

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



[Following information to be populated automatically from pre-audit questionnaire]

Name of facility:	Dayton Correctional Institution		
Physical address:	4104 Germantown Street, Dayton, Ohio 45417		
Date report submitted:	June 26, 2015		
Auditor Information Tom Eisenschmidt			
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Telephone number:	315-730-7980		
Date of facility visit:	June 10-12, 2015		
Facility Information			
Facility mailing address: (if different from above)			
Telephone number:	937-263-0060		
The facility is:	<input type="checkbox"/> Military	<input type="checkbox"/> County	<input type="checkbox"/> Federal
	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> State
	<input type="checkbox"/> Private not for profit		
Facility Type:	<input type="checkbox"/> Jail	<input checked="" type="checkbox"/> Prison	
Name of PREA Compliance Manager:	Justin Johnson		Title: Operational Compliance Manager
Email address:	Justin.Johnson@odrc.state.oh.us		Telephone number: 937-263-0060
Agency Information			
Name of			

agency:	Ohio Department of Rehabilitation and Correction		
Governing authority or parent agency: <i>(if applicable)</i>	State of Ohio		
Physical address:	770 West Broad Street, Columbus, Ohio		
Mailing address: <i>(if different from above)</i>			
Telephone number:	614-752-1159		
Agency Chief Executive Officer			
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AUDIT FINDINGS

NARRATIVE:

The auditor received PREA documents from the Dayton Correctional Institution and the Agency (ODRC) approximately 28 days prior to the audit. The auditor had the opportunity to speak with the Montgomery County Prosecutor Victims of Crimes Office, the advocacy group that provides support services for victims of sexual assault. The Director Sally Hunt discussed in detail the services she provides to the facility. She indicated her address is listed on each poster throughout the facility so inmates may write directly to her. Her understanding is the mail is considered privileged and not inspected by staff. Which was confirmed by the facility Warden. She further indicated that phone calls directly to her agency are not allowed by the inmates, however she informed the auditor that the procedure requires the institution to make the call for the inmate and a member of her staff responds if required. The procedure was unable to be verified at the facility during the site visit as the phone notification for request of service was not documented. The notification/request process was changed to include an additional requirement notification line on the PREA response form.

The auditor took part in the three day ACA reaccreditation process prior to the PREA audit. The entrance briefing for the PREA audit was held on June 10, 2015 and once that was completed the interview portion of the review began. A list of random inmates from each of the housing units, inmates disclosing prior victimization, inmates reporting allegations of sexual assault, a disabled inmate (blind), and inmates identifying LGBTI were interviewed. This number totaled 16 inmates.

Once the inmate interviews were completed the specialized staff interviews were conducted. They included the following staff: Health Care Administrator, Human Resources, Mid-Level Supervisor, Intake Staff Orientation, Intake Staff Questionnaire (Medical), Risk of Victimization Assessment (Case Manager, Unit Manager, and Unit Manager Chief), Mental Health Administrator, Segregation Supervisor, Retaliation Monitor, Incident Review Team Member, PREA Manager, Facility Investigator, State Police Investigator and the Warden.

Training records for all required staff training were verified as were additional trainings verified for the Investigator, Medical and Mental Health full and part time staff, and the 11 facility victim support staff.

The facility replaced the facility Investigator approximately nine months prior to the audit due to problems to perform his duties. The Agency immediately after realizing his performance was not up to expectations sent four (4) investigators to clear the backlog. The new Investigator has 9 years of investigative experience. The auditor spent a significant amount of time with him reviewing his files and the handling of each case. He is very thorough and precise. The auditor reviewed all eighty four (84) investigative case files, filed within the last 12 months, with the facility investigator. Of these cases thirty eight (38) involved sexual harassment allegations. Five (5) were against staff determined to be unsubstantiated. There were thirty three (33) harassment allegations made against inmates with one (1) substantiated and thirty two (32) unfounded.

The auditor was aware of and reviewed the report of the findings by the Corrections Institutions Inspection Committee prior to the PREA audit at Dayton. The audit notification and contact information was posted throughout the facility alerting inmates and staff of the audit dates and times. The auditor heard no concerns about any cases from the inmates during the site visit, during his tour of the facility or during random interviews of inmates. The auditor did not receive any letters, confidential or otherwise from any inmate prior to or during the site visit. The auditor did note a significant number of supervisory staff were new at Dayton and comments from inmates included that the facility administrative staff has had a positive impact on the facility.

