drc.ohio.gov/policies/sexual-assaults>.

**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

*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.

The ODRC take reporting and investigation very serious through a variety of mechanisms. As already indicated the institution has an outstanding relationship with the Ohio State Highway Patrol. All allegations are forwarded to OSHP for discussion and determination of how the matter is to be handled. There is also a good relationship with the local prosecutor's office. The reporting mechanisms are formalized and tracked in an incident reporting system which has now been automated for a year and a half. The investigations are complete, logical and well-documented. Medical and mental health staff use informed consent. There are no juveniles at Dayton. Ohio is a mandatory reporting state. Inmate and Staff interviews not only demonstrate knowledge of reporting requirements, they demonstrate compliance of allegations and suspicions. All staff are first responders to allegations of sexual abuse.

The PREA Incident Reporting System is designed to assist the institutions in tracking reports of sexual abuse, sexual harassment, retaliation and imminent risks of abuse. The institution investigators and operational compliance managers are the primary users (OPMs are PREA Coordinators for each institution). The data collected in this automated system will aid the Operations Support Center and the institutions in collecting PREA audit information. The system is monitored and administered by the Department and Regional PREA Compliance Administrators. This automated system has been and will be very valuable in attempting to identify potentially problem areas and intervening before incidents occur.

## 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.

While all staff are first responders and inmate and staff interviews demonstrate that there is knowledge and mechanisms are established to protect each individual offender, there is some evidence that because of the nature of the institution (female) some staff do not consider the relationship issues found at female institutions significant and worthy of always making appropriate reporting. While all the mechanisms and policies are available for reporting, this is not deemed exceptional because of the evidence the relationship nature of female facilities has causes some staff not to report what they consider non-important issues.

### 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.*

While there has only been one instance of reporting abuse by other agencies, there is evidence this process will be completed in every case no matter the length of time since the alleged incident. Also, there is evidence the HRD contacts institutions where candidates of employment have been previously employed if not the ODRC to ascertain if they have allegedly been involved in sexual abuse misconduct. While typically this would be adjudged to meet standards, a review of process elevated a decision to upgrade to exceeds.

## 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.*

Every staff member at Dayton Correctional Institution is trained as a first responder. All staff whether they are security staff or not carry a first responder card, which outlines each and every step the person is to take to ensure the safety of the offender making the allegation. Staff interviews with both security staff and non-security staff demonstrated good knowledge of how to maintain first responder duties. Ohio made a demonstrative decision when PREA was made part of the institution's mission. Every staff member would be a first responder no matter their position and trained as such. There is significant evidence the department and the institution take this role seriously. In the management review a finding was to reprint first responder cards for some staff. Every staff member interviewed not only knew they were first responders, they knew of their responsibilities.



**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.*

In discussions with medical staff and mental health staff there is good communication between the two departments. There is also evidence that at PAST meetings coordinated by the compliance manager any issues which cross multi-disciplinary lines are openly discussed. The departments are both ODRC employees which seem to enhance communication. Policy 79 ISA 02 outlines expectations.

**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.*

A review of the three contracts between ODRC and the employees do not reflect any incident where employee contracts interfere with an ability to implement PREA and the standards contained therewithin.

### 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.*

Dayton Correctional employs many different methods to keep those who have made allegations separate from those who have allegedly been made victims. Until proven otherwise everyone who makes an allegation or on whose benefit an allegation is made is considered a victim until proven otherwise. The institution may institute institutional separation between the two (most often), may determine an institutional limited privileged housing placement is necessary awaiting investigation, may determine in rare occasions the perpetrator is to be placed in TPU (restrictive housing until the investigation is completed (extremely rare) or in some cases institution a transfer to another institution. This is rarely used given the nature of the female population in Ohio and the number of facilities.

The institution investigator monitors each and every case where there has been an allegation of substantiated and unsubstantiated abuse. The monitoring is well documented. The monitoring includes spot checks. In addition to the institution investigator making the required monitor checks, the institution compliance manager makes periodic checks of those who have made allegations of sexual abuse. This is over and beyond what the standard requires.

### 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**

*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.*

In the last twelve months no inmate has been involuntarily placed in protective custody because of an allegation of sexual abuse. No inmates have requested placement. Staff make every effort to place these voluntary cases in the least restrictive housing agreed upon by the offender and the institution.

**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.*

If there is one strong (strongest) attribute to PREA at Dayton it is the quality of their investigations. A review of all investigations for 2017 demonstrate that investigations are taken seriously, that they are complete, that the findings are logical to the evidence obtained and that actions are taken commensurate with policy and state law. An outstanding relationship exists with the OSHP and every case is discussed with the agent no matter how seemingly innocuous. All investigations are carried out to their conclusion even if the subjects are no longer in custody or employed.

#### 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.*

For administrative investigations there is an investigatory standard of preponderance. Preponderance is defined as by an interview with the institution investigator to be 51%.

### 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.*

The institution's investigator does a very good job of maintaining contact with those who have made allegations of sexual abuse. If the allegation is substantiated or unsubstantiated, the institution investigator takes care in making certain the offender is provided information concerning the status of the person who is the alleged perpetrator. All incidents are documented in the incident reporting system and monitored. During the past 12 months there have been no incidents were employee cases have been substantiated or unsubstantiated.

## 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.*

In the last 12 months there have been no incident of employee discipline because of substantiated conduct regarding sexual abuse or sexual harassment. There is good policy in this area through the Standards of Employee Misconduct, Inappropriate Relationships, and Prison Rape Elimination Act.

