

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

☐ Interim ☒ Final

Date of Report June 18, 2022

Auditor Information

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Company Name: Click or tap here to enter text.	
Mailing Address: 1145 Eastland Avenue	City, State, Zip: Akron, Ohio 44305
Telephone: 330-618-7456	Date of Facility Visit: June 15-17, 2021

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Lake County Sheriff's Office			
Physical Address: 104 East Erie Street		City, State, Zip: Painesville, Ohio 44077	
Mailing Address: 104 East Erie Street		City, State, Zip: Painesville, Ohio 44077	
Telephone: 440-350-5858		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: As the guardians of society's laws, we ensure the highest quality of life, safety, and security for all people while responding to the public's needs in a caring, courteous, and professional manner.			
Agency Website with PREA Information: www.lakecountyohio.gov/sheriff			

Agency Chief Executive Officer

Name: Frank Leonbruno	Title: Sheriff
Email: Frank.Leonbruno@lakecountyohio.gov	Telephone: 440-350-5517

Agency-Wide PREA Coordinator

Name: Cynthis Brooks	Title: Captain
Email: Cynthia.Brooks@lakecountyohio.gov	Telephone: 440-350-5503

PREA Coordinator Reports to: Sheriff Frank Leonbruno		Number of Compliance Managers who report to the PREA Coordinator 3	
Facility Information			
Name of Facility: Lake County Adult Detention Facility			
Physical Address: 104 East Erie Street Painesville, Ohio 44077			
Mailing Address (if different than above): Click or tap here to enter text.			
Telephone Number: 440-350-5858			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Private not for profit
Facility Type:		<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison
Facility Mission: As the guardians of society's laws, we ensure the highest quality of life, safety, and security for all people while responding to the public's needs in a caring, courteous, and professional manner.			
Facility Website with PREA Information: http://www.lakecountyohio.gov/sheriff			
Warden/Superintendent			
Name: Cynthia Brooks		Title: Captain	
Email: Cynthia.Brooks@ lakecountyohio.gov		Telephone: 440-350-5503	
Facility PREA Compliance Manager			
Name: Michelle Prather		Title: Lieutenant	
Email: Michelle.Prather@lakecountyohio.gov		Telephone: 440-350-5613	
Facility Health Service Administrator			
Name: Kristina Morse		Title: RN	
Email: Kristina.Morse@lakecountyohio.gov		Telephone: 440-350-5636	
Facility Characteristics			
Designated Facility Capacity: 421		Current Population of Facility: 343	
Number of inmates admitted to facility during the past 12 months			3,799
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			Could not Provide

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			Could Not Provide		
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			0		
Age Range of Population:	Youthful Inmates Under 18: N/A	Adults: 18-70			
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			0		
Average length of stay or time under supervision:			23 days		
Facility security level/inmate custody levels:			Min/Med/Max		
Number of staff currently employed by the facility who may have contact with inmates:			97		
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			30		
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			0		
Physical Plant					
Number of Buildings: 1		Number of Single Cell Housing Units: 13			
Number of Multiple Occupancy Cell Housing Units:		17			
Number of Open Bay/Dorm Housing Units:		5			
Number of Segregation Cells (Administrative and Disciplinary:		37			
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The Lake County Adult Detention Facility is monitored by exterior and interior cameras. There are 197 plus security cameras with recording capabilities inside and outside of the secure perimeter of the facility, including inmate dayroom areas, laundry, kitchen, booking and intake area hallways, visitation areas, central control, access hallways, dumpster, gymnasiums, outdoor recreation etc. These electronic surveillance devices, such as closed-circuit television (CCTV) cameras, are utilized throughout the facility. Range cameras are located in the dayroom and common areas. These cameras are only to augment existing security personnel and not to replace supervision, by monitoring controlled points and blind spot areas that are not easily observed are not to be used as a substitute for direct staff observation and supervision. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time. The entire camera system was updated. Cameras have been installed, to provide for surveillance of areas previously unavailable for monitoring. The cameras are monitored by correctional staff and by the Lake County Sheriff's Detective Bureau.					
Medical					
Type of Medical Facility:		Health Services Unit			
Forensic sexual assault medical exams are conducted at:		Tri-Point Hospital			
Other					
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			0 Volunteers, 0 Contractors		
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			6		

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit of the Lake County Adult Detention Facility in Painesville, Ohio, a facility under the operation of the Lake County Sheriff's Office was conducted on June 15-17, 2021, by Barbara King, a Department of Justice (DOJ) certified PREA Auditor. The purpose of the audit was to determine compliance with the DOJ PREA standards. The audit process began with communication between the PREA Coordinator, PREA Compliance Manager and the Auditor in February 2021. The Auditor explained the audit process detailing that audit compliance is assessed through written policies and procedures, observed practices, and interviews with inmates and staff. The agency houses male and female inmates for Lake County Sheriff's Office, Federal Bureau of Prisons, United States Marshals Service, and local municipalities. The facility houses juveniles/youthful offenders. This is the second PREA audit for the facility. The audit on-site visit was conducted during the COVID pandemic and under the facility's COVID operating protocols.

The audit notices in English and Spanish were sent to the agency's PREA Coordinator on May 5, 2021. The facility acknowledged receiving the audit notices and the notices were posted throughout the facility. The facility emailed photos of the postings for verification to the Auditor on May 6-7, 2021. The Auditor observed the postings throughout the facility during the facility tour. There was no correspondence received from an inmate, staff, or outside individual during the audit process.

About four weeks prior to the audit, the Auditor received through the mail the PREA Pre-Audit Questionnaire and supporting documents provided by the agency and additional information was provided through email to demonstrate compliance. The pre-audit documentation was extremely limited and mostly policies without supporting documentation by standard. After the review of the Pre-Audit Questionnaire and submitted documentation, the Auditor emailed the agency a Pre-audit Review Notes document requesting further documentation for clarification and review on various standards on June 1, 2021. Information was provided electronically prior to the audit and the remaining documentation was provided during the on-site audit visit.

The Auditor reviewed the PREA information on the Lake County Sheriff's Office website prior to the audit; <http://www.lakecountyohio.gov/sheriff>. The PREA information is under the Administrative Office and Maximum Security Jail tab. The website a link to the PREA Resource Center, general PREA information, and the facility's PREA policy. The Auditor contacted Just Detention International about any information regarding the facility; none was noted. Prior to the on-site visit, contact was made with the Captain/PREA Coordinator and PREA Compliance Manager to discuss the audit process and set a tentative time schedule for the on-site audit.

The agency policies utilized for the policy and procedure review and documentation were:

- 200-B Prison Rape Elimination Act
- 201 Detention Staff Requirements
- 201-B Detention Staff Requirements: Promotion Guidelines
- 201-N Jail Staffing
- 203-E Shower and Delousing
- 204 Inmate Searches
- 205 Classification
- 205-A Initial Housing Assignment

- 205-C Classification: Administrative Segregation
- 206-B Inmate Grievances
- 218 Security, Inspection, and Patrols
- 226-A Inmate Sexual Contacts
- 226-B Assessment and Monitoring of Sexual Predators and Vulnerable Inmates
- 243 Inmate Mental Health Services
- 247 Inmate Medical Service
- 248 Inmate Physical Examination
- 250 Medical Emergencies
- 305 Sexual Harassment
- 10.01.07 Restricted Housing
- 12.14.00 Transgender, Intersex, and Gender Non-Conforming Inmates, Detainees, and Prisoners
- 13.02.00 Grievances Regarding Allegations of Sexual Abuse
- CPS Policy J-F-06 Response to Sexual Abuse

On June 1, 2021, the Auditor requested the following information be provided: the daily population report, staff roster to include all departments (include title, shift, and good days), inmate roster by housing unit and alpha listing, list of staff who perform risk assessments, list of medical/mental health staff, list of contractors and volunteers (include times available during audit), list of inmates with a PREA classification, list of lesbian, gay, bisexual, transgender, and intersex (LGBTI) inmates, list of PREA allegations in the past 12 months (type of case, victim name, investigation outcome), list of inmates that reported sexual abuse, list of disabled and limited English proficient (LEP) inmates, list of the first responders from the reported allegations, and a list of how the allegations were reported (i.e. verbal to staff, grievance, hotline...). The facility provided some of the requested facility information electronically on June 14, 2021, and also the evening prior to the audit. This information was utilized to establish interviews schedules for the random selection of inmates and staff to be interviewed (random and specific interviews protocols).

Prior to the on-site visit, the Auditor and the Captain/PREA Coordinator discussed the on-site visit process, the audit schedule, and the COVID pandemic measures in place, and the safety requirements to enter the facility. It was determined the inmate and staff could be interviewed in an administrative office and masks would be worn by all parties.

Before the start of the audit, an in-briefing was held. In attendance were the Sheriff, Chief Deputy, Captain/PREA Coordinator, and Executive Lieutenant. The Auditor provided an overview of the audit process and the methodology to be used to demonstrate PREA compliance to those present. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge and practices of staff at all levels. The Auditor further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations of facility practices and the physical plant during the facility tour, documentation review, and conducting both staff and inmate interviews. A detailed schedule for the audit was discussed including the facility tour, interview schedules, and review of audit documentation. It was established that the Auditor would meet with the Captain/PREA Coordinator and any identified staff at the close of each day to review the day's activities and prepare for the next audit day. The facility was informed no correspondence was received from an inmate, staff, or outside individual prior to the audit. Key facility staff during the audit were the Captain/PREA Coordinator and the Executive Lieutenant. The PREA Compliance Manager was out on leave during the on-site visit.

Due to COVID protocols, the Auditor and facility staff discussed the best way to conduct inmate interviews with minimal inmate movement. The facility was operating under restricted inmate movement. It was

determined the inmate and staff could be interviewed in an administrative office and masks would be worn by all parties. There were six housing units been used for quarantine, 2C, 2F, 2G, 5E, 5F, and 5G. No inmates were interviewed from these housing units.