Forty six (46) cases alleged sexual abuse. Forty one (41) cases were filed against other inmates with thirty seven (37) being unsubstantiated, one (1) unfounded and three (3) substantiated. Five (5) allegations were made against staff with all five (5) of these cases determined unsubstantiated. It should be noted a majority of the allegations filed by inmates involved touching through clothing.

At the conclusion of the site visit at Dayton the auditor met with Warden Jackson and her Executive Staff. The auditor let those in attendance know that he could not give them a specific outcome at this point but did leave them with some preliminary findings. He thanked everyone for their obvious hard work and asked them to continue their commitment to ensure compliance to the Prison Rape Elimination Act.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Dayton Correctional Institution is a medium security facility built in 1986, to house adult

male offenders. The facility is located in the city of Dayton. The campus style facility with buildings of brick structure rests on 60 acres, with 25 acres inside the fence. The perimeter is secured by two armed perimeter vehicles, which are staffed twenty-four hours a day, a double fence with razor wire, and both microwave and perimeter detection systems. In August 2011, DCI began converting to an adult female offender facility ranging in security levels from Level 1 through Level 4.

There are a total of ten buildings on the DCI compound. There are no towers at DCI. DCI has a front entrance in A Building and a rear truck/delivery entrance off of Gettysburg Avenue. Rear entry for truck deliveries is located on the rear dock behind the Food Service Area. The perimeter is well lit including fog lighting. Cameras are located in food services, parking lots, front entry, rear and front of housing buildings, visiting room and the institution(s) sally ports. Offender housing consists of single and double cells with one segregation cell located in each housing pod. DCI has four offender housing units, each with two pods that are named after college teams. The cells are arranged in tiers with upper and lower tiers. There are no dormitories. DCI segregation has twenty cells. 18 of the segregation cells are double bunked with two cells single bunked utilized as safe cells.

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded:	6
Number of standards met:	35
Number of standards not met:	0
Non-applicable:	2

§115.11 - Zero tolerance of sexual abuse and coordinator

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Ohio Department of Rehabilitation and Correction (ODRC) has 5 agency policies dealing with zero tolerance of sexual abuse and sexual harassment (79-ISA-01, 79-ISA-02, 79-ISA-03 and 79-ISA-05). Dayton Correctional Institution has a local policy for implementation of the agency policies to prevent, detect, and respond to sexual abuse and sexual harassment.

The Agency Director, Gary Mohr, set PREA compliance as one of his top priorities. He was committed in 2014 to have 8 of his facilities successfully complete PREA audits, which the agency achieved. In his 2015 interview, with this auditor, he indicated he was committed to having thirteen more of the Agency facilities complete successful PREA audits in the coming year.

Andrew Albright is the PREA Coordinator for the agency. He has direct access to the agency Director Gary Mohr and meets regularly with him specifically to discuss PREA matters. Andrew has a group of central office staff that work directly on PREA policy, standards adherence and computer streamlining of the audit process and monitoring. Andrew and this staff have a keen understanding of the standards and the audit procedures. He acknowledged that he has sufficient time to dedicate to his responsibilities ensuring PREA standards are followed and concerns addressed during his interview.

Justin Johnson was placed in the position of PREA Manager at Dayton Correctional Institution two months prior to the audit. He indicated during the interview that he has sufficient time to perform his PREA duties and responsibilities. The auditor was impressed with his knowledge of the standards during the site visit. He indicated he has direct access to the Warden on all PREA matters and concerns.

§115.12 - Contracting with other entities for the confinement of inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The auditor interviewed Kevin Stockdale, Deputy Director Administration, who oversees contracts with the two private prisons (Lake Erie Correctional Institution and North Central Correctional Complex). During his interview he indicated ODRC has a full time Contract Monitor at each facility to monitor day-to-day operations. These Contract Monitors report directly to the Regional Director. Mr. Stockdale further indicated that these two facilities receive numerous policy compliance site visits. These site visits include the Regional

Medical/Mental/Recovery Services Monitor, and the Regional Director with a Regional Team. The Bureau of Agency Policy and Operational Compliance conducts an annual Internal Management Audit to include a PREA Compliance Review. Contract facilities are required to follow ODRC Policies, which include all Zero Tolerance of Sexual Abuse and Sexual Harassment Polices. A PREA Compliance Review was conducted at both facilities in October 2014 with the next one scheduled to be held in June of 2015.