### 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 clearly articulates that the volunteer or contractor would be removed from the institution. There have been no instances in the last twelve months where a contractor or volunteer has been removed. Policies referencing this standard include the recruitment of volunteers and contractors, the Prison Rape Elimination Act and Standards of Conduct for Volunteers and Contractors.

### 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)**

- 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.*

Review was had to ensure policy exists to discipline offenders who allegedly participated in sexual abuse and/or harassment. According to information provided: Please be advised Dayton Correctional Institution has not disciplined any inmates due to nonconsensual sexual contact with a staff member in the past 12 months. Also, there has been no inmate disciplined for violating rules on sexual harassment or abuse. There have been instances of offenders being sanctioned for consensual sex and disciplined accordingly. Discussion between staff and inmates demonstrate there are more consensual relationships than are being sanctioned. This is not abnormal in any institution; however, this warrants monitoring by Unit Managers, Security staff, health care staff and others to limit the amount of inappropriate consensual relationships which may be occurring. A review of Rules and Institution Violation Hearings show compliance with the law and regulation.

**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.

A review of policy to include medical protocols, B-11, as well as policies and training records for medical and mental health personnel demonstrate that 115.81, is fully compliant at Dayton Correctional Institution. Interviews with staff, to include mental health and medical staff show that referrals are made to obtain medical treatment and mental health services. Interviews with inmates show that those appropriate have are often taken to medical and receive referral to mental health. Policies to include policy on reporting and assessment were reviewed. Several mental health referrals were reviewed to gauge they were completed in the requisite time frame.

### 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

*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.*

There is no impediment to medical or mental health care at Dayton. Inmate interviews revealed that those requiring access were afforded it. Not all inmates took advantage of mental health services. Several inmates indicated they preferred handling these life-long matters on their own. Policies on mental health treatment, classification and transfers were reviewed. Notes from medical and mental health referral were reviewed. According to information available, there have been no reported sexual abuse involving semen exchange; therefore, no pregnancy tests have been provided. It is clear there is good communication regarding those cases requiring medical and mental health access. The Incident Reporting System devised by Ohio does a great job in monitoring all aspects of care.

All medical and mental health staff rosters were reviewed and showed inmates immediate access to medical care and on-going access to mental health care. In every case reviewed, the offender was taken to medical after making an allegation of sexual abuse.

#### 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.)  Yes  No  NA

**115.83 (e)**

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

**115.83 (f)**

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

**115.83 (g)**

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

**115.83 (h)**

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

**Auditor Overall Compliance Determination**

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

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

#### 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.*

Policies are clear to include previously mentioned policy concerning medical and mental health care inmates are provided on-going care. One of the offender's case reviewed included a woman who had recently given birth. The actions by the mid-level were consistent with community standard relative to infectious disease testing. A review of the same inmate's referral to mental health demonstrated on-going care to include care which probably exceeded any care the offender would have received in the community.

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?  Yes  No

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No

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

#### 115.86 (e)

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

#### Auditor Overall Compliance Determination

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

#### 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.*

There is clear policy that every incident of alleged unsubstantiated and substantiated case of sexual abuse is reviewed by a incident review team. The team is chaired by the institution's compliance manager and has as members, a deputy warden, the institution's investigator, medical and mental health staff as needed, and other staff if needed. The team meets within 30 days of close of the investigation. Several documented cases were reviewed with the team discharging their duties efficiently and with due diligence. There is a policy which outlines the specific duties of the Incident Report Team.

In addition to the Sexual Abuse Incident Reporting Form completed by the committee and forwarded to the Warden for review, the PREA Incident Report Form shows that each case is reviewed by the SART. The screen provided for this review is automated and provides more information than required by the standard and or policy. This reporting form is automated and allows for the movement of the information from the committee to the Warden automatically.

## 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.

The reports from the three private facilities contracted by ORDC were reviewed. The latest submission of the SSV required by DOJ was reviewed as well as the instructions for completing the SSV. The automated incident system provided by Ohio does much more than is required by 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.*

The overall PREA Incident Reporting system referenced many times in this report is an automated system which allows for the compilation of data by institution. The ability to drill down with this report can provide trend analysis by institution. It can look at all sorts of variables as collected on the PREA incident report(s), assessments, and other automated tools. The PREA annual report was reviewed and found to be in compliance with the standard.

### Standard 115.89: Data storage, publication, and destruction

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

#### 115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?  
 Yes  No

#### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### 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.*

Policies for record retention were also reviewed to ensure source documents were maintained according to the standard and state law. The agencies PREA website was also reviewed to ensure data was appropriately provided to the public.

## 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.*

The dedication of the Ohio Department of Rehabilitation and Correction to the PREA process has been clearly demonstrated for several years. There are staff dedicated to the process and a systematic review of PREA through its internal review process. I received many files before and during and after the on-site audit process to allow for an analysis of process and procedure. These included investigatory files, inmate files, and staff files. The auditor was allowed unfettered access to every area of the institution inside and outside the compound proper. Interviews were conducted in privacy with offenders, staff, volunteers, contractors and support personnel.

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

### Auditor Overall Compliance Determination

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

## 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.*

All PREA reports are maintained on the agencies website.

## 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.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Arthur F. Beeler, Jr. \_\_\_\_\_

June 22, 2018 \_\_\_\_\_

**Auditor Signature**

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.