The facility administration provided information to the Auditor regarding the facility and the audit period. The facility administration shared there were no cross-gender pat-down searches or cross-gender strip searches conducted, no inmates were placed or housed in segregation housing for risk of sexual victimization, and there were no allegations that required a forensic exam during the audit period. The facility housed two juveniles/youthful offenders during the audit period.

The facility tour was the first day of the on-site audit. Follow-up observations, interviews, and documentation review occurred on the last two days of the audit. The housing units, program areas, service areas, food service, control center, medical, visitation, and intake areas were toured by the Auditor. During the tour, the Auditor made visual observations of cameras, mirrors, PREA notices, and posted PREA information throughout the facility including all service, program, and housing areas. The Auditor examined sight lines for potential blind-spots, cross-gender viewing, the officers post sight lines, and camera locations. The Auditor identified a blind spot in the laundry room behind the wall in the area of the washer and dryers. The Auditor identified cross-gender viewing issues. The potential cross-gender viewing was identified for the two court holding rooms toilets; the classification range handicap shower and toilet; toilets in A-2 Housing Range lower-level cells with barred doors; and camera views into the housing unit showers. The housing unit showers have cameras directly over the showers that are monitored by housing unit control center. These cameras are not pixeled allowing cross-gender viewing of inmates in the showers. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow an anonymous call.

During the facility tour, the Auditor spoke to random staff and inmates regarding PREA education, reporting methods, response to an allegation, and facility practices. The Auditor observed cross-gender announcements made when entering housing units. The housing units had minimal PREA information posted in the housing units. PREA information is continuously and readily available to inmates through the tablet, Inmate Handbook, and PREA brochure as observed by the Auditor. The PREA information includes the zero tolerance policy, emotional support services available, how to report an incident, methods for reporting incidents, reporting numbers and addresses, and protection from retaliation. The information informs the inmates they can remain anonymous when reporting an incident. All information is provided in English and Spanish. Detailed information regarding these services will be outlined within the corresponding PREA standards noted throughout the report. The Auditor also reviewed the housing unit logbooks to verify supervision and unannounced rounds by staff. The logbooks documented unannounced rounds were conducted by immediate line supervisors and supervision rounds by officers.

All required facility staff and inmate interviews were conducted during the three-day on-site audit. The staff and inmate interviews were held in an office that afforded privacy for the interviews. The Auditor utilized the PREA Auditor Handbook table for inmate interviews for determination of the number of required interviews. Inmate interviews were based on the inmate population size of 251-500 inmates; a requirement of twenty-six inmate interviews with at least thirteen from the target groups and thirteen random interviews. Twenty-eight formal inmate interviews were conducted for thirty-six interview protocols and twenty-seven inmates were informally interviewed during the facility tours, (16% of the 343 inmate population). One inmate refused an interview. The random inmates were selected by the Auditor from the housing rosters and designated specialized lists of inmates provided by the facility. Random inmate interviews from different housing units (20), Limited English Proficient (1), LGBTI (2), Inmates Who Reported Sexual Abuse (2), and Who Disclosed Sexual Victimization (2) were interviewed.

Interviews were not conducted for youthful offenders, disabled, and inmates placed in segregation housing for risk. There were no inmates from these targeted population housed during the on-site audit. There were no inmates placed or housed in segregation housing for risk during the audit period. The inmates interviewed knew the numerous methods to report, they acknowledged the zero-tolerance of sexual abuse and sexual harassment, and their right to be free from retaliation for reporting. There was inconsistency from the inmate interviews if a risk screening was completed during the intake process and PREA education was provided at intake. Inmates indicated they felt safe at the facility.

A total of thirty-six staff was formally interviewed for forty-three interview protocols and an additional fifteen informal staff interviews were conducted during the facility tours (52.5% of ninety-seven staff). Staff were randomly selected from each of the three shift rosters and different departments within the facility (12). Additionally, specialized staff were interviewed including the Agency Head/Superintendent (Sheriff), Facility Administrator/PREA Coordinator (Captain), PREA Compliance Manager (1), Intermediate-Higher Level Staff (5), Cross Gender Searches (3), Medical and Mental Health (4), Human Resources (1), Volunteers/Contractors (2), Investigator (1), Program Staff for Youthful Offenders (1), Line Staff Supervise Youthful Offender (1), Staff Who Perform Risk Screening (1), Staff Who Supervise Segregated Housing (1), Incident Review Team (2), Staff Who Monitor for Retaliation (1), First Responders (2), and Intake staff (2). An interview with a contract monitor was not held, the facility does not contract to house inmates with another agency. The Agency Head interview protocol was conducted with the Sheriff. The PREA Coordinator and Warden/Facility Administrator interview protocols was conducted with the Jail Administrator/Captain. The PREA Compliance Manager interview was conducted with a Sergeant, who is one of the facility's PREA Compliance Managers. The main PREA Compliance Manager which is a Lieutenant was on leave during the on-site audit. There were no staff that conducted cross-gender searches during the audit period, however, the Auditor interviewed two staff on the process. The random staff interviewed acknowledged they have received training and understood the PREA policies and procedures. They acknowledged their responsibilities to prevent, detect, report, and response to sexual abuse and sexual harassment. They understood their roles in reporting and responding to all allegations.

Interviews were also conducted with two community agencies. An interview was conducted with a representative of the University Hospital Tri-Point Medical Center regarding the SANE services provided at the hospital. The SANE nurse interviewed stated the hospital has SANEs working on shift within the emergency department and indicated all emergency room nurses are a trained SANE/SAFE. If a SANE is not on shift, they would call the on-call SANE. There was one allegation that required a forensic examination during the audit period. A representative of the Cleveland/Lake Rape Crisis Center was interviewed which provides emotional support through a hotline to the inmates. The representative stated emotional support services are available to the inmates just as any other person. The agency has attempted to obtain a Memorandum of Understanding (MOU) with the Cleveland/Lake Rape Crisis Center. The agency also may utilize the Lake County Prosecutors Victim Assistance Program for emotional support services for an inmate. Through the interview with the Cleveland/Lake Rape Crisis Center representative, she stated emotional support services is provided for a forensic exam at the hospital and follow-up services are provided, however an inmate can decline.

There were four allegations reported during the audit period, three within the facility and one report of sexual assault occurring at another agency. The three allegations reported at the facility were all staff-on-inmate sexual harassment. All cases had completed investigations, two cases were unsubstantiated, and one case was unfounded. There were no cases that warranted prosecution. The Auditor reviewed the three administrative investigation files.

An exit meeting was conducted by the Auditor at the completion of the on-site visit with the Facility Administrator/PREA Coordinator and the Administrative Lieutenant. While the Auditor could not give the facility a final finding, the Auditor did provide a preliminary status of their findings and request for further documentation needed to demonstrate compliance on 25 standards. Standards 115.13, 115.15, 115.16, 115.17, 115.22, 115.33, 115.34, 115.35, 115.41, 115.42, 115.43, 115.52, 115.53, 115.62, 115.65, 115.67, 115.68, 115.71, 115.73, 115.78, 115.81, 115.83, 115.86, 115.88, and 115.89 could not be cleared at the end of the on-site audit process. Recommendations were shared with the facility on standard 115.18 and 115.21. Standard issues and recommendations will be addressed under the appropriate standard in the narrative section. The Auditor shared the inmate population felt safe at the facility and felt staff would be responsive if an allegation was made. The Auditor also shared that staff was professional and well trained in their PREA knowledge and responsibilities. The Auditor thanked the Facility Administrator/PREA Coordinator, Administrative Lieutenant, and the staff of the Lake County Adult Detention Facility for their work and commitment to the Prison Rape Elimination Act. The Auditor thanked the facility for the hospitality received and the professionalism provided by all staff during the visit.

The Auditor conducted a second on-site visit to review compliance on January 11, 2022. During that on-site visit, the Auditor observed the intake booking process including PREA education, interviewed staff, reviewed the actions taken to eliminate blind spots and potential cross-gender viewing, PREA education on the inmates' tablets, and review of additional documentation.

The facility provided requested information to demonstrate compliance. Documentation for compliance for the outstanding standards were provided to the Auditor through email by the Facility Administrator and the PREA Compliance Manager. With the last documentation received on March 16, 2022. Four standards remain non-compliant.

The final report submission was extended upon mutual agreement between the agency and the Auditor, based on the Auditor's request. The Auditor had unforeseen on-going medical family concerns, COVID, and a death in the family. The Auditor thanks the agency in their understanding of this situation.

The Auditor based the decision of standard compliance on the data gathered during the on-site audit; review of documentation; observations during the tour of the facility; interviews with staff and inmates; staff and inmate file reviews; review of investigative files, and the agency and facility's policy and practices review.

The Auditor utilized the Auditor Compliance Tool, Instructions for the PREA Audit Tour, the Interview Protocols, Process Map, Auditors Summary Report, and the PREA Auditor Handbook for guidance during the audit process. These documents were available through the National PREA Resource Center.

Facility Characteristics

The Lake County Adult Detention Facility is a section of the Lake County Sheriff's Department building. The building contains the administration offices of the Lake County Sheriff's Office and the five story jail. The jail's designated capacity is 421 housing both male and female adult inmates and youthful offenders as required by criminal charges. The security levels of inmates housed at the facility are minimum, medium, and maximum. The inmate population is made up of adult males and females that are sentenced and un-sentenced felony and misdemeanor offenders. Approximately 70% of the population is un-sentenced. The age range of the population varies; however, most of the male and female population fall between the ages of 18 to 24 years old. The average length of stay is 23 days. The Lake County Sheriff's Office is a full-service local county jail facility, which services all local law enforcement agencies. The

Lake County Sheriff's Office has an agreement for Detention Services with the U.S. Marshals Service and the Bureau of Prisons (BOP). The average daily population for Federal and BOP inmates under this agreement is approximately fifteen inmates. The inmate population was 343 on the first day of the audit. The average daily population for the audit period was 297.