Lake Erie Correctional Institution and North Central Correctional Complex are both for their PREA audits this fall.

§115.13 – Supervision and Monitoring

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Agency requires each of its institutions to establish and maintain a staffing plan. This was confirmed during the interview with Warden Jackson. She indicated she receives a daily summary of the facility activities and it includes a report of staffing and any deviation. Warden Jackson stated their staffing plan takes into account generally accepted detention practices, physical plant, inmate population and prevalence of substantiated and unsubstantiated sexual abuse allegations. The Warden, PREA Manager and Security staff reviews this plan annually.

There are currently 158 cameras throughout Dayton Correctional Institution. The facility has identified 5 classrooms and the gymnasium storage area as having blind spots. The facility is in the process of acquiring the cameras for installation. In the meantime these areas have additional rounds made by staff. None of the cameras in the housing unit create crossing gender viewing issue for inmates showering, changing clothes or utilizing the toilet.

Department Policy 310-SEC-31 requires intermediate-level and higher-level supervisors to conduct and document unannounced rounds on each shift. Policy 50-PAM-02 prohibits 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. Intermediate and high level interviews indicated that they make rounds at random times visiting all areas in a random sequence.

§115.14 – Youthful Inmates

Dayton Correctional Institution has no youthful offenders. It is an adult facility. Standard does not apply.

§115.15 – Limits to Cross-Gender Viewing and Searches

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Warden Jackson and PREA Manager Justin Johnson indicated during their interviews that Dayton Correctional Institution has not conducted any cross gender strip searches and should one ever be conducted it will be logged along with the exigent circumstance requiring it being done. ODRC Policy 310-SEC-01 prohibits staff from conducting cross gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The auditor reviewed training records demonstrating all staff has received training on conducting cross-gender pat-down searches of transgender and intersex inmates in a professional and respectful manner. This training also reinforced the policy of never frisking transgender and intersex inmates for the purpose of determining genitalia status. Line staff and supervisors confirmed the policy and practice during the interview process. During staff interviews the auditor confirmed that female inmates are never restricted from any programming or visits because female staff were not available to conduct pat down searches. Female staff is available in sufficient numbers on all shifts

As noted earlier the auditor reviewed camera locations and transmissions to ensure cross gender viewing was not possible. During the tour of the facility the auditor took notice of areas having showers and toilets to ensure privacy. The showers have curtains with the majority of toilets being located in cells while toilets in other areas had doors. The auditor observed male staff announcing their presence when entering inmate living areas. Interviews with the inmates also confirmed this practice.

§115.16 – Inmates with Disabilities and Inmates English Proficient

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Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Dayton Correctional Institution has a contract with Affordable Language Services, providing signing for the deaf as well as providing interpretive services for all languages. On arrival at the institution inmates receive a facility handbook on the Agency PREA policy to each inmate. This booklet contains phone numbers and addresses outlining to inmates how and to whom to report sexual abuse. Inmates keep this book for 14 days. This booklet also includes the phone number and address of an outside support group. Copies of this book are available for them on each of the living units. On Thursday of each week inmates are brought to a classroom, for a complete orientation and to view a video on the agency zero tolerance of sexual abuse. This video is close captioned and signed. At the conclusion of the video inmates are allowed to ask questions of staff regarding PREA.

During the site visit the auditor interviewed a blind inmate. She indicated she received all the agency zero tolerance policy information on sexual abuse and sexual harassment. When

questioned by the auditor she indicated she knew how to report sexual abuse if necessary and was aware of third party reporting if needed. In fact this inmate has filed a sexual abuse allegation against another inmate.

In every instance where the auditor questioned staff about the use of interpreters in sexual abuse/harassment cases, the staff indicated they couldn't be used except in limited situations.

§115.17 – Hiring and Promotion Decisions

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Policy 79-ISA-01 requires that criminal background record checks be conducted on anyone (employee, contractor, volunteer) who has contact with any inmate. Employees and contractors are required to have an additional background check done at least every five years. Dayton Correctional Institution is currently up to date with their 5-year recheck of criminal backgrounds. The agency also has a procedure in place by which employees are asked to disclose any sexual misconduct under PREA. This will take place during the annual process on all employees and is documented. The auditor reviewed this annual contact.

The auditor had the opportunity to review personnel files, and talk to the Human Resource staff person about hiring practices and promotions. ODRC policy 34-PRO-07 prohibits hiring or promoting anyone who may have contact with inmates. It also prohibits enlisting the services of any contractor who may have contact with inmates that engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution. They are not allowed in any ODRC facility if they 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 been civilly or administratively adjudicated to have engaged in the activity. All files that were reviewed showed completed background checks prior to entering the individual entering the facility.

