REPORT ON THE
INSPECTION OF

DAYTON CORRECTIONAL INSTITUTION

INSPECTION DATE: APRIL 29, 2026

DAVE YOST
OHIO ATTORNEY GENERAL

Dayton Correctional Institution

Inspection Date: April 29, 2026

Acronym:	DCI
Address:	4140 Germantown St. Dayton, Ohio 45417
Warden/Superintendent:	Shannon Olds
CFIS Team Members Present:	J. Wesson / D. Drummond / B. Forrest / D. Thompson

FACILITY INFORMATION

Date Institution Opened:	1987
Population Type:	☐ Male ☒ Female
Security Level Type:	☒ Minimum ☒ Medium ☒ Max ☒ Special Management ☐ Restrictive Housing ☐ Death Row ☐ Juvenile
Total Acres:	75
Total Buildings On-Site:	11
Total Custody Staff:	153
Total Service Area Staff:	80
Total Staff:	233
Total Volunteers:	135

INCARCERATED INDIVIDUAL INFORMATION

Current Count:	702
Total Available Capacity:	938
Incarcerated Person Age Range:	18 - 94
Incarcerated Person Average Age:	33.9

DCI is one of three state-operated adult female facilities in Ohio. Located in Dayton, DCI manages a mixed-security population and is accredited by the American Correctional Association (ACA). Established in 1987, the institution is structured with double occupancy cells across distinct units, each designed to house approximately 120 incarcerated persons (IPs). The facility has a maximum capacity of 938 IPs. On the date of the inspection, DCI reported a total occupancy of 702.

RECENT INTERNAL MANAGEMENT AUDIT

DCI's most recent Internal Management Audit (IMA) was conducted on March 10-12, 2026. The IMA is an annual audit conducted by an independent auditor who reviews a facility's compliance with the American Correctional Association's (ACA) 5th Edition Standards and the 2026 Ohio Standards and Observations, in preparation for the next ACA audit. All institutional work, industries, vocational, and educational programs are also audited. The table below illustrates DCI's rates of compliance for the previous three years:

IMA Audit Scores	2024	2025	2026
ACA Mandatory	100%	100%	100%
ACA Non-Mandatory	99.5%	98.8%	99.1%
Ohio Standards	91%	87.8%	87%

DCI's External Inspection Results	Date of Inspection	Violations	Violations Corrected
State Fire Marshall	10/21/2025	0	0
Health Department	11/17/2025	1	1
Annual Facility Safety and Sanitation	4/22-23/2025	2	2

OVERVIEW OF CFIS INSPECTION

Per Ohio Revised Code Section 109.39, mandatory areas of inspection are food services, the grievance process, and an educational or rehabilitative program. In addition to these mandatory areas of inspection, R.C. 109.39 empowers CFIS to inspect any other areas that it deems appropriate. While at DCI, CFIS also inspected the following areas:

- Recovery services
- Education
- Medical
- Library/law library
- Transitional programming unit (TPU)
- Mental health
- Visitation area
- General population housing units
- Specialized housing units (LPH)
- Recreation

In advance of arrival, CFIS requested copies of DCI's Administrative Duty Officer (ADO) 50-PAM-02 reports from the past seven days, the last six months of grievances, and the following:

- Current vacancy rates (total staff/custody/non-custody overtime report)
- Current facility incarcerated population count (racial breakdown, average age)
- Current facility fact book
- Current facility security threat group numbers
- Facility drug testing (previous quarter)
- Facility educational program numbers (program enrollment/completion)
- Approved volunteers (total)
- Facility Prison Rape Elimination Act (PREA) reports (past year/current, total of completed investigations)

GRIEVANCE PROCEDURE (Ohio Administrative Rule 5120-9-31)

The DRC inmate grievance procedure is a three-step process which is governed by Ohio Administrative Code Section 5120-9-31. The goal of the process is to address inmate complaints related to institutional life which directly and personally affect IPs, including those related to DRC policies and procedures, conditions of confinement, or the actions of the institutional staff. Whenever possible, complaints should be resolved at the lowest step. Informal complaints must contain enough specificity to allow institutional staff to investigate and take corrective action, where necessary (e.g., the date, time, and place of the event, the name or names of personnel involved and witnesses). An IP may file a "John/Jane Doe" complaint if he or she does not know the identity of the personnel involved. Such complaints must still provide specific dates, times, places, and the physical description(s) of personnel, as well as the actions giving rise to the complaint.

The steps to the process are set forth below.