The facility is comprised of a master control, intake and booking area, kitchen, laundry room, outdoor recreation, gym, medical unit, medical, male intake holding area, female intake holding area, administrative offices, and 26 housing units. The first floor contains the female intake eight holding cells, four male intake holding cells, court holding cell (hold 4), mental health court holding cell (hold 10), two general intake holding cells (each can hold 18), and the classification range comprised of two sections. Section 1 has eight cells utilized for mental health needs and Section 2 has 6 cells utilized for medical. The master control, intake and booking area, kitchen, laundry room, and jail administrative offices are also located on the first floor. The second floor has eleven housing units and two isolation cells. The housing units consist of five dorms (2A, 2B, M1, M2, and M3) and six housing units that comprise single and double bunked cells (2C, 2D, 2E, 2F, 2G, and 2H). The fourth floor has eight housing units, two isolation cells, and one observation cell. Three housing units comprise single and double bunked cells (4A, 4B, and 4C) and five housing units of single cells (4D, 4E, 4F, 4G, and 4H). The fifth floor has seven housing units, one isolation cell, and one observation cell. Six housing units comprise single and double bunked cells (5A, 5B, 5C, 5D, 5E, 5F) and one housing unit of single cells (5G). On the bottom tier of the housing unit there are the two showers with privacy partitions, and a dayroom with seating and two telephones. Each cell has a toilet. The housing unit has individual showers with doors for privacy. Each cell and the dayroom have an intercom to the Tower. Cameras are located within each housing area viewing the unit as a whole and cameras above the showers. Each floor has a visitation area, attorney/clergy visitation room, and a video arraignment room, and a multi-purpose room/classroom that includes the law library. There are two classrooms that are located on the second floor and the fourth floor with a view from the towers on those two floors that are utilized for some inmate programs. These areas, when in use, are supervised by a floor officer and cameras. A supervision Tower is located in the middle of each floor where the housing units circled around the Tower. The staff within the Tower can view into each housing unit, monitors the cameras from each housing units, and controls the doors of the floor. Each floor is staffed with a Tower officer and two floor officers. There is required hourly rounds on first and second shifts and thirty minute rounds on third shift. The jail has 272 single cells which allows the separation of inmates for classification, behavioral issues, and disciplinary measures. The second floor is all female housing with a female officer always posted on the floor. A sign directs that men do not enter the female housing units. Recreation is provided through two outdoor recreation areas and a gym. The outdoor recreation areas located on the second and fourth floor have two cameras that are monitored by a floor officer and through the cameras by the Tower post. The gym has an open design and also has two cameras that are monitored by the floor Tower and a floor officer. Staff direct supervision is required for the multi-purpose/classroom and the recreations areas.

The Medical Services is located on the second floor that includes two exam rooms and an officer post. There are three medical beds, and the inmate shower and toilet are behind a door allowing privacy. Medical services are provided on 1st and 2nd shifts at the facility and on 3rd shift the on-call nurse is called and/or the inmate is transported to the local emergency room. The isolation cells on the floor are utilized for medical needs.

Areas where inmates work are the kitchen and laundry. The kitchen has an open design and has cameras that provide a cross view of the area with mirrors to assist with observation of the inmates. The kitchen coolers, freezers, and dry storage are always locked and accessed only by staff and inmates in those areas are under direct supervision. The kitchen is staffed by two staff cooks and about five inmates per

shift. The area has two work shifts. The laundry area has two inmate workers that are supervised through cameras and rounds by staff. There was a blind spot identified behind the wall that separates the area. The kitchen and laundry room cameras are monitored by main control.

The main control center is manned by staff 24 hours a day 7 days a week. The main control center controls the entry into the facility and doors within the facility. The control center monitors the cameras, all radio traffic, and intercom system. The Auditor observed the camera monitors and identified the potential cross-gender viewing of the showers, the same as the Tower viewing.

The facility has ninety-seven staff positions who may have contact with inmates. The security section consists of Jail Administrator (Captain), Lieutenants, Sergeants, and correctional officers. There are shift supervisors, Lieutenants, on all shifts. The facility operates three 8-hour shifts. First shift staffing is from 7:00 am-3:00 pm, second shift staffing 3:00 pm -11:00 pm, and 11:00 pm- 7:00 pm. The post and staffing requirements on day shift is eighteen corrections officers, second shift post and staffing are seventeen corrections officers, and third shift post and staffing is fourteen corrections officers. There is always female staff on shift. Staff make random security rounds in all the general housing units every hour during first and second shift and 30 minutes in special management units and on third shift. Indirect supervision is provided through supervision rounds intermittent surveillance through the review of cameras with main control and Towers. The supervision rounds are documented in the housing unit control logbook. Shift supervisors are required to make four unannounced rounds on each shift to all housing areas which are to be documented in the housing unit control logbooks, monitored through via key card access system and on the daily log. The logs were reviewed during the tour and the housing correctional officer housing rounds and the unannounced rounds by intermediate-level and higher-level supervisors demonstrated compliance.

The complex is monitored by exterior and interior cameras. There are 197 plus security cameras with recording capabilities inside and outside of the secure perimeter of the facility, including inmate dayroom areas, laundry, kitchen, booking and intake area hallways, visitation areas, central control, access hallways, dumpster, gymnasiums, outdoor recreation etc. These electronic surveillance devices, such as closed-circuit television (CCTV) cameras, are utilized throughout the facility. Range cameras are located in the dayroom and common areas. These cameras are only to augment existing security personnel and not to replace supervision, by monitoring controlled points and blind spot areas that are not easily observed are not to be used as a substitute for direct staff observation and supervision. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time. The entire camera system was updated. Cameras have been installed, to provide for surveillance of areas previously unavailable for monitoring. The cameras are monitored by correctional staff and by the Lake County Sheriff's Detective Bureau.

The Mission of the Lake County Sheriff's Office is "As the guardians of society's laws, we ensure the highest quality of life, safety and security for all people while responding to the public's needs in a caring, courteous and professional manner."

Summary of Audit Findings

The PREA Audit of the Lake County Adult Detention Facility found thirty-nine (39) standards in compliance, two standards that exceeds (115.11, 115.31), and four (4) standards non-compliant (115.88, 115.89, 115.401, 115.403). An explanation of the findings related to each standard showing policies, practice, observations, and interviews are provided under each standard in the narrative section of the report.

Number of Standards that Exceed: 2

- 115.11 Zero Tolerance of Sexual Abuse, PREA Coordinator
- 115.31 Staff Training

Number of Standards Met: 39

- 115.12 Contracting with other Entities for the Confinement of Inmates
- 115.13 Supervision and Monitoring
- 115.14 Youthful Inmates
- 115.15 Limited to Cross-Gender Viewing and Searches
- 115.16 Inmates with Disabilities and Inmates Who Are Limited English Proficient
- 115.17 Hiring and Promotion Decisions
- 115.18 Upgrades to Facilities and Technologies
- 115.21 Evidence Protocols and Forensic Medical Examinations
- 115.22 Policies to Ensure Investigation of Allegations for Investigation
- 115.32 Volunteer and Contractor Training
- 115.33 Inmate Training
- 115.34 Specialized Training: Investigations
- 115.35 Specialized Training: Medical and Mental Health
- 115.41 Screening for Risk of Victimization and Abusiveness
- 115.42 Use of Screening Information
- 115.43 Protective Custody
- 115.51 Inmate Reporting
- 115.52 Exhaustion of Administrative Remedies
- 115.53 Inmate Access to Outside Confidential Support Services
- 115.54 Third Party Reporting
- 115.61 Staff and Agency Reporting Duties
- 115.62 Agency Protective Duties
- 115.63 Reporting to Other Confinement Facilities
- 115.64 Staff First Responder Duties
- 115.65 Coordinated Response
- 115.66 Preservation of Ability to Protect of Inmates from Contact with Alleged Abusers
- 115.67 Agency Protection Against Retaliation
- 115.68 Post-Allegation Protective Custody
- 115.71 Criminal and Administrative Agency Investigations
- 115.72 Evidentiary Standard for Administrative Investigations
- 115.73 Reporting to Inmates
- 115.76 Disciplinary Sanctions for Staff
- 115.77 Corrective Action for Contractors and Volunteers
- 115.78 Disciplinary Sanctions for Offenders
- 115.81 Medical and Mental Health Assessments, History of Sexual Abuse
- 115.82 Access to Emergency Medical and Mental Health Services
- 115.83 Ongoing Medical and Mental Health Care for Sexual Abuse

115.86 Sexual Abuse Incident Reviews

115.87 Data Collection

Number of Standards Non-Compliant 4

115.88 Data Review for Corrective Action

115.89 Data Storage, Publication, and Destruction

115.401 Frequency and Scope of Audits

115.403 Audit Contents and Findings

Summary of Corrective Action (if any):

115.13(a)(c) Supervision and Monitoring

- The facility had not developed a staffing plan that addresses all elements of standard or completed an annual review.
- The facility developed a staffing plan that addressed all elements of the standard on July 12, 2021. The staffing plan annual review was completed on September 1, 2021. The agency provided the Staffing Plan and the Staffing Plan Annual Review to demonstrate compliance. The agency has met substantial compliance.

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115.13(b) Supervision and Monitoring

- Supervisors were not aware of the policy or post orders regarding that any staff member found providing notice to other staff regarding supervisory or executive rounds shall be subject to disciplinary action.
- Supervisors received refresher training as part of the annual training. Training was documented through the review of electronic training files and additional interviews with supervisors by the Auditor during the compliance on-site revisit.
- A blind spot was identified in the Laundry Room behind wall in area of washer and dryers
- The facility eliminated the blind spot in the laundry room by installing a mirror. A photo was provided to demonstrate compliance. The agency also installed mirrors in the kitchen prep area, dishwashing area, and break area to enhance supervision. The cooks can observe all the mirrors from their office. The Auditor also observed the mirror placement during the compliance on-site revisit. The agency has met substantial compliance.