§115.18 – Upgrades to Facilities and Technology

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Dayton Correctional Institution has made no modifications or expansions to the existing physical plant since August 20, 2012. As previously noted there are currently 158 cameras throughout the facility none creating any privacy concerns. The Warden indicated that she submitted a request for camera upgrades in this budget year, which has been approved. These cameras will be placed in the areas the facility identified having blind spots.

§115.21 – Evidence Protocol and Forensic Medical Examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

At Dayton Correctional Institution all cases of alleged sexual abuse are presumed a crime until the Ohio State Patrol determines the allegation does not rise to the level of a felony at which point the case is referred back to the facility investigator for an administrative investigation. Both the facility investigator and the Ohio State Patrol attended the same Sexual Abuse training through the MOSS Group. The training content was reviewed and protocols were found to be adapted from DOJ's Office Sexual Assault Medical Forensic Examinations publication adopted after 2011. Both agencies go to great lengths to ensure no case is jeopardized because correct protocols are not followed. In most cases ODRC attempts to have both investigators attend the same training, the same day so both hear the identical information.

Miami Valley Hospital is the local hospital that Dayton utilizes for all forensic exams. There is no cost to the inmate for any part of this exam or any follow up if necessary. There have been four forensic exams conducted by this hospital in the last 12 months. The Montgomery County Prosecutor Victims of Crimes Division provides support service for inmates housed at Dayton. There is currently a three-year MOU to provide these advocate services to victims of sexual assault. The auditor interview with the supervisor at this center verified the service they offer and provide. Posters from this Center are placed throughout the facility providing contact information. There are phone numbers and addresses posted. The facility also has trained eleven Victim Support Staff members to provide advocate services on all shifts to alleged victims of assault. These qualified staff have received the additional training to provide this service. The auditor did verify the training that each receives.

§115.22 – Policies to Ensure Referrals of Allegations for Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-01 requires that an administrative or criminal investigation be completed for all allegations of sexual abuse and sexual harassment. ODRC has a written MOU with the Ohio State Highway Patrol outlining the responsibilities for each agency in the process of handling all sexual abuse investigation. The investigation policy for sexual abuse investigations is published on the ODRC website. As previously noted in the narrative Dayton experienced time frame incidents and other procedural concerns with the prior facility Investigator. He was replaced and the current Investigator reviewed and completed what was necessary with all previous files. Both he and myself looked at all case files. The auditor was satisfied that each case was handled and investigated properly and all of newer case are currently be handled according to agency policy.

§115.31 – Employee Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Making sure that all staff is trained on the agency “Zero Tolerance” policy is a primary goal of the Director and very much apparent as one of the priorities of the Warden at Dayton. Making sure staff, volunteers and contractors know what behavior will not be tolerated and how staff must respond to incidents of sexual abuse is a top mission for the Warden and her training department. The Auditor reviewed the training curriculum and it follows all of the requirements set forth in the standard. Staff that was interviewed was clear on their responsibilities in dealing with sexual abuse and sexual harassment. All staff has received the PREA mandatory training. Agency policy requires all staff receive annual refresher training on PREA and ODRC Zero Tolerance Policy instead of every two years as required by the standard. Each staff member acknowledges by signature that they understand the training. All staff at Dayton Correctional Institution is trained to be first responders and each carries a credit card sized card with their responsibilities when responding.

§115.32– Volunteer and Contractor Training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All contractors and volunteers at Dayton must receive PREA training prior to assuming their responsibilities. The auditor reviewed training records for volunteers and contractors currently working and confirmed each signs a PREA training document acknowledging they understand the training. A contractor and volunteer were interviewed and both confirmed they received a background check and PREA training prior to assuming their duties and indicated the training they received included what the consequences were for any violation to the ODRC policy.

§115.33 – Inmate Education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Upon arrival in the receiving area at Dayton each inmate receives a booklet with information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment verbally, anonymously and in writing. It also contains the contact information for support services

from Montgomery County Prosecutor Victims of Crimes Office. On Thursday of each week new arriving inmate receives an in-depth orientation on PREA. This includes a video that is close captioned and signed with a question and answer session with a staff member upon completion of the video. Interviews conducted with the intake staff and interviews conducted with inmates confirmed that information is provided both verbally and in writing. The facility provided documentation those inmates who have been at the institution prior to the implementation of PREA received written materials and viewed the video.