Step One: The filing of an informal complaint:

An IP must file an informal complaint within 14 calendar days of the event about which the complaint is being filed. The complaint shall be filed to the direct supervisor of the staff member or department most directly responsible for the subject matter of the complaint. Staff shall respond in writing within seven calendar days of receipt of the informal complaint, though the inspector of institutional services (IIS) may grant an additional four calendar days for response. The IIS is required to ensure that the IP's informal complaint is responded to within seven calendar days. If it is not, the informal complaint step is waived, and the IP may proceed to step two. Informal complaint responses must reflect an understanding of the IP's complaint, be responsive to the issue, cite any relevant departmental or institutional rules or policies, and specify the action taken, if any.

The IIS is responsible for monitoring compliance with the informal complaint process and reports any pattern of noncompliance to the warden for appropriate action. The IIS may also waive the informal complaint process (step one) if, among other reasons, he or she determines that there is a substantial risk of physical injury to the grievant. If an IP does not meet policy requirements — such as failing to submit an informal complaint resolution (ICR) within 14 calendar days of the event or failing to include specific details, such as dates, times, locations, personnel descriptions, and relevant actions — then the IIS will notify the IP that the grievance procedure is not appropriate and state why it was denied.

Step Two: The filing of a notification of grievance:

If an IP is dissatisfied with the informal complaint response, or the informal complaint process has been waived, the IP may file a notification of grievance with the IIS no later than 14 calendar days from the date of the informal complaint response or waiver of the informal complaint step. The IIS may waive this timeframe for good cause. Within 14 calendar days of receiving the grievance, the IIS shall provide a written response which summarizes the complaint, describes the steps taken to investigate it, and sets forth the IIS's findings and decision. The IIS may extend the response time by up to 14 days with notice to the IP. If there is no disposition 28 days after the receipt of the grievance, it will be deemed unresolved, and the IP may proceed to step three of the process. Expedited responses shall be made to grievances that, as determined by the IIS, present a substantial risk of physical injury to the grievant or for other good cause.

Step Three: The filing of an appeal of the disposition of grievance:

If an IP disagrees with the grievance resolution, he or she may appeal it to the office of the chief inspector. An appeal must be filed within 14 calendar days of the disposition, unless that time is waived by the chief inspector for good cause. The chief inspector, or his or her designee(s), shall provide a written response to the appeal within 30 days of receipt, unless that time is extended for good cause and with notice to the IP. The chief inspector/designee's decision on the appeal is final.

Are the incarcerated issued tablets with access to the grievance procedure: ☒Yes ☐No ☐N/A

Are facility staff answering ICRs within policy: ☒Yes ☐No ☐N/A

If issued tablets are not available, are there other measures in place to provide access to the grievance procedure (e.g., open office hours): ☒Yes ☐No ☐N/A

Upon reviewing responses, are there any issues with timelines or lack of substance within the responses to the ICRs: ☐Yes ☒No ☐N/A

Additional Notes: While inspecting DCI, CFIS focused on ensuring that the institution is systematically logging and tracking grievances in DRC's electronic grievance system ViaPath, and that staff are responding to grievances within policy guidelines.

CFIS reviewed several of the 191 completed grievances filed between Nov. 1, 2025, and April 28, 2026. While grievances related to medical issues remained low, CFIS noted that the department responds to grievances in a timely and professional manner in accordance with administrative rule 5120-9-31. However, a specific trend emerged regarding delays in medical treatment.

CFIS interviewed an IP who reported a two-year delay in receiving oral care. The IIS attributed the general delay in medical care to the high daily volume of intoxicated IPs requiring immediate medical attention, which diverts resources from routine care.

In addition, the IP alleged that medical call slips often go unanswered and expressed frustration that ICRs are frequently downgraded to "kites." When questioned about this trend, the IIS provided several examples where ICRs were redirected as kites, maintaining that the issues did not rise to the level of an ICR. Kites are then directed to the appropriate staff to address the needs of the IP. With this explanation of which ICRs were converted to kites, CFIS did not find this practice to be in violation of DRC administrative rule (5120-9-31).

To address the high volume of kites, the IIS reported that a multidisciplinary team consisting of the chief medical director, the acting health administration specialist, and the deputy warden of services now meets biweekly to facilitate timely responses to kites.

Additionally, CFIS analyzed grievances regarding staff accountability and professionalism. This review indicated that staff are consistently quoting policy and providing timely responses to grievances. CFIS staff did not observe any indication of retaliation against IPs for filing a grievance.

Complaints were logged and tracked electronically through the ViaPath system and were accessible on IP tablets. DCI's grievance process is operating in accordance with DRC administrative rule (5120-9-31).

FOOD SERVICE AREA INSPECTION (60-FSM-02)

The food service department was inspected to ensure compliance with DRC policy 60-FSM-02, Food Service Operations, and DRC policy 60-FSM-06, Safety and Health Protection for Staff and Incarcerated Individuals Assigned to Food Service.