115.15 (b) Limits to Cross Gender Viewing and Searches

- The facility's policy did not address the facility shall not restrict female inmate's access to regularly available programming or other out-of-cell opportunities in order to comply with the standard provision.
- The agency expanded the PREA policy to state "The jail will not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision." The agency has met substantial compliance.

115.15 (d) Limits to Cross Gender Viewing and Searches

- The facility's policy and procedures did not address that the facility enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine cell checks.
- The agency expanded policy #200B PREA to state, "The jail will allow inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. In the case of an emergency or other extraordinary

or unforeseen circumstance where a cross-gender viewing or search has been conducted, the incident will be documented in a report.” The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.15(f) Limits to Cross Gender Viewing and Searches

- Cross-gender viewing of toilets was identified for the two court holding rooms, the handicap shower and toilet on the classification range, and the lower-level cells with barred doors in Housing unit A-2. The cameras above the showers were not pixelated enough allowing cross-gender viewing through the monitors in the Tower and Main Control Center.
- The agency eliminated the potential cross-gender viewing of the court holding rooms and cells with the placement of magnetic covers. A shower curtain was installed to eliminate the potential cross-gender viewing of the handicap shower and toilet on the classification range. The agency pixelated the cameras above the showers to the extent the system allowed reducing the potential for cross-gender viewing. With the additional pixelation, the body form is seen without further details. The Auditor observed all the areas and reviewed the camera and monitors during the compliance on-site revisit to determine compliance. The agency has met substantial compliance.

115.15(f) Limits to Cross Gender Viewing and Searches

- The facility staff lacked knowledge of the proper procedures for transgender pat-searches. Staff interviewed were not clear on how to complete the search or would conduct a search with a male and female staff member or both.
- The agency completed training with all facility staff through the video Guidance on Cross Gender and Transgender Pat Searches. The facility provided documentation of the staff training through thirteen staff training forms signed by the staff member acknowledging viewing the video and understanding the training. The agency has met substantial compliance.

115.16(a) Inmates with Disabilities

- The facility’s policy and procedures did not address how inmates that are blind, low vision, deaf, hearing impaired, or have intellectual, psychiatric, or speech disabilities are provided the opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- The agency expanded policy #200B PREA to provide procedural direction on how to provide information to blind, low vision, deaf, hearing impaired, or have intellectual, psychiatric, or speech disabilities inmates. The facility will provide services through interpretation services with Language Line or UbiDuos system, written materials, staff verbally providing the information, the Inmate News Channel, and staff interpreters. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.16(b) Inmates with Disabilities

- The facility’s policy and procedure did not address how inmates that are limited English proficient are provided the opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
- The agency expanded policy #200B PREA to provide procedural direction on how to provide information to limited English proficient inmates. The facility will provide services through interpretation services with Language Line or UbiDuos system, written materials in English and Spanish, and staff interpreters. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.16(c) Inmates with Disabilities

- The facility's policy did not address that the facility shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.
- The agency expanded policy #200B PREA to state "At no time shall the Lake County Adult Detention Facility rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under, or the investigation of the inmate's allegations." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.17(a) (f) Hiring and Promotion Decisions

- The application form or the background packet did not address the three administrative adjudication questions listed in the standard for employees and contractors. The background packet has general criminal record questions.
- The agency has added the three administrative adjudication questions as part of the background process forms (CVSA). The agency provided five examples of the background form section containing the administrative adjudication questions completed by applicants to demonstrate compliance. The agency has met substantial compliance.

115.17 (e) Hiring and Promotion Decisions

- The agency had not completed five-year background checks on current employees and contractors who may have contact with offenders.
- The agency has completed 5 year background checks on employees and contractors. The agency provided five examples of staff 5-year background check verification to demonstrate compliance. The background checks are completed by the Detective Bureau Section. The Detective Bureau shared the 5-year backgrounds checks are completed via LEADS to recheck for criminal history. The agency has met substantial compliance.

115.21 (a/b) Evidence Protocol and Forensic Medical Examinations

- The facility had not provided the uniform evidence protocols utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.
- The agency's policy #106J Evidence and Property Management provides uniform evidence protocols for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence collection for a variety of evidence types including biological evidence and sexual assault kits. A copy of the policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.21 (c) Evidence Protocol and Forensic Medical Examinations

- The facility did not provide a memorandum of understanding (MOU)/agreement with the local hospital for forensic exams and emergency services or an attempts to enter into a MOU/agreement.
- The facility has attempted to enter into a MOU with the local hospital. The hospital is unwilling to perform SANE examinations without a court order. The Sheriff noted in a memo that Lake County Court of Common Pleas has a standing order to direct the hospital to perform such examinations when directed to do so by area law enforcement under Ohio Revised Code. The local hospitals will provide emergency services. The agency has met substantial compliance.

115.21(d) Evidence Protocol and Forensic Medical Examinations

- The facility has not provided a MOU/agreement for victim advocacy services (Cleveland/Lake Rape Crisis Center and the Lake County Prosecutors Victim Assistance Program) or an attempt to enter into a MOU/agreement.
- The facility has attempted to enter into a MOU for victim advocacy and emotional support services with Cleveland/Lake Rape Crisis Center. The facility provided an email chain between the Facility Administrator/Captain and the Cleveland/Lake Rape Crisis Center Director of Access to demonstrate compliance. The agency has met substantial compliance.

115.22(b) Policies to Ensure Referrals of Allegations for Investigations

- The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for investigation to an agency with the legal authority to conduct criminal investigations, unless the does not involve potentially criminal behavior is not published on the agency's website. The website only has the front page of the policy.
- The agency has published the full PREA policy that addresses the referral of allegations of sexual abuse or sexual harassment for investigation to an agency with the legal authority to conduct criminal investigations, unless the does not involve potentially criminal behavior. The agency has met substantial compliance.

115.33(a)(d) Inmate Education

- During the intake process, inmates must receive 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. The facility has a PREA pamphlet however, it is not provided to the inmate with the Inmate Rules of Conduct Handbook.
- The facility conducted refresher training with intake staff to ensure all inmates receive the PREA pamphlet at intake. During the compliance on-site revisit, the Auditor observed an inmate's intake, and the inmate was provided the PREA pamphlet and the Inmate Rules of Conduct Handbook. The Auditor also interviewed additional inmates in the intake area who acknowledged receiving the PREA pamphlet. The agency has met substantial compliance.

115.33 (b) Inmate Education

- The facility does not provide comprehensive PREA education to inmates.
- The facility provides comprehensive PREA education through a tablet to all inmates. PREA education including the PREA video and the PREA pamphlet is provided on the tablet which has to be read and acknowledged before the inmate can utilize the table for any other function. The comprehensive education completed on the tablet is documented in the inmate's computerized file. The Auditor verified the accessibility of the PREA education on the tablet and reviewed the electronic files of random inmates to verify education during the compliance on-site revisit. The agency has met substantial compliance.

115.33(e) Inmate Education

- The agency must maintain documentation of inmate participation in these education sessions (intake process, comprehensive education).
- Documentation of the inmate receiving PREA information at intake and the comprehensive education completed on the tablet is documented in the inmate's computerized file. The Auditor reviewed the electronic files of random inmates to verify intake and comprehensive education during the compliance on-site revisit. The agency has met substantial compliance.

115.34(a)(c) Specialized Training: Investigations

- Not all investigators (Detective staff) have not completed training in conducting sexual abuse investigations in confinement.

- The agency's staff have completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting as documented through training certificates. The agency has met substantial compliance.
- The facility's policy does not address that investigators are trained in conducting sexual abuse investigations in confinement settings.
- The agency expanded policy #200B PREA to state "To ensure compliance with the standards of PREA, Detectives for the Lake County Adult Detention Facility will receive training in conducting sexual abuse investigations in a confinement setting." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.34(b) Specialized Training: Investigations

- The facility's policy did not address that the specialized training for investigators include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.
- The agency expanded policy #200B PREA to state "The specialized training for Detectives will include the following areas: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative action or prosecution referral." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.35 (a)(c) Specialized Training: Medical and Mental Health Care

- All medical and mental health staff have not completed specialized healthcare training.
- The healthcare staff completed specialized healthcare training through NIC Specialized Training PREA Behavioral Health Care or Sexual Assault Victims in a Confinement Setting as documented through training certificates provided by the facility to demonstrate compliance. The agency has met substantial compliance.
- The facility's policy did not address the specialized training requirement for healthcare staff.
- The agency expanded policy #200B PREA to state "Jail Medical Staff will receive additional training related to PREA in the following areas: How to detect and assess signs of sexual abuse and sexual harassment: How to preserve physical evidence prior to having the inmate examine by a S.A.N.E nurse; How to respond effectively and professionally to all victims of sexual Abuse; and How to and whom to report allegations of suspicions of sexual abuse." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.41 (a) Screening for Risk of Victimization and Abusiveness

- The facility's policy and procedures did not address the requirement of screening inmates upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or abusiveness toward other inmates nor provided the process for risk screening.
- The agency expanded policy #200B PREA to state "The Jail Administrator will ensure all inmates are screened to assess their risk of being sexually abused by other inmates and/or their risk of being sexually abusive toward other inmates at the following times: Initial Intake (Within 24 hours of arrival to facility); Initial Classification; Transfer from another facility; and All Subsequent Classification reviews are assessed weekly." Policy #226B also states, "Inmates shall be screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior and shall be housed in accordance with classification procedures." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.41 (a)(b) Screening for risk of victimization and abusiveness

- The facility's documentation did not demonstrate that initial risk assessments were completed within 72 hours of arrival at the facility.
- The agency provided fifteen inmate initial risk assessments to demonstrate completion within 72 hours of arrival. Twelve of the initial risk assessments were completed within 72 hours of arrival, three of the assessments provided were not dated. The facility policy required the initial assessment to be completed within 24 hours and the twelve initial risk assessments were completed within the timeframe. The agency has met substantial compliance.