§115.34 – Specialized Training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Dayton Investigator and the Ohio State Highway Patrol Investigator both attended the same PREA Investigators Training through the Moss Group. Among other things, this training ensures proper communication is achieved so that cases are not lost due to poor communications. At Dayton each keeps the other informed through constant contact via the phone or email. Their training also included techniques for interviewing sexual abuse victims in confine settings, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The investigator takes into account the mental illnesses, intellectual disabilities, and other issues that evolve with the specialty populations when conducting her investigations. The excellent working relationship between both agencies is impressive. Each Investigator keeps the other informed of every facet of the case, which is clearly reflected in the case files.

§115.35 – Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

All the Medical and Mental Health staff currently working at Dayton have taken specialized training over and above the mandatory staff PREA training. This specialized training covered: how to detect and access signs of sexual abuse and sexual harassment, how to preserve evidence, how to respond to victims and how and to whom to report incidents. Interviews with medical and mental health staff confirmed this specialized training was received. Training records also reflect all full and part time medical and mental health staff has received this specialized training.

§115.41 – Screening for Risk of Victimization and Abusiveness

X Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Each inmate arriving at Dayton receives a screening for risk of sexual abuse victimization or sexual abusiveness toward other inmates. This must be accomplished within 72 hours of arrival and normally completed on the day of arrival. The policy also requires that the facility reassess each inmate's risk of victimization or abusiveness within 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Typically this reassessment is done within 14 days after arrival. The ODRC PREA Risk Assessment Process was originally implemented using paper forms and scanned into their document imaging system (Onbase). This continued until their automated PREA Assessment Process was put into production on September 8, 2014. This system allows each facility to easily share information throughout the Agency.

The auditor observed the following process while at Dayton. Upon admission to the facility, the inmate is immediately assessed by the Medical Department. The assigned nurse initiates the assessment and completes the first screen. The Nurse asks: 1) if the inmate has a mental, physical, or developmental disability; (2) The age of the inmate; (3) the physical build of the inmate; (4) Whether the inmate has previously been incarcerated. (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) the inmate's own perception of vulnerability; and (10) whether the inmate is detained solely for civil immigration purposes. The Nurse also determines if the inmate is perceived to be gender nonconforming. The assessment is then put into a queue for the Case Managers. Any inmate who may be at risk based on this screening is sent to mental health and or medical.

The Case Managers check their "In-Progress" assessments at least daily and complete the second screen. The assessment then goes into the Unit Manager queue. The Unit Managers check their "Pending UM" cases and determines if the inmate does not need a PREA Classification or they recommend a classification: **Victim (High Risk)**: Previous victim of sexual abuse in an institution setting – automatic classification, **Abuser (High Risk)**: Previously sexually abused another in an institution setting – automatic classification, **Potential Victim**: At risk of victimization, **Potential Abuser**: At risk of abusing.

If a PREA Classification is recommended, the UMC in conjunction with the Unit Team determines the final classification and develops the PREA Accommodation Strategy. This strategy addresses housing, programs, work and education with the goal of keeping the inmates safe. All transgender and intersex inmates are automatically referred to the PREA Accommodation Strategy Team. This team is chaired by the PREA Compliance Manager and includes the Unit Team, Medical and Mental Health staff. The teams meet with the inmate to discuss his views and develop a PREA Accommodation Strategy.

§115.42 – Use of Screening Information

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The auditor interviewed members of the intake staff Medical Staff to question them on how the screening forms; Screening for Sexual Abusive Behavior and Screening for Potential Sexual Victimization are used to determine work/housing and education assignments. The placement of transgendered and/or intersex inmates is done only after a careful review of the case by the PAST (PREA Accommodation Strategy Team) committee. Transgender and Intersex inmates receive a face-to-face review at least every six months where their program assignment, work assignment, discipline record as well as their views with respect to their safety is questioned.

§115.43 – Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-04 prohibits the placing of 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. There has been no case where segregation was used to place inmates at high risk of victimization in the last 12 months. This was confirmed with both the Warden and Segregation Supervisors. Inmates interviewed, at risk for victimization, indicated they were never placed in segregation. The auditor interviewed inmates determined to be at risk for victimization either as a result of the intake screening process or because they had already been victimized. Each indicated they were never placed in segregation.