Executive staff/supervisors conducting unannounced rounds: ☒Yes ☐No ☐N/A

A. SANITATION

Dining room(s) meet DRC policy for cleanliness: ☒Yes ☐No ☐N/A

Serving line(s) meet DRC policy: ☒Yes ☐No ☐N/A

Dish room area meets DRC policy for cleanliness: ☒Yes ☐No ☐N/A

Dishwasher water temperature meets DRC policy: ☒Yes ☐No ☐N/A

Handwashing stations in working order: ☒Yes ☐No ☐N/A

Handwashing stations operate at a proper temperature: ☒Yes ☐No ☐N/A

Eye washing stations operate appropriately: ☒Yes ☐No ☐N/A

B. FOOD SERVING & STORAGE COMPLIANCE

Appropriate food menus posted: ☒Yes ☐No ☐N/A

Food temperatures in compliance with DRC policy: ☒Yes ☐No ☐N/A

Food service workers wearing hairnets, gloves, etc.: ☒Yes ☐No ☐N/A

Serving utensils appear to be in good working order: ☒Yes ☐No ☐N/A

Freezer temperatures in compliance with DRC policy: ☒Yes ☐No ☐N/A

C. CHEMICAL & TOOL CONTROL

Tools properly stored/signed out/accounted for: ☒Yes ☐No ☐N/A

Tools properly etched with an identifier: ☒Yes ☐No ☐N/A

Chemicals properly stored and inventoried: ☒Yes ☐No ☐N/A

Additional Notes: During the inspection, CFIS sampled a lunch meal that included carrots, pinto beans, bread, butter, an orange, milk, and spinach rice with ground beef. The meal was appropriate in portion size, and met policy standards for taste, appearance, and temperature.

Aramark food service staff and IP workers were appropriately dressed in protective clothing (hair and beard nets, rubber gloves) within the food service department. Uniforms were neat and clean, and the food service area was orderly.

Food was properly labeled and dated while being stored within the coolers, freezers, and dry storage. The

dish room was clean and dish cleaning water temperatures followed DRC policy 60-FSM-02. CFIS verified completion of sanitation and hygiene training for food service staff and IP workers in accordance with DRC policy 60-FSM-06. ServSafe certification was also verified. The food service area used DRC-approved cleaning chemicals and disinfectants.

The back dock area was clean and free of odor. The area surrounding the trash compactor was free of debris. No indication of rodents or pests were observed in the food service area or on the back dock. CFIS interviewed Aramark staff and found no reported DRC policy violations. Although the food service manager noted pest concerns, CFIS confirmed weekly preventative spraying by pest control was occurring. No active pest issues or DRC policy violations were observed during the inspection.

In2Work Program

DRC and Aramark have established a program enabling IPs to be employed by Aramark as food service managers. Before assuming these positions, program participants are required to obtain necessary certifications and maintain them throughout their involvement. These certifications remain accessible to individuals upon release. The In2Work program is structured to impart essential skills and certifications for careers in culinary arts. During the inspection, program participants were observed actively preparing meals.

EDUCATION & REHABILITATIVE PROGRAMS (57-EDU-01-02)

The Ohio Central School System (OCSS), offers educational programs designed to meet the needs of IP throughout DRC, including DCI. The programs include adult education courses, vocational training, and technical training, all of which incorporate technology into the programming. Collectively, the programs are designed to enhance the IP's employability upon release.

A. EDUCATION PROGRAMS

Does the facility have an education department for in-person learning: ☒Yes ☐No ☐N/A

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Programs offered: ☒GED ☒ACADEMIC ☐CAREER-TECH ☒APPRENTICESHIP
☒VOCATIONAL ☒ DEGREE PROGRAMS/CERT.
☐OTHER: ☐N/A

Are there currently any vacant teaching/staff positions within the education dept.: ☒Yes ☐No ☐N/A

Does the area have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does the education department area comply with DRC standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: The education department is separated by education level, with one area dedicated to high school-level students, and one area dedicated to college students. Sinclair Community College and Wilmington College operate in the latter to provide a college atmosphere with college credit courses.

High school education programs are facilitated within spacious classrooms or available program rooms. On the date of the inspection, DCI academic programs included the following:

- Education:
    - Adult basic education
    - High school education (HSE)
    - Pre-HSE
    - Fast-track GED
    - Adult diploma
    - Sinclair Community College (certificate, associate's degree)
    - Wilmington College (bachelor's degree)
- Career technical education
- Advanced job training
- Apprenticeships:
    - Animal training
    - Maintenance repair
    - HVAC
    - Janitorial
    - Electrical
    - Plumbing
    - Landscape maintenance
    - Material handling
    - Alteration tailoring

DCI delivers instruction through traditional classroom settings, face-to-face meetings, hybrid, and digital platforms. IPs were observed utilizing the hybrid learning model by completing assigned work on Microsoft Chromebooks within their housing units.