115.41 (c) Screening for risk of victimization and abusiveness

- The PREA Medical Screening Checklist is not an objective screening instrument. The determination of potential sexual victimization or abusiveness is determined by the nurse conducting the screening. Upon review of the files, it was apparent the information from the screening tool was not used to identify potential sexual victimization or abusiveness.
- The agency developed an objective risk assessment tool that scores for risk of sexual victimization and risk of sexual abusiveness through questions and also provides a section for staff observations and concerns. The facility provided fifteen examples to demonstrate compliance. The Auditor observed an intake during the compliance on-site revisit, the new risk assessment was utilized. The agency has met substantial compliance.

115.41 (c)(d) Screening for Risk of Victimization and Abusiveness

- The PREA Medical Screening Checklist did not consider whether the inmate's criminal history is exclusively nonviolent; prior convictions for violent offenses; and the inmate's own perception of vulnerability.
- The agency developed an objective risk assessment tool that considers the inmate's criminal history is exclusively nonviolent; prior convictions for violent offenses; and the inmate's own perception of vulnerability and scores for risk of sexual victimization and risk of sexual abusiveness. The risk assessment is completed through questions and also provides a section for staff observations and concerns. The facility provided fifteen examples to demonstrate compliance. The Auditor observed an intake during the compliance on-site revisit, the new risk assessment was utilized. The agency has met substantial compliance.

115.41 (f) Screening for Risk of Victimization and Abusiveness

- The facility's policy does not address a set period, not to exceed 30 days from the inmate's arrival at the facility, to reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake.
- The agency expanded policy #200B PREA to state "Within 30 days from the inmate's arrival at the jail, the inmate's risk of victimization or abusiveness shall be reassessed based upon any additional relevant information received by the facility since the intake screening." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.
- The facility is not conducting reassessments within 30 days from the inmate's arrival at the facility.
- The facility developed a process to complete reassessments on all inmates to reassess the inmate's risk of victimization or abusiveness within a set period of time, not to exceed 30 days as supported through policy language. The PREA Compliance Manager will complete the reassessments. The facility followed the same fifteen inmates from the initial risk screening provided. Of the fifteen inmates, three inmates did not require reassessment, one inmate was released and two were not due yet. Of the twelve reassessments required, eight were completed within the appropriate timeframe, two were outside the 30 days, and two could not be found/or completed. The agency has met substantial compliance.

115.41(g) Screening for Risk of Victimization and Abusiveness

- The facility's policy did not address reassessments being conducted when warranted by referral, request, incident of sexual abuse, or information that bears on the inmate's risk of sexual victimization or abusiveness.
- The agency expanded policy #200B PREA to state "An inmate's risk level will be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of any additional information that bears on the inmate's risk of sexual victimization or abusiveness." The expanded policy was provided to demonstrate compliance. The facility acknowledged there has been no instance for completing a reassessment for due to a referral, request, and incident of sexual abuse or receipt of any additional information that bears on the inmate's risk of sexual victimization or abusiveness. The agency has met substantial compliance.

115.41(i) Screening for Risk of Victimization and Abusiveness

- The facility's policy does not address how appropriate controls on the dissemination within the facility of responses to questions on the PREA risk screening in order to ensure that sensitive information is not exploited by staff or other inmates.
- The agency expanded policy #200B PREA to state "The Lake County Adult Detention Facility will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to risk screenings to ensure privacy of sensitive information that may be used for exploitation by staff or other inmates." The inmate's risk screening tool is maintained securely in the inmate's electronic file. All officers do have access to the electronic files since any officer can be assigned to the intake area. Staff are trained on confidentiality during annual training. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.42 (a)(b) Use of Screening Information

- The facility's policies do not address how the information from the PREA risk screening is utilized to make inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness.
- The agency expanded policy #200B PREA to state "The jail will use the information from the risk screening to determine housing/bed location, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive... Identify inmates as high risk for sexually assaultive behavior. Inmates with a history of sexually assaultive behavior shall be identified, monitored, and counseled; identify inmates as high risk for sexual victimization; Inmates at risk for sexual victimization shall be identified, monitored, and counseled; and make individual determinations about how to ensure the safety of each inmate." The risk assessment is reviewed and approved by the PREA Compliance Manager then the Classification Supervisor makes the final housing placement to ensure housing separation of inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness. The expanded policy was provided to demonstrate compliance. The Auditor reviewed inmate housing placement determinations and interviewed staff during the compliance on-site revisit to determine compliance. The housing placements appeared appropriate for the safety of the inmates. The agency has met substantial compliance.

115.42 (b) Use of Screening Information

- The facility does not utilize the information from the risk screening to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness. The risk assessments are completed by medical staff about 10-13 days after the inmate's intake and this information is not provided to staff to consider when making informed housing, bed, work, education, and program assignments. The risk screening form is maintained in the medical records.
- The agency expanded policy #200B PREA to state "While in Booking the inmate will receive a health screening by trained Corrections Officers and will at a minimum: Explain to the inmate how to access medical care; Identify inmates as high risk for sexually assaultive behavior. Inmates with a history of sexually assaultive behavior shall be identified, monitored, and counseled; Identify inmates as high risk for sexual victimization. Inmates at risk for sexual victimization shall be identified, monitored, and counseled; and make individual determinations about how to ensure the safety of each inmate." The facility changed the process to the officer completing the initial risk assessment through a scored instrument that identifies inmates at risk of sexual victimization and risk of sexual abusiveness. The risk assessment completed by the booking officer is reviewed and approved by the PREA Compliance Manager then the Classification Supervisor makes the final housing placement to ensure housing separation of inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness. The alert created by the electronic system would not allow inmates identified as victims/potential victims and inmates identified as high risk of being sexually abusive to be housed together. The expanded policy was provided to demonstrate compliance. The Auditor reviewed inmates' initial risk assessment, housing placement determinations, and interviewed staff during the compliance on-site revisit to determine compliance. The housing placements appeared appropriate for the safety of the inmates. The agency has met substantial compliance.

115.42(c) Use of Screening Information

- The facility's policy did not address how housing placements are made for transgender or intersex inmates.
- The agency expanded policy #200B PREA to state "The Lake County Adult Detention Facility will make the decision to assign a Transgender or Intersex inmate to a facility for male or female inmates and other housing and programming assignments on a case by case basis. Such placement considerations should ensure the inmate's health and safety and prevent management and security issues." The booking officer completes the initial risk assessment. If an inmate identifies as transgender or intersex, the PREA Compliance Manager is notified immediately. Then PREA Compliance Manager and the Classification Supervisor makes the final housing placement on a case by case to ensure the inmate's health and safety and prevent management and security issues with input from the facility administration. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.42(e) Use of Screening Information

- The facility's policy does not address that a transgender or intersex inmate's own views with respect to his or her own safety shall be given consideration.
- The agency expanded policy #200B PREA to state "A Transgender or Intersex inmate's own views with respect to his or her own safety shall be given serious consideration." The booking officer completes the initial risk assessment which asks the inmate if they perceive themselves to be at risk for sexual victimization. If an inmate identifies as transgender or intersex, the PREA Compliance Manager is notified immediately. Then PREA Compliance Manager and the Classification Supervisor makes the final housing placement on a case by case to ensure the

inmate's health and safety and prevent management and security issues with input from the facility administration and the inmate. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.42(f) Use of Screening Information

- The policy does not address how transgender and intersex inmates are given the opportunity to shower separately from other inmates in the housing units.
- The agency expanded policy #200B PREA to state "Transgender and Intersex inmates will be given the opportunity to shower separately from other inmates." The booking officer completes the initial risk assessment which asks the inmate if they perceive themselves to be at risk for sexual victimization. If an inmate identifies as transgender or intersex, the PREA Compliance Manager is notified immediately. Then PREA Compliance Manager and the Classification Supervisor will discuss with the inmate showering options available to them to give the opportunity to shower separately from other inmates. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.42(g) Use of Screening Information

- The facility's policy did not address that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.
- The agency expanded policy #200B PREA to state "The Lake County Adult Detention Facility will not place Lesbian, Gay, Bisexual, Transgender or Intersex inmates in dedicated ranges or cells solely on the basis of such identification." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.43(a) Protective Custody

- The facility's policy states inmates who are suspected or confirmed to have been victimized by a sexual predator will be reclassified to Protective Custody and segregated from the General Population demonstrated non-compliance with the standard language.
- The agency expanded policy #200B PREA to state "Inmates at high risk for sexual victimization will not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while conducting the assessment." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.43(b) Protective Custody

- The facility's policy did not address that inmates placed in segregated housing shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for the limitations.
- The agency expanded policy #200B PREA to state "If an inmate is placed in protective custody based on inmate classification or voluntarily requested by the inmate, he/she will have access to programs, privileges, education, and work opportunities to the extent possible, if restricted it must be documented with the following: the opportunities that have been limited; the duration of the limitation; and the reason for the limitation." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.52(d) Exhaustion of Administrative Remedies

- The facility's policy did not address standard language of the computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal and at any level of the administrative process, including the final level, if the inmate does not receive a response within the time limit allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be denial at that level.
- The agency expanded policy #200B PREA to state "The Lake County Adult Detention Facility issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of up to 70 days to respond if the normal time period for response is insufficient to make an appropriate decision. The agency will notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the allotted time to reply, including any properly noticed extension, the inmate may consider the absence of a response to be denial at that level." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.52(e) Exhaustion of Administrative Remedies

- The facility's policy did not address standard language if a third party files an administrative remedy on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- The agency expanded policy #200B PREA to state "If a third-party file such a request on behalf of any inmate, the facility has the right to require, as a condition of processing the request, that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.53 Inmate Access to Outside Confidential Support Services

- The inmate must use a pin to phone outside victim advocates for emotional support services related to sexual abuse. By requiring a pin, the communication is not confidential or anonymous since it could be tracked through the system.
- The agency changed the process to allow inmates to make anonymous and confidential calls to the victim advocacy agency. The change within the inmate phone system no longer requires an inmate pin to call outside victim advocates. The number for the victim advocacy agency is set to auto-accept (passive acceptance), which does not require the victim advocacy agency to acknowledge acceptance of the call. The call would go through as a normal phone call. The agency also added a speed dial of *777 allowing calls to the hotline without the requirement of an inmate pin. The agency has met substantial compliance.