§115.51 – Inmate Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- X Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Dayton utilizes Franklin County Juvenile Detention Facility as the way for their inmates to report abuse or harassment to a public or private entity or office that is not part of the agency. There is an MOU with ODRC that requires immediately notifying the facility that a report of sexual abuse had been made. The inmate may make the alleged abuse report confidentially to the number indicated on the posters throughout the facility. This number is monitored 24 hours a day. Franklin County Detention Facility notifies the Chief Inspector for ODRC who in turns immediately notifies the facility Investigator so a PREA case can be initiated.

ODRC policy 79-ISA-01 mandates that staff accept reports of sexual assault and sexual harassment made verbally, in writing, anonymously, and from third parties. Staff is required to document verbal reports. This mandate was confirmed to the auditor during random staff interviews and with the interview with the investigator.

§115.52 – Exhaustion of Administrative Remedies

Dayton does not have administrative procedures through the inmate grievance process regarding sexual abuse complaints. THE STANDARD IS NOT APPLICABLE

§115.53 – Inmate Access to Outside Confidential Support Services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Dayton provides inmates with access to Montgomery County Prosecutor's Office Victim of Crimes Division, a victim's advocate, for emotional support services related to sexual abuse. Posters throughout the facility list the mailing address and phone number for this group and letters mailed out to this agency are treated as confidential correspondence meaning the envelope is sealed by the inmate and not opened. The phone number is listed, however the number cannot be dialed from the inmate phone. Inmates can request their unit team call to the Office and then allow the inmate to talk in private for any support services. If needed as a result of an alleged sexual assault the inmate is asked as part of the PREA process if she would like the facility to contact the advocacy group for advocacy services with the request and response being documented. Dayton has an MOU for three years until 2017 to provide support and advocate services. The auditor spoke with the Director who confirmed the service that the Center would provide. Random interviews with inmates reflected that they were aware of the posters around the facility but since they had no specific need, were not sure of the services provided.

§115.54 – Third-Party Reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Dayton provides third party reporting of sexual abuse or sexual harassment through the Agency web site. There is a PREA section on the page allowing anyone to make a sexual abuse allegation on behalf of any inmate. The Auditor observed posters at the entrance to the facility and in the visiting room alerting visitors how to make a report on behalf of an inmate. Interviews with inmates indicated they were generally aware of third party reporting and how to accomplish it. Some of the inmates indicated during the random interviews that since the issue did not really affect them they did not pay much attention to the phone numbers on facility posters and the information available on the web page.

§115.61 – Staff and Agency Reporting Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility. They are also required to report any suspicion or knowledge of retaliation against inmates or staff who reported such an incident as well any action or lack of action by staff that may have contributed to any incident or retaliation. Interviews with all staff confirmed this obligation and their responsibility to keep the information they may have received confidential except for investigative disclosure.

§115.62 – Agency Protection Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy requires that anytime the agency or facility learn that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. The response from most staff interviewed by the auditor indicated that they would follow the same protocols as if an inmate actually reported he was sexually assaulted. The inmate is immediately secured, supervisor notified, Investigator and PREA Manager notified. The process was also reaffirmed during the interview with Warden Wanza Jackson. She indicated that there were no reported inmates at substantial risk during the last 12 months.

§115.63 – Reporting to Other Confinement Facilities

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires that, upon receiving an allegation that an inmate was sexually abused while confined at another facility, the Warden of the facility must notify the head of the facility or appropriate office of the agency/facility within 72 hours where sexual abuse is alleged to have occurred. There were no allegations made at Dayton involving sexual abuse allegations at another facility nor was the facility notified that an inmate arriving at their facility alleged sexual abuse while at Dayton.

§115.64 – Staff First Responder Duties

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy (79-ISA-02) outlines the specific duties of security and non-security personnel required when responding to allegations of sexual abuse. The auditor interviewed both a security and non-security staff person while at Dayton. Each described in detail what their responsibility involved after ensuring the safety of the alleged victim while ensuring that physical evidence is not destroyed or contaminated.

§115.65 – Coordinated Response

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

Dayton Correctional Institution policy DCI-01 is the written institutional plan coordinating all actions to be taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Executive staff elaborated on the content of the policy and discussed each of their roles in the coordinated response, during their interviews.

§115.66 – Preservation of ability to protect inmates from contact with abusers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

The Ohio Department of Rehabilitation and Correction has not entered into a new or renewed any Collective Bargaining Agreement since August 20, 2012. The current agreement allows the Agency to remove staff alleged to have engaged in sexual abuse from inmate contact or placing the employee on paid leave pending the outcome of the investigation.