CFIS confirmed that instructor qualifications met all requirements and there were no violations of DRC policy 57-EDU-08, Education Staff Credentials. Furthermore, educational materials and technology at DCI are up to date, which supports effective teaching and learning.

Staff members consistently record and monitor both enrollment and attendance, ensuring accurate tracking of participant engagement. At present, there are two teaching vacancies within the education department; these vacancies may affect class size or course offerings until they are filled, and efforts are ongoing to address this gap.

In addition, the facility accommodates individuals with learning disabilities by providing tailored support and resources — such as modified instructional methods or assistive technology — to help ensure all IP have equitable access to educational opportunities.

B. REHABILITATIVE/REENTRY PROGRAMS

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Rehabilitative/reentry programs offered: Medication-assisted treatment (MAT), intensive outpatient program (IOP), recovery, reentry, parenting skills, life skills, peer support, and self-awareness.

Does the area have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does the re-entry department comply with DRC standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: CFIS met with recovery services to discuss programming at DCI. The IOP is a six-month curriculum consisting of a two-month onboarding phase followed by a four-month intensive phase. This program provides comprehensive support through multiple weekly sessions, including group and individual therapy, skill-building activities, and psychiatric services tailored for significant mental health needs. Currently, the IOP has 200 IPs enrolled and 400 IPs on a waitlist.

A key component of the recovery model at DCI is the peer support program. There are currently six certified peer support IPs, with a target of 12. A regional peer supporter visits DCI once per week for added support. Regarding staffing, recovery services are currently operating with five licensed staff members; one vacancy exists but has been designated to remain unfilled.

The recovery services department also offers the Lotus Program, a recovery services group that meets once per week and focuses on IPs supporting one another through their substance abuse recovery. Although IP do not earn credit for attending, they choose to participate to support one another in their recovery journey before being admitted into a group or while waiting for programming.

MEDICAL & MENTAL HEALTH (68-MED-01 & 67-MNH-15)

A. MEDICAL SERVICES

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Services offered: Chronic care, opioid treatment program, dental, dietician, and optometry.

Are there any staffing vacancies within the medical dept.: ☒Yes ☐No ☐N/A

Does the area have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does the medical department meet DRC policy standards for cleanliness: ☒Yes ☐No ☐N/A

Are there any maintenance issues that may hinder sufficient medical care: ☐Yes ☒No ☐N/A

Are there any ongoing hunger strikes, constant watches, dry cells, or special supervision IPs in this area: ☐Yes ☒No ☐N/A

Additional Notes: The infirmary is responsible for on-site appointments, medication administration, and direct care for IPs at DCI. The reception and intake unit manages intake assessments, medication management, dental care for both incoming and general population individuals, and opioid treatment medication. The medical department has 15 nursing positions, divided between registered nurses (RNs) and licensed practical nurses (LPNs). Of the 11 RN positions, four are filled with permanent staff and seven are covered by agency nurses.

On the date of the inspection, two RN positions were vacant but will be filled by new hires scheduled to start on May 18, 2026, and June 15, 2026. One RN is on maternity leave. All four LPN positions were staffed: three by permanent staff (including one undergoing on-the-job training) and one by an agency contractor. In total, 11 nurses were actively working on the floor. The medical staff also includes two nurse practitioners.

The quality assurance coordinator is currently serving as the acting healthcare administrator, handling both those duties in addition to the responsibilities of the healthcare assistant.

On the day of inspection, the medical department was actively involved in pill call, carrying out a range of medical procedures, conducting MAT testing, attending scheduled appointments, and responding to several alleged substance abuse concerns among IPs in the area. Because of the heavy workload during the CFIS visit, staff were unable to verify the exact number of cases of intoxication at that time. However, staff later confirmed that 30 IP intoxications occurred on April 29, 2026. These cases were distributed across shifts as follows: five on the first shift, 13 on the second shift, and 12 on the third shift.

During the inspection, no violations of DRC policy were observed.

B. MENTAL HEALTH SERVICES

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Services offered:

Outpatient mental health, peer support, groups sessions, treatment team, mental health library.

Are there any staffing vacancies within the mental health department: ☒Yes ☐No ☐N/A

Does the area have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does the mental health department meet DRC policy standards for cleanliness: ☒Yes ☐No ☐N/A

Are there any maintenance issues that may hinder sufficient mental healthcare: ☐Yes ☒No ☐N/A

Does the facility have sufficient space for staff to see patients for mental healthcare: ☒Yes ☐No ☐N/A

Additional Notes: The mental health department currently has two staff vacancies. One vacancy is for a behavioral healthcare provider, responsible for direct patient care; the other vacancy is for a behavioral healthcare supervisor, responsible for managing clinical operations and leading the department. DCI is actively recruiting qualified candidates for these positions. In total, the department consists of 12 roles: four behavioral healthcare providers, one correctional advanced practice nurse, two psychiatric nurses, one mental health administrator, three behavioral healthcare providers, and one behavioral healthcare provider supervisor.