115.53 (c) Inmate Access to Outside Confidential Support Services

- The facility has not provided a MOU/agreement for emotional support services (Cleveland/Lake Rape Crisis Center and the Lake County Prosecutors Victim Assistance Program) or an attempt to enter into a MOU/agreement.
- The facility has attempted to enter into a MOU for victim advocacy and emotional support services with Cleveland/Lake Rape Crisis Center. The facility provided an email chain between

the Facility Administrator/Captain and the Cleveland/Lake Rape Crisis Center Director of Access to demonstrate compliance. The agency has met substantial compliance.

115.62 Agency Protection Duties

- The facility's policy and procedures did not address the staff action to be taken to protect the inmate when the facility learns an inmate is subject to a substantial risk of imminent sexual abuse.
- The agency expanded policy #200B PREA to state "When a Facility learns that an Individual in the Facility or Program is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.65 Coordinated Response

- The facility does not have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.
- The agency utilizes the updated facility's policy #200B PREA as the written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.67(a) Agency Protection Against Retaliation

- The facility has not conducted retaliation monitoring to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.
- The agency has developed a process to monitor retaliation for staff and inmates. The Detective's Bureau is responsible for conducting monitoring. The agency has created a form, PREA Retaliation Monitoring Form, to document the retaliation monitoring with the employee's and inmate's signatures. The form once completed must be forwarded to the PREA Coordinator for review. This is outlined in the updated #200B PREA policy. The Jail Administrator/Captain shared there has not been an incident to document retaliation monitoring. The facility provided the created PREA Retaliation Monitoring Form to demonstrate compliance. The agency has met substantial compliance.

115.68(a) Post-Allegation Protective Custody

- The facility's policy does not address the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse and prohibiting the housing placement 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.
- The agency provided policy #205C Administrative Segregation that states, "Inmates who have suffered sexual abuse will not be placed in Administrative Segregation unless an assessment of all available alternatives have been made and a determination has been made that there is no alternative means of separation." The agency has met substantial compliance.

115.71(a) Criminal and Administrative Investigations

- The facility's policy does not address that investigations into allegations of sexual abuse and sexual harassment is conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymously.
- The agency expanded policy #200B PREA to state "When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly and objectively for all allegations including third party and anonymous reports." The

expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

115.71(b) Criminal and Administrative Investigations

- All investigations have not been conducted by a specialized trained investigator.
- The agency expanded policy #200B PREA to state “When a Detective is responding to a sexual abuse allegation it is to be confirmed that he/she has received special training in sexual abuse investigations pursuant to (§115.34). The specialized training for Detectives will include the following areas: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative action or prosecution referral.” The agency has required all Detectives to complete the PREA Investigating Sexual Abuse in a Confinement Setting through NIC. The agency provided the updated policy and copies of training certificates to demonstrate compliance. The Auditor during the compliance on-site revisit reviewed two new investigation files that documented a specialized trained investigator completed the investigation. The agency has met substantial compliance.

115.71(e) Criminal and Administrative Investigations

- The facility’s policy does not address the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff.
- The agency expanded policy #200B PREA to state “The credibility of an alleged victim suspect, or witness will be assessed based on an individual basis and will not be determined by the person’s status as inmate or staff.” The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

115.73 (a) Reporting to Inmates

- Inmates are not informed of the outcome of the investigation.
- The agency has developed a process to ensure the inmate is notified of the outcome of the investigation. A Detective is responsible to make the notification to the inmate. Policy 200B states, “Following an investigation into an inmate’s allegation that he or she has suffered sexual abuse in the jail, the Detective Bureau will inform the inmate as to whether the allegation has been substantiated, unsubstantiated or unfounded.” The notification is to be documented. The developed process and the updated policy were provided to demonstrate compliance. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and notifications were not warranted yet. The agency has met substantial compliance.

115.73 (e) Reporting to Inmates

- The facility’s policy did not address that investigative outcome notifications to the inmate are documented.
- The agency expanded policy #200B PREA to state “Following an investigation into an inmate’s allegation that he or she has suffered sexual abuse in the jail, the Detective Bureau will inform the inmate as to whether the allegation has been substantiated, unsubstantiated or unfounded. All such notifications or attempted notifications are documented.” The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and notifications were not warranted yet. The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

115.78(g) Disciplinary Sanctions for Inmates

- The facility's policy language does not address the agency may not deem sexual abuse activity between inmates to constitute sexual abuse if the facility determines that the activity is not coerced.
- The agency expanded policy #200B PREA to state "The jail in its discretion, may prohibit all sexual activity between inmates and may discipline inmates for such activity. The jail may not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced." The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

115.81 (a) Medical and Mental Health Screening, History of Sexual Abuse

- The facility is not identifying inmates who disclosed prior sexual victimization during screening and offering the inmate a follow-up meeting with medical or mental health within 14 days of the intake screening.
- The agency developed a process to make referrals to medical and mental health as part of the new initial risk assessment form. If the inmate affirms previously experienced sexual victimization as part of the risk screening, the staff member completes a referral to medical and mental services. The Auditor during the compliance on-site interviewed the intake staff who explained the referral process and reviewed two medical files for inmates that disclosed previous sexual victimization. The inmates were referred and seen by healthcare within 14 days. The agency has met substantial compliance.

115.83(e) Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

- The facility's policy does not address if pregnancy results from a sexual abusive vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about timely access to all lawful pregnancy-related medical services.
- The agency expanded policy #200B PREA to state "If pregnancy results from sexual abuse the victim will receive timely and comprehensive information and access to pregnancy related services." The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

115.86 Sexual Abuse Incident Reviews

- The facility is not conducting sexual abuse incident reviews at the conclusion of every sexual abuse investigation.
- The agency has developed a process that is supported by policy to conduct sexual abuse incident reviews. An assigned Detective is responsible for conducting the sexual abuse incident review with the incident review team. Policy 200B states, "The Detective Bureau will conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded." The agency has developed a form, PREA Incident Review Report Summary, to be utilized to document the incident review. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and incident reviews were not warranted yet. The agency provided the developed PREA Incident Review Report Summary form, updated procedure, and the updated policy to demonstrate compliance. The agency has met substantial compliance.

115.88 (a)(b) Data Review for Corrective Action

- The facility has not completed the PREA Annual Report approved by the Agency Head which identifies problem areas; the corrective actions taken on an ongoing basis; a comparison of the current year's data and corrective actions with those from prior years; and an assessment of the

agency's progress in addressing sexual abuse. The facility does create a report that compares numbers, but it does not address the standard requirements and it is not posted on the agency's website.

- The agency completed the 2021 Annual PREA Reporting Form that is the agency's documented annual report. This is the first PREA annual report completed by the agency. The report provides the previous year's data. There was no previous year data to create a comparison or corrective actions identified to provide the agency's progress. The 2021 Annual PREA Reporting was approved by the Sheriff.

115.88(c) Data Review for Corrective Action

115.89(b) Data Storage, Publication, and Destruction

- The PREA Annual Report is not available on the agency website. The PREA Annual report is to be made readily available to the public through the facility's website annually.
- The agency is non-compliant with 115.88(c) and 115.89. The facility has not posted the PREA Annual Report on the agency's website to make available to the public. The Auditor followed up with the agency numerous times on this issue and the Annual Report was never posted.

115.401 Frequency and Scope of Audits

- The Agency is non-compliant with 115.401. The agency did not conduct a PREA audit in the second audit cycle of August 20, 2016, through August 19, 2019.

115.403 Audit Contents and Findings

- The agency is non-compliant with 115.403. The facility has not posted the previous 2017 PREA Audit Report on the agency's website to make available to the public. The Auditor followed up with the agency numerous times on this issue and the 2017 PREA Audit Report was never posted.

Documentation of compliance for the outstanding standards were provided to the Auditor through email by the PREA Coordinator. With the last documentation received on March 16, 2022.

PREVENTION PLANNING

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

The Lake County Sheriff's Office and the Lake County Adult Detention Facility has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment. Policy 200B PREA addresses zero tolerance towards all forms of sexual abuse and sexual harassment. The thirty-eight page policy has thirty-eight sections that outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy addresses zero tolerance and states, "It is the policy of the Lake County Sheriff's Office to establish a zero-tolerance standard for the detection,

reduction, and punishment of sexual abuse of inmates, to address the safety and treatment of inmates who have been a victim of a sexual act, and to discipline and prosecute those who perpetrate these acts upon inmates.” Section 1 Definitions provides definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Sections 32 Disciplinary Sanction for Staff, 33 Corrective Action for Contractors and Volunteers, and 34 Disciplinary Sanctions for Inmates includes sanctions for those found to have participated in prohibited behaviors including disciplinary sanctions, up to and including termination for violating the Sheriff’s Office’s sexual abuse or sexual harassment policies and applicable state/federal laws. Inmates are subject to a formal disciplinary process. Through observation of PREA information posted throughout the facility, review of inmate and staff handbooks, and interviews with staff and inmates it was apparent that the Lake County Sheriff’s Office and Lake County Adult Detention Facility is committed to zero tolerance of sexual abuse and sexual harassment and provides zero-tolerance information through PREA information on bulletin boards, postings, handbooks, and training to staff and inmates.