§115.67 – Agency protection against retaliation

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 states that any inmates or staff member who reports sexual abuse or sexual harassment or cooperates with a sexual abuse or sexual harassment investigation will be free from retaliation by other inmates or staff.

Investigator Chris Case is the staff person charged with monitoring retaliation. The interview with the Investigator and the review of his investigative files support inmate periodic monitoring for at least 90 days and longer if needed. The monitoring requires looking at the inmate work assignments, disciplinary reports and evaluations and talking with the inmate. He indicated he would monitor staff retaliation much in the same way (job assignments and evaluations). There have been no retaliation complaints made during the last 12 months.

The previous Investigator, who was removed from the job, was not well organized, thorough or well documented with his case files regarding retaliation. When the current Investigator took over the position he monitored those inmates still in the facility to ensure they were not retaliated against.

§115.68 – Post-Allegation Protective Custody

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

ODRC 79 ISA-04 prohibits the facility from placing inmates in segregation for protection that alleged to have suffered sexual abuse unless no alternative is available. Interviews conducted with the Warden, a Special Housing Unit Supervisor and a segregation line staff member confirmed that segregation has never been used to house inmates for protection after an alleged sexual assault.

§115.71 – Criminal and Administrative Agency Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

The Ohio State Patrol is immediately contacted whenever any inmate makes an allegation of sexual abuse. If she determines no crime (felony) was committed the Dayton Investigator conducts an administrative investigation.

The auditor reviewed the training records of the facility investigator. As previously noted he received the special training required by standard 115.34. During his interview he informed the auditor that the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as an inmate or staff member. All forty six (46) alleged sexual abuse investigative files were reviewed. The new Investigator has a more organized approach with check lists for the investigative process and files. There is a very significant difference with the previous investigative files and the new files. As stated earlier there is a tremendous working relationship between both the Ohio State Patrol Investigator and the DCI Investigator.

§115.72 – Evidentiary Standard for Administrative Investigations

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 imposes no standard higher than a preponderance of the evidence for determining whether allegations of sexual abuse or sexual harassment are substantiated. When questioned both the Investigator and the Warden confirmed this standard of evidence.

§115.73 – Reporting to Inmate

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires that any inmate who makes an allegation of sexual abuse in any agency facility be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The current Investigator provides a written finding to the inmate and requires a signature demonstrating service of the notice. The inmate notification is maintained in the investigative file.

Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever the employee is on his unit, no longer employed in the facility or if the employee was indicted or charged.

§115.76 – Disciplinary sanctions for staff

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policies 79-ISA-01 and 31-SEM-02 mandate that staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The policies also provide disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment 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. There have been no terminations or discipline imposed on any staff member for sexual abuse or sexual harassment within the last 12 months.

§115.77 – Corrective action for contractors and volunteers

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

As previously noted in the training of contractors and volunteers, those interviewed confirmed they were informed of the consequences of violation of ODRC policies 79-ISA-01, and 71-SOC-01 and Standards of Conduct. These policies require that any contractor or volunteer who engages in sexual abuse be removed from the facility and reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. There have been no allegations of sexual abuse or sexual harassment made against any contractor or volunteer.

§115.78 – Disciplinary sanctions for inmates

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC prohibits all sexual relations between inmates. Inmates found engaging in a sexual relationship receive a rules infraction. Anyone found guilty of this behavior at a disciplinary hearing receives an appropriate sanction. Sanctions are commensurate with the nature and circumstances of the abuse committed taking into account whether mental disabilities contributed. The policy was confirmed with the Warden Jackson during her interview.

§115.81 – Medical and mental health screenings; history of sexual abuse

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

79-ISA-02 requires when an inmate indicates during intake that she experienced prior sexual victimization, whether it occurred in an institutional setting or in the community; or if she indicates she perpetrated abuse in a facility or in the community, the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of his intake screening. This was confirmed during the interviews with the Mental Health Administrator. Interviews with two inmates alleging prior victimization also confirmed they were offered treatment services within the first two weeks of arrival. The mental health administrator and Medical Health Care Administrator both indicated that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment

plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

§115.82 – Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Medical Protocol B-11 requires all inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. This is accomplished through emergency medical treatment and crisis intervention services at Miami Valley Hospital and through the facility medical/mental health department. Medical and mental health practitioners according to their professional judgment determine the nature and scope of such services. The inmate receives immediate access to sexually transmitted infection prophylaxis and to emergency contraception incurring no cost.