Despite these vacancies, mental health liaisons continue to coordinate and schedule appointments in response to requests and follow-up needs for the 505 individuals on the department's mental health caseload. To ensure continuous coverage, staff maintain an internal rotation system to provide availability for crisis calls and emergent situations. The department is supported by nine IP peer supporters. These individuals assist patients in their recovery by offering peer-based support and guidance. Their contributions play a vital role in maintaining a high standard of care and ensuring patients receive both clinical and peer-driven services.

RECREATION (77-REC-01)

A. RECREATION DEPARTMENT

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Does the area have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Types of recreation programs offered:

Yoga, basketball, cornhole, running/walking track, movie nights, high-intensity interval training workouts, volleyball, athletes in action, art and music therapy.

Types of recreation: ☒ Indoor ☒ Outdoor ☐ N/A

Are equipment and facilities in working order: ☒Yes ☐No ☐N/A

Does the recreation department comply with DRC policy standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: During the inspection of the recreation department, CFIS observed the activity therapy administrator (ATA) present in the area, monitoring Level 4 IPs during their designated recreation period. The current recreation schedule was clearly posted within the facility, and the ATA reported that the schedule is also disseminated electronically to IP tablets. The recreation department currently has a vacancy for a general activity therapist.

CFIS reviewed both the indoor and outdoor recreation areas and determined that the available space was sufficient to meet the needs of IPs. Stationary exercise equipment, including treadmills and stair steppers, as well as other workout equipment like medicine balls were observed to be accessible.

Additionally, the recreation department utilizes approved volunteers to support program facilitation and to participate in recreational activities with IPs, in accordance with established protocols.

DCI Gymnasium

LIBRARY (58-LIB-01)

A. LIBRARY

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Does the library provide access to LexisNexis: ☒Yes ☐No ☐N/A

Does the library have policies and procedures available: ☒Yes ☐No ☐N/A

Does the library have operation hours and information posted: ☒Yes ☐No ☐N/A

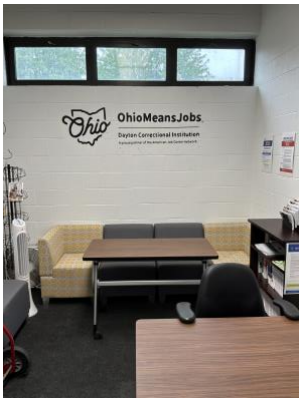
Does the library meet DRC policy standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: The library has recently undergone renovations that have reportedly improved its functionality. This includes the addition of sufficient seating and designated areas for reading and studying. Computer stations are available to support access to Ohio Means Jobs and LexisNexis. The library remains accessible to the general population during established operating hours.

Library services for IPs housed in the TPU are managed through the ViaPath kite system. Upon receiving a book request, the librarian delivers the requested book or an appropriate alternative directly to TPU residents.

When materials are not available within the facility, the librarian coordinates with the local community library to obtain the necessary titles. No issues with DRC policy 58-LIB-01, Comprehensive Library Services, were observed during the inspection of the library.

DCI Library



Ohio Means Jobs Area

VISITATION *(76-VIS-01)*

A. VISITATION

Visitation hours: Wednesday-Sunday from 12:30 to 3:30 p.m. and 4:30 to 7:30 p.m.

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Visits allowed: ☒Contact ☐Non-contact ☐Semi-Contact

Does the visitation area provide adequate seating: ☒Yes ☐No ☐N/A

Does visitation area provide food and drink options: ☒Yes ☐No ☐N/A

Does the area have appropriate signage/information posted: ☒Yes ☐No ☐N/A

Does the visitation area meet DRC policy standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: On the day of inspection, the DCI visitation area was open for afternoon visits. Facility maintenance was observed to be satisfactory, with the area clean and well organized. The space included accommodations for children, such as books and a designated play area. Food and beverage options for visitors were available through vending machines, and additional meal ordering is facilitated by Aramark.

During the inspection, the food service license for the visitation area vending was found to have expired. The operations center manager immediately obtained and posted an updated license. An area was provided for attorney visits and high security visits. This section featured a thick glass partition, with the IP secured on one side and the visitor on the opposite side.

No violations of DRC policy 76-VIS-01, Incarcerated Person Visitation, were observed or reported.

GENERALIZED HOUSING

A. GENERAL POPULATION HOUSING #1

Name/Identifier: Flyers-1 (F-1)

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Does the unit have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does this housing unit offer programming: ☒Yes ☐No. ☐N/A

Type of unit: ☐Open Dorm ☒Cells

Housing unit max capacity: 120

Are equipment and facilities in working order: ☒Yes ☐No ☐N/A

Does the housing unit meet DRC policy standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: F-1 houses IPs classified as Level 2. This unit is staffed by one correctional officer, a case manager, a sergeant, and a unit manager. F-2 is the designated handicap accessible housing unit for the facility.