The agency only operates one facility, the Lake County Detention Facility, the agency has designated a PREA Coordinator (Captain) and three PREA Compliance Managers to oversee PREA responsibilities for the agency and facility. Policy 200B Section 2 PREA Coordinator states, “In an effort to develop, implement, and oversee the Lake County Adult Detention Facility’s efforts to comply with the PREA standards, the Executive Lieutenant will be designated as the PREA Coordinator. The Executive Lieutenant will be designated as the Lake County Adult Detention Facility’s PREA Coordinator and has sufficient time and authority to develop, implement and oversee agency efforts to comply with the PREA standards.” Although the policy notes the Executive Lieutenant is the designated PREA Coordinator, the Jail Administrator/Captain is the PREA Coordinator with a Lieutenant as one of the PREA Compliance Managers. The agency’s PREA Coordinator/Captain reports to the Chief Deputy and the Sheriff reflected by the agency’s table or organization. The policy states the PREA Coordinator’s responsibilities include, “Developing written policies that follow Correctional best practices and meets the intent of the PREA Standards, oversees training plans that fulfill the PREA training requirements; monitoring inmate screening procedures, investigations, and medical and mental health care treatment according to the PREA Standards; supervising the jails data collection efforts and provide appropriate access and materials to auditors, and provide quarterly reports to the Jail Administrator.” The PREA Coordinator stated, although there are three PREA Compliance Managers, she stated at times she does not have enough time to manage all the PREA related responsibilities while overseeing the operations of the jail operations. The PREA Coordinator shared the position’s responsibilities include providing updates to all staff, reviewing, and updating policies, maintain working relationships with the Detectives and Victim Assistance agencies, and ensure implementation of PREA in the jail. The PREA Coordinator shared it is the goal to have the PREA Compliance Managers to take on more responsibilities to ensure facility compliance with PREA that will provide the PREA Coordinator with sufficient time to oversee PREA on the agency level. The PREA Coordinator stated if a compliance issue is identified, the PREA Team (Captain and the PREA Compliance Managers) would discuss the issue and develop a correction plan, and ensure the correction is made. The PREA Coordinator has routine interaction with the PREA Compliance Managers including training, PREA and policy updates, and when any issue may arise.

The PREA Compliance Manager interviewed stated he has sufficient time to manage all of his PREA related responsibilities which includes training, making rounds within the facility, and ensuring that effective practices and procedures are in place at the facility to ensure compliance with standards. He stated the PREA Compliance Managers are working to streamline PREA processes within the facility. If an issue is identified, he notifies the PREA Lieutenant (a PREA Compliance Manager) and Captain. The PREA Team works toward compliance on the issue. The PREA Coordinator and the PREA Compliance Manager were knowledgeable of the PREA standards and the agency’s compliance measures.

Since the agency operates one facility, there is not a requirement for PREA Compliance Managers. The agency exceeds the standard through the structure created to manage the PREA responsibilities of the agency.

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

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

The Lake County Sheriff's Office does not contract for the confinement of inmates with private agencies or other entities including other government agencies. Policy 200B Section 5 Contracting with Other Entities for the Confinement of Inmates states, "When entering into any new contract or contract renewal with private agencies or other entities, including other government agencies for the confinement of its inmates the Sheriff's Office will include the facility's obligation to adopt and comply with the PREA standards. Any new contract or contract renewal will provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards." This was confirmed through interviews with the Sheriff and the PREA Coordinator.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against

sexual abuse? ☒ Yes ☐ No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

The agency's Policy 200B Section 9 Supervision and Monitoring states, "The Lake County Adult Detention Facility's developing, documenting, and complying on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring and will take into consideration: Generally accepted detention and correctional practices; Any judicial findings of inadequacy; Any findings of inadequacy from Federal investigative agencies; Any findings of inadequacy from internal or external oversight bodies; All components of the facility's physical

plant (including “blind-spots” or areas where staff or inmates may be isolated); the composition of the inmate population; The number and placement of supervisory staff; Institution programs occurring on a particular shift; Any applicable State or local laws, regulations, or standards; The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors.” The policy also states, “Whenever necessary, but no less frequently than once each year the Lake County Adult Detention Facility will in consultation with the PREA Coordinator required by (§115.11), shall assess, determine, and document whether adjustments are needed to: the staffing plan established pursuant to paragraph (a) of this section; the facility’s deployment of video monitoring systems and other monitoring technologies; the resources the facility has available to commit to ensure adherence to the staffing plan.” At the time of the audit, the facility did not have a Staffing Plan that addressed all the elements of the standard.

Did Not Meet (c): The facility had not developed a staffing plan that addresses all elements of standard or completed an annual review.

Corrective Action Taken: The facility developed a staffing plan that addressed all elements of the standard on July 12, 2021. The staffing plan annual review was completed on September 1, 2021. The agency provided the Staffing Plan and the Staffing Plan Annual Review to demonstrate compliance. The agency has met substantial compliance.

The facility developed a staffing plan that addressed all elements of the standard on July 12, 2021. The staffing plan annual review was completed on September 1, 2021. The PREA Staffing Plan states, “The Purpose of the annual review is to protect inmates against sexual abuse and sexual harassment by limiting the possibility that inmates and staff will be left alone and unmonitored through adequate and ongoing supervision. This purpose is achieved through: Development, documentation and implementation of a staffing plan that provides for adequate levels of supervision and monitoring of the facility’s population to prevent, detect, and respond to sexual abuse and sexual harassment.” The Staffing Plan notes that vacant positions pose a great challenge to the jail and vacant positions are filled as soon as possible to keep an adequate number of officers in order for acceptable supervision of inmates and the special inmate population. From the review, the facility has identified three vacant positions to fill. After the review of the 2021 PREA annual staffing review the facility noted there were three vacant positions to fill; approximately seven background checks being conducted by the Lake County Detective Bureau; the Lake County Tele Communications Division have pixelated the security cameras over the showers 3x the normal pixelation; a shower curtain has been purchased and installed for the handicap shower and toilet dayroom in the Classification Range; mirrors have been installed in the laundry room for a view of the dryer areas; mirrors have been installed in the kitchen for view of the inmate table and chairs and the back room; and another camera and a mirror will be installed in range 2B in order to see around the corner on the mezzanine level when doing tours in the range.

The staffing plan was based on the facility’s design capacity of 421 and inmate population of male and female adult inmates and youthful offenders. The inmate population on the first day of the audit was 343 inmates and the average population for the audit period was 297. The review of the Staffing Plan outlined the agency maintains generally accepted detention and correctional practices as required by the Ohio Jail Standards; had no inadequacy findings from judicial, federal investigations, or internal/external oversight bodies; consideration was given to the inmate populations; placement of supervisory staff; supervision of programs occurring on a particular shift; the physical plant has been assessed; the agency is not in violation with any applicable state or local laws, regulations, or standards; the prevalence of substantiated or unsubstantiated incidents of sexual abuse was assessed, and there were no other relevant factors this year. The Jail Administrator/PREA Coordinator stated the agency operates by generally accepted detention and correctional practices as required through the Ohio Jail Standards. The

inmate population is mostly drug offenses that are non-violent charges. The facility houses a female population which requires a female staff to be on shift for the agency. The Jail Administrator/PREA Coordinator stated the facility's staffing plan is reviewed for each shift by the Lieutenant and/or Sergeant assigned to that shift to ensure compliance staffing levels. The largest challenge identified in the Staffing Plan was staff shortage. To ensure compliance with staffing levels, mandatory overtime is utilized as shared by the PREA Coordinator and the PREA Compliance Manager. The Staffing Plan requires at least two floor officers and a Tower officer per shift. The PREA Compliance Manager stated rounds are required hourly on first and second shift and every thirty minutes on third shift.

The agency's Policy 201N, Jail Staffing states, "All employees of the Lake County Sheriff's Office assigned to the Correction Division are non-commissioned officers and as required by the State of Ohio, Ohio Peace Officers Training Commission are trained in the Corrections Basic Training as required by the Ohio Jail Standards, within their first year of assignment. The post and staffing requirements on day shift is eighteen corrections officers, second shift post and staffing are seventeen corrections officers, and third shift post and staffing is fourteen corrections officers. During all shifts, the facility operates in an indirect supervision model and as well as an intermittent surveillance model within the inmate housing units and throughout the facility." The facility utilizes a shift relief factor formula approved by the National Institute of Corrections (NIC). The policy requires, "Before the beginning of shift, each shift supervisor is required to complete the Corrections division Shift Roster and Briefing for their shift. This documentation will show the actual post assignment of staff or if any deviations are needed and if overtime was utilized to cover a post." The Jail Administrator indicated that the staffing plan is reviewed at each shift and administration reviews the facility's staffing levels and positions annually and consideration given to any recommendations or changes. The Jail Administrator stated consideration is given to the video monitoring as part of the plan and the facility added additional cameras to enhance supervision within the facility. Based on the review of the staffing plan and conversations with the Jail Administrator/PREA Coordinator, the staffing plan was developed by the leadership of the Sheriff's Office and facility.

The facility has ninety-seven staff positions who may have contact with inmates. The security section consists of Jail Administrator (Captain), Lieutenants, Sergeants, and correctional officers. There are shift supervisors, Lieutenants, on all shifts. The facility operates three 8-hour shifts. First shift staffing is from 7:00 am-3:00 pm, second shift staffing 3:00 pm -11:00 pm, and 11:00 pm- 7:00 pm. The post and staffing requirements on day shift is eighteen corrections officers, second shift post and staffing are 17 corrections officers, and third shift post and staffing is 14 corrections officers. There is always female staff on shift. Staff make random security rounds in all the general housing units every hour during first and second shift and 30 minutes in special management units and on third shift. Indirect supervision is provided through supervision rounds intermittent surveillance through the review of cameras with main control and Towers. The supervision rounds are documented in the housing unit control logbook. The logs were reviewed during the tour and the housing correctional officer housing rounds and the unannounced rounds by intermediate-level and higher-level supervisors demonstrated compliance.