§115.83 – Ongoing medical and mental health care for victims and abusers

health care for ab

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-02 requires medical and mental health evaluations and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility with no cost to the inmate. The auditor interviewed the Health Care Administrator and random inmates reporting prior victimization who verified practice to this policy. The policy further requires facility to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. This practice was confirmed during the interview with the Mental Health Administrator.

§115.86 – Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

79-ISA-03 requires that the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, except where the case finding was unfounded. This review is supposed to take place within 30 days of the conclusion of the investigation. This is accomplished at Dayton through the Sexual Abuse Review Team (SART). The Committee is

comprised of the Deputy Warden for Operations, Deputy Warden for Special Services, Investigator, PREA Compliance Manager, and a representative from medical and mental health. The Review team looks to determine: if there is a need to change policy or practice to better prevent, detect, or respond to sexual abuse; consider if the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or if motivated or caused by other group dynamics at the facility; look at the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; review the adequacy of staffing levels in that area: assess whether monitoring technology should be deployed or augmented to supplement supervision. This committee prepares a report of its findings, based on the assessment above and forwards the report with recommendations to the Warden and PREA Compliance Manager. This entire process was verified in interviews conducted with the Warden, a member of the SART team and the PREA Compliance Manager.

§115.87 – Data Collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

ODRC collects accurate and uniform data on every facility in the Agency including the two private facilities. Dayton provides information to the Agency about sexual abuse to aid the Agency in understanding trends etc. within the aggregate total. The data collected from the two private facilities is not included in the aggregate number provided in the Survey on Sexual Victimization (SSV2) provided each September to DOJ. The form was submitted prior to the September 1, 2014 deadline. The information supplied in this report to DOJ is accumulated from each facility utilizing the PREA Incident Report System. This set of forms documents the PREA process from the allegation through the review on every case even unfounded. The Agency is currently in the process of automating this system so data can be retrieved and shared by those staff that has a need to access.

§115.88 – Data Review for Corrective Action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Each year, ODRC collects accurate, uniform data for every allegation of sexual abuse and completes the Survey of Sexual Violence (SSV) report. The SSV report provides information on every allegation of inmate on inmate and staff on inmate sexual abuse and is posted on the ODRC web site that is available to the public. ODRC completes an annual internal report that targets confirmed inmate on inmate and staff on inmate sexual abuse incidents. This report provides a comparison of incidents from 2012 and 2013 and is utilized by the ODRC PREA Coordinator to identify problem areas and formulate corrective measures in efforts of reducing future incidents of sexual abuse. ODRC has compiled its second internal report

since ODRC's full implementation of the PREA standards. Noted in the latest report, the number of staff on inmate contact sexual assaults drastically decreased from 39 incidents in 2012 to 3 incidents in 2013. The PREA Coordinator determined that the reason for such a dramatic decrease is the fact that there was a reporting error within last year's internal PREA report. The actual number of confirmed staff on inmate sexual assaults for 2012 was 12. The reason it was erroneously reported as 39 instead of the correct number of 12 was due to "allegations" being reported rather than solely "confirmed" cases. Therefore, the actual decrease in confirmed staff on inmate sexual assaults was from 12 in 2012 to 3 in 2013. It should be noted that this error was properly reported within the ODRC Institutional Climate Reporting System. Further investigation confirmed that the 3 cases involved contractors in the last quarter of 2013 and not DRC staff. There were still inappropriate relation cases involving DRC staff and inmate (letters, phone conversations, etc.); however, no cases involved confirmed sexual abuse acts. ODRC takes seriously its reporting responsibility and corrects data to ensure focus is dedicated to the correct areas as necessary.

§§115.89 – Data Storage, Publication, and

Destruction

Exceeds Standard (substantially exceeds requirement of standard)

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

Does Not Meet Standard (requires corrective action)

ODRC policy 79-ISA-01 requires that aggregated sexual abuse data from facilities under its direct control including the two private facilities is made readily available to the public at annually on its website. The document was verified on the web site. ODRC Retain 10 years after inmate has reached final release, expiration of sentence, death, or 10 years after employee is no longer employed by the agency. The Ohio State Highway Patrol indicated that they maintain criminal records forever.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Thomas Eisenschmidt

June 26, 2015

Auditor Signature

Date