There was one non-operational shower, but DCI was following the repair process in accordance with DRC policy 21-CAM-12, Preventative Maintenance and General Work Orders. Further, staff informed CFIS of an upcoming project to update and replace every shower throughout all housing units.

There were no other issues or violations of DRC policy observed or reported.

B. GENERAL POPULATION HOUSING #2

Name/Identifier: Flyers-2 (F-2)

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Does the unit have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does this housing unit offer programming: ☒Yes ☐No. ☐N/A

Type of unit: ☐Open Dorm ☒Cells

Housing unit max capacity: 120

Are equipment and facilities in working order: ☒Yes ☐No ☐N/A

Does the housing unit meet DRC policy standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: F-2 houses IPs that were classified as Levels 1 and 2. The unit was staffed by a correctional officer, case manager, sergeant, and unit manager.

F-2 operates DCI's dog trainer program. The program is monitored by the unit staff in collaboration with a community partner to ensure dog training is occurring. The community partner, staff, and certified IPs provide training for newer IPs accepted into the program. The program provides basic obedience training for dogs that are boarded or brought in for daycare services for both staff and community partners within the Dayton area. There were no issues or violations of DRC policy observed or reported.

SPECIALIZED HOUSING

A. SPECIALIZED HOUSING #1

Name/Identifier: Marauders-2 (M-2)

Type of Specialized Housing: ☐ Special Management Housing (*55-SPC-02*) ☐ RTU (*67-MNH-23*)
☐ Reception (*52-RCP-01*, *02*, *06*) ☐ Death Row (*67-MNH-31*, *52-RCP-02*)
☒ Limited Privilege Housing ☐ Level 1/Outside Worker ☐ Nursery
☐ Dementia ☐ Protective Custody ☒ Other: Security Level 3 Housing

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Does the unit have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does this specialized housing offer programming: ☒Yes ☐No ☐N/A

Type of unit: ☐Open Dorm ☒Cells

Housing unit max capacity: 120

Are equipment and facilities in working order: ☐Yes ☒No ☐N/A

Does the housing unit inspected comply with DRC standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: M-2 houses Level 3 IPs that are general population status within the institution. This unit was staffed by a correction officer, sergeant, case manager, and unit manager overseeing the daily unit activities.

While conducting the inspection, staff assisted with escorts, supervision, security rounds, and other duties.

Four showers were inoperable within M-2 during the inspection. Staff informed CFIS of an upcoming project to update and replace every shower throughout all housing units.

B. SPECIALIZED HOUSING #2

Name/Identifier: Transitional Program Unit (TPU)

Type of Specialized Housing: ☒ Special Management Housing (*55-SPC-02*) ☐ RTU (*67-MNH-23*)
☐ Reception (*52-RCP-01*, *02*, *06*) ☐ Death Row (*67-MNH-31*, *52-RCP-02*)
☐ Limited Privilege Housing ☐ Level 1/Outside Worker ☐ Nursery
☐ Dementia ☐ Protective Custody ☒ Other: Level 4 Housing

Executive staff/supervisors conduct unannounced rounds: ☒Yes ☐No ☐N/A

Does the unit have appropriate signage/information displayed: ☒Yes ☐No ☐N/A

Does this specialized housing offer programming: ☒Yes ☐No ☐N/A

Type of unit: ☐Open Dorm ☒Cells

Housing unit max capacity: 32

Are equipment and facilities in working order: ☒Yes ☐No ☐N/A

Does the housing unit inspected comply with DRC standards for cleanliness: ☒Yes ☐No ☐N/A

Additional Notes: TPU, a restrictive housing unit, was clean and orderly. IPs had access to their tablets. CFIS reviewed TPU's employee sign-in logbook (DRC 6011), which indicated that rounds were being conducted by staff according to DRC policy 50-PAM-02, Incarcerated Person Communication/Weekly Rounds.

CFIS reviewed TPU's restrictive housing individual record sheets (DRC 4118), which document each IP's essential daily functions, including acceptance or refusal of meals, personal hygiene, and recreation activities. Each DRC 4118 is signed or initialed by staff as confirmation that necessities for essential daily functions have been provided to each IP. All DRC 4118s reviewed were completed appropriately, including

dates, times, and staff initials to document the care provided. CFIS also reviewed the TPU's restrictive housing daily activity log (DRC 4117), which tracks staff delivery of services such as linens and clothing exchange, barbering, and mealtimes. No issues were noted or observed, and the DRC 4117s reviewed complied with DRC policy.

The TPU area was appropriately staffed. None of the IPs interviewed reported any issues or concerns that would constitute a violation of DRC policy. The observed cells were clean and without maintenance concerns. Appropriate and DRC-approved cleaning chemicals and supplies were secured. Religious and reading materials were available to IPs. Indoor and outdoor recreation areas were available for IPs.

Important to note, CFIS were informed that Level 4 IPs are housed in the transitional programming area. At the time of the inspection, DCI had four Level 4 IPs housed in the TPU. No violations of DRC policy were observed.

C. SPECIALIZED HOUSING #3

Name/Identifier: Tartans Unit (T-1)

Type of Specialized Housing: ☐ Special Management Housing (*55-SPC-02*) ☐ RTU (*67-MNH-23*)
☐ Reception (*52-RCP-01*, *02*, *06*) ☐ Death Row (*67-MNH-31*, *52-RCP-02*)
☐ Limited Privilege Housing ☒ Level 1/Outside Worker ☐ Nursery
☐ Dementia ☐ Protective Custody ☒ Other: Normalcy Unit

Executive staff/supervisors conduct unannounced rounds: ☐Yes ☐No ☒N/A

Does the unit have appropriate signage/information displayed: ☐Yes ☐No ☒N/A

Does this specialized housing offer programming: ☐Yes ☐No ☒N/A

Type of unit: ☐Open Dorm ☒Cells

Housing unit max capacity: 120

Are equipment and facilities in working order: ☐Yes ☐No ☒N/A

Does the housing unit inspected comply with DRC standards for cleanliness: ☐Yes ☐No ☒N/A

Additional Notes: T-1 previously housed Level 1 IPs. DCI currently operates three open housing units. T-1, a fourth unit, was secured and closed due to staffing shortages; as a result, IPs from this unit were transferred to the Ohio Reformatory for Women (ORW). When operational, T-1 also hosted the Circle Tail Dog program for Level 1 and Level 2 IPs.

ADDITIONAL NOTES FROM INSPECTION

Prison Rape Elimination Act (PREA)

PREA provides for the analysis of the incidence and effects of prison rape in federal, state, and local institutions. It provides information, resources, recommendations and funding to protect IPs from prison sexual assaults and rapes. PREA applies to all DRC institutions, including privately operated and juvenile correctional facilities.

As the law enforcement agency responsible for investigating criminal offenses inside correctional institutions, the Ohio State Highway Patrol tracks sexual assaults using the PREA incident system. CFIS interviewed the PREA coordinator who confirmed that DCI reported zero substantiated PREA cases in the past 12 months. PREA signage and local rape crisis center information were appropriately posted.

In addition, DCI has PREA victim support teams made up of staff who can assist victims with information and emotional support services. No violations of DRC policy 79-ISA-01, Prison Rape Elimination Act, were observed.

Staff Recruiting and Retention

On the date of the inspection, DCI had a vacancy rate of 13.8%, which is above the agency average of 10.4%. Information about hiring events and job openings was posted.

Naloxone (Narcan) Kits

DCI offered Narcan kits to IPs on the day of their release. Each kit contained two doses of naloxone and 10 fentanyl test strips. The kits are stored within a "Harm Reduction Vending Machine" in a discrete area. DCI complied with DRC 10-SAF-20, Naloxone Safety and Health Procedure.

Administrative Duty Officer Reports (ADO)

CFIS reviewed the ADO 50-PAM-02 reports from the week of March 23, 2026 — the week prior to the inspection — which were provided upon request. An ADO report is completed daily by designated executive staff tasked with completing inspection rounds. The designated rounds cover food service, visitation, housing, recreation, and any other area designated by the warden. Upon completion of the ADO rounds, a report documenting the rounds is provided to the warden's office for review. The report includes the date and time of the rounds, areas visited, observations, concerns, and recommendations. According to the DRC sign-in logbook, staff appear to be conducting rounds according to policy, and the ADO reports were completed in a timely manner. The ADO reports were completed in accordance with DRC policy 50-PAM-02.

Security and Safety

DCI housing units were appropriately staffed, and the units were clean and organized. All units had essential items such as ice machines and water fountains. All were in working order. Maintenance issues were reported or observed with one shower in one housing unit that inoperable, and four showers within another unit that were inoperable. DCI was following DRC policy 21-CAM-12, Preventative Maintenance and General Work Orders, to address the maintenance issues. Fire evacuation plans were posted in conspicuous areas. Cleaning products and supplies were secured appropriately. According to the DRC sign-in logbook, staff appear to be conducting rounds according to DRC policy 50-PAM-02. During the closeout with

administration, the warden noted that they have been working on staff's professionalism in their language and interaction with IPs over the past several months. No security issues were noted other than the illicit substance issues discussed below. No DRC policy violations were noted or observed during the inspection.

Drug Prevention and Testing

DRC has increased efforts toward contraband interdiction throughout all facilities statewide to reduce unauthorized items brought into facilities. Additionally, DRC has formed regional canine teams to assist in drug interdiction statewide, which will include DCI.

DRC's centralized mail processing center in Youngstown receives, inspects, and scans all mail. Mail is then sent electronically to IP tablets in accordance with DRC policy 75-MAL-01, Incarcerated Population Mail. Electronic mail delivery reduces the amount of paper at DCI, as paper (e.g., an envelope) can be soaked in illegal substances and ingested or smoked by IPs.

Test Category	Number of Tests	Results
Random Testing	35	8 positives (suboxone)
Program Testing	27	5 positives (suboxone)
For-Cause Testing	12	4 positives (suboxone)

During the current reporting period from March 2026 to the date of the inspection, the following contraband was confiscated: various pills (18), unknown powder (3.0 grams), and K2/Toon (61 faces/ID-sized soaked in illegal substances paper). Upon request, DCI provided a report reflecting that 30 IPs were treated in the infirmary for intoxication violations on the date of the CFIS inspection.

Additional Notes: During the visit, CFIS reviewed a generated report for the past five months, summarizing total IP violations of DRC administrative rule 5120-9-06(C)(44) for possession or consumption of intoxicating substances. According to the report, 545 IPs received conduct reports related to possession of intoxicating substances during that time. Based on information provided by DCI administrative staff, the high numbers of drug intoxications are due to staffing shortages, which have made it easier for illegal substances to slip into the facility unnoticed. These repeated infractions have resulted in increased medical emergencies, heightened security risks, and decreased morale among staff. Upon speaking with the investigator, it was confirmed that illegal substances continue to be a significant issue at DCI. For example: in the past month alone, several IPs were found in possession of illicit substances and suffered multiple overdoses. The institutional investigator stated that DCI has conducted investigations related to the issues, which resulted in two staff being removed from their positions for conduct related to illicit substances within the facility. DCI continues to monitor for unethical and illegal activity such as the conveyance of substances into the facility.

Security Threat Groups (STG)

STGs are organized groups within correctional facilities that are often linked to gang activity/organized crime and pose significant risks to the safety and security of the facility. Classifying an individual as an STG member assists the facility and DRC in proper tracking, housing, and monitoring of trends.

DCI has identified 21 STG members belonging to 10 different STGs. The top six groups are: Bloods (six members), Crips (three members), Crips/Rolling (two members), Down the Way Cleveland (two members), Heartless Felons (two members), and Sovereign Citizen (two members).

Institutional Overtime

Corrections officers worked a total of 3,198.03 overtime hours in March 2026. This number is consistent with the staffing shortages, specifically the shortage of corrections officers, that DCI is experiencing. No violations of DRC policy 35-PAY-01, Employee Pay, Timekeeping and Overtime Issues, were reported.

Annual Evacuation Drills

CFIS verified that DCI's health and safety coordinator conducts quarterly fire drills on all shifts in compliance with DRC policy 10-SAF-05, Fire Prevention and Safety Practices.

Special Events/Family Engagement Events

Over the past 12 months, DCI has hosted nine special events including, but not limited to: reentry housing workshop, veterans group meeting, Inside Out Program, reentry resource fair, and Jump Start graduation. Events were conducted in compliance with DRC policy 77-REC-01, Recreation and Leisure Time Activities.

CONCLUSION

CFIS inspection of DCI indicates that the facility generally adheres to relevant DRC policies and procedures.

The institution utilizes an effective grievance process, enabling concerns to be addressed and reflecting a commitment to responsive, accountable operations. Staff demonstrate thorough knowledge of correctional practices. DCI administration acknowledged that while facility staff have struggled with maintaining professionalism and ethical conduct, management is actively implementing measures to ensure a safe, positive, and compliant environment for all individuals within the facility. Programming is in place to facilitate successful reentry into society for IPs.

While no violations were observed or reported during the inspection, several areas require further attention to ensure a consistently safe, rehabilitative, and supportive environment for both IPs and staff.

It is recommended that leadership consult with other correctional facilities to identify and implement best practices for monitoring and preventing the introduction of illegal substances. Dedicated staff should be assigned to assist the institutional investigator with enhancing investigative efficiency and oversight. Continued efforts are needed to resolve medical department staffing shortages by accelerating hiring processes.

Pest control issues within the food service area are currently being addressed by weekly spraying to ensure sanitary conditions and compliance with health standards. These preventative measures should continue until the pest issue is under control, followed by regular visits to maintain a pest-free environment.

CFIS will conduct a follow-up inspection to review drug-related incidents, and the pest control efforts. CFIS will continue to monitor DCI and follow up at a future date.

DAVE YOST
OHIO ATTORNEY GENERAL

REPORT ON THE INSPECTION OF

DAYTON CORRECTIONAL INSTITUTION

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