The agency's Policy 200B Section 9 Supervision and Monitoring states, "The Lake County Adult Detention Facility complies with having first line supervisors and higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. These practices are implemented for night shift, second shift as well as day shift." Shift supervisors are required to make four unannounced rounds on each shift to all housing areas which are to be documented in the housing unit control logbooks, monitored through via key card access system and on the daily log. The Auditor reviewed a random selection of daily logs that showed unannounced rounds by security supervisors conducted on each shift which demonstrated compliance. Interviews with staff and inmates confirmed that unannounced rounds are done randomly throughout the facility and inmates have accessibility to security supervisors if needed. The intermediate and higher-level security staff interviewed stated to ensure unannounced rounds, they change the pattern of rounds, stagger times, and do not

follow the same pattern and time each day. They verified unannounced rounds are documented on the daily supervisor's log.

The policy also prohibits staff from alerting other staff members that supervisory staff rounds are occurring. The agency's Policy 200B Section 9 states, "If a staff member alerts other staff member that these supervisory rounds are occurring that will result in disciplinary action, unless such announcement is related to the legitimate operational functions of the facility." The Supervisors interviewed were not aware of the policy or post orders regarding that any staff member found providing notice to other staff regarding supervisory or executive rounds shall be subject to disciplinary action. They stated that staff know they are not to alert and if a staff member is found alerting other staff the staff member would be counseled.

Did Not Meet (b): Supervisors were not aware of the policy or post orders regarding that any staff member found providing notice to other staff regarding supervisory or executive rounds shall be subject to disciplinary action.

Corrective Action Taken: Supervisors received refresher training as part of the annual training. Training was documented through the review of electronic training files and additional interviews with supervisors by the Auditor during the compliance on-site revisit. The agency has met substantial compliance.

The Auditor examined sight lines for potential blind-spots, the officers post sight lines, and camera locations. The Auditor identified a blind spot in the laundry room behind the wall in the area of the washer and dryers.

Did Not Meet: The Auditor identified a blind spot in the laundry room behind the wall in the area of the washer and dryers.

Corrective Action Taken: The facility eliminated the blind spot in the laundry room by installing a mirror. A photo was provided to demonstrate compliance. The Auditor observed the mirror placement during the compliance on-site revisit. The agency has met substantial compliance.

During the compliance on-site revisit, the facility informed the Auditor that the agency also installed mirrors in the kitchen prep area, dishwashing area, and break area to enhance supervision. This was a recommendation made by the Auditor during the on-site audit to enhance the supervision in the kitchen. The cooks can observe all the mirrors from their office. The Auditor observed the mirror placement during revisit.

Standard 115.14: Youthful inmates

115.14 (a)

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

115.14 (b)

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

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The Lake County Detention Facility houses youthful offenders when charged as an adult. The agency's Policy 203L Housing of Juveniles states "The Lake County Adult Detention Facility does not normally accept juvenile commits. The Juvenile Justice Center is designed to house such commitments. However, it is the policy of the Lake County Detention Facility to carefully review and evaluate all fresh arrests and court commitments of prisoners brought to the Lake County Detention Facility to ascertain is the acceptance of that particular individual places the safety of the public, the health and safety of the inmate at risk, and/or places the liability of this facility in jeopardy. Processing and reception of juvenile prisoners shall be consistent with the Revised Code." The policy also expands to include "Before accepting any juvenile court commitments, the Booking Officer will consult with the Corrections Supervisor before accepting or refusing admittance to any juvenile commitment. Juveniles shall not be held in jail except under rare circumstances, if at all and shall only be accepted is under court order and when all other alternative placements, including placement in the local juvenile detention center, have been considered and rejected."

During the audit period, the facility housed two youthful offenders. The one youthful offender was housed for four months until transfer to a state prison after sentencing. The other youthful offender was held as a juvenile for one month until the offender reached age of majority and was transferred to general population. Both youthful offenders were charged as adults on violent crimes. At the time of the audit, one youthful offender was housed. He had been housed only one day in an isolation cell. The isolation cell (as called by the facility) is a single cell off the housing unit hallway.

The agency's Policy 200B Section 11 Juvenile Inmates states, "Juvenile inmates will not be placed in housing units where the juvenile inmate will have sight, sound, or physical contact with any adult inmates

through the use of a shared dayroom or other common space, shower area or sleeping quarters. In areas outside of the housing unit sight, sound and physical contact separation between juvenile and adult inmates will be maintained or, in cases where separation is not possible, direct staff supervision shall be provided. Except in exigent circumstances, the Lake County Adult Detention Facility will not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this requirement. Juvenile inmates shall also have access to other programs and work opportunities to the extent possible.” Youthful offenders are housed in a medical isolation cell sight and sound separated from adult inmates. The cell is single cell that is separated from adult housing and provides sight and sound separation from adult inmates. A floor officer conducts supervision at least every 30 minutes. The Auditor interviewed one of the youthful offenders. The youthful offender stated he has been housed in the isolation cell since intake and has had no direct contact with adult inmates. He has not been out of the cell in the one day he has been housed, and he has not asked about any activities nor wants to participate. The staff interviewed stated youthful offenders are placed in an isolation cell usually on the 5th floor which maintains sight and sound separation from adult inmates. Staff shared there would be no adult inmates allowed within the area of the youthful housing. Staff also indicated that all youthful offenders are escorted under direct supervision of an officer for any movement within the facility. For the movement of a youthful offender all movement in the facility is stopped until the movement of the youthful offender is completed. The youthful offender stated he is escorted to medical once in the day he has been housed.

The agency’s Policy 203L states “Juveniles shall have access to communication, visitation, medical, mental health and dental care, and recreation and programming.” The classification officer develops a classification/housing plan for the youthful offender that allows the youthful offender accessibility to visitation, television, and space to complete a daily exercise regimen without physical contact with adult inmates.” Staff stated the youthful offender has the same privileges and programs as adult inmates (television, commissary, clergy visits, visiting, and GED education). The youthful offender is provided recreation on third shift separate from any adult inmates.

The agency is provided oversight by the Ohio Department of Youth Services for housing youthful offenders. The facility must complete a quarterly compliance survey that includes if a juvenile was housed, the length of time housed, was the offense a crime if committed by an adult, and a juvenile holding log is attached that is completed by the facility. The Juvenile Holding Log captures the date in, time in, juvenile’s name, date of birth, gender, race, offense, detained securely, date out, time out, and released to.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA

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

115.15 (c)

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

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

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

The agency's 200B Section 10 Viewing and Searches states, "Except in the case of an emergency or other extraordinary or unforeseen circumstance, the jail will prohibit cross-gender Frisk Searches, except in exigent circumstances. The facility will not conduct cross gender strip searches or cross gender visual body cavity searches (meaning a search of the annual or genital opening) except in exigent circumstances or when performed by medical practitioners. The Lake County Adult Detention Facility will restrict cross-gender viewing by non-medical staff of inmates, who are nude or performing bodily functions. Except in the case of an emergency or other extraordinary or unforeseen circumstance the jail will restrict cross gender pat-down searches." The agency Policy 204 Inmate Searches states, "A strip search of such persons shall be conducted by a person of the same sex as the person being searched. A strip search shall be conducted in a manner, and in a location, that permits only the person or persons who are physically conducting the search, and the person who is being searched, to observe the search. A strip search shall be conducted in a manner that preserves the dignity of the person being searched to the degree possible. Normally the strip search shall be conducted in the shower areas adjacent to booking." The policy also outlines upon completion of a strip search, the officer, or officers who conducted the search shall prepare an incident report concerning the search, that shall include all of the following: the name of the person who was searched; the name of the person or persons who conducted the search, the time and date of the search, and the place at which the search was conducted; a list of items, if any, recovered during the search; the facts upon which the officer based his/her probable cause for the search; a record of all unusual findings; the legitimate medical reason or medical emergency that made obtaining authorization impractical; and the written report shall be maintained in the inmate's file." The facility indicated no cross-gender strip searches or cross gender visual body cavity searches were conducted within the audit period. Interviews with staff indicated that cross-gender searches do not occur, the facility is always staffed with male and female staff. If a female staff is not available within the facility, a female officer from road patrol would be called in for the search. Staff stated an inmate would be sent out to a local hospital for a body cavity search and it only could be conducted by a court order. During the audit site visits, the Auditor did not observe any cross-gender pat searches or strip searches.

The agency's policy 200B states "The Lake County Adult Detention Facility will not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. The jail will not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision." The facility is always staffed with male and female staff as demonstrated from the staff rosters reviewed by the Auditor. If a female staff is not available within the facility, a female officer from road patrol would be called in for the search. The four of the five female inmates interviewed stated they are always able to participate in activities outside the cell and female staff are always available to conduct pat-down searches. One of the female inmates stated she was unable to participate in programs outside the cell area. When asked for an example, the female inmate was unable to provide an example of that occurring. The facility noted there were no female cross-gender pat-searches, cross-gender strip searches, or cross-gender visual body cavity searches conducted within the audit period.

Did Not Meet (b): The facility's policy did not address the facility shall not restrict female inmate's access to regularly available programming or other out-of-cell opportunities in order to comply with the standard provision.

Corrective Action Taken: The agency expanded the PREA policy to state "The jail will not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision." The agency has met substantial compliance.

Policy 200B states "The jail will allow inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. In the case of an emergency or other extraordinary or unforeseen circumstance where a cross-gender viewing or search has been conducted, the incident will be documented in a report." The housing areas all provide a barrier or curtain designated for inmate privacy for showering. Toilets are located in the cells that allow privacy for performing bodily functions and changing clothes. The Auditor examined sight lines, camera locations, and camera monitoring for potential cross-gender viewing. The Auditor identified cross-gender viewing issues. The potential cross-gender viewing was identified for the two court holding rooms toilets; the classification range handicap shower and toilet; toilets in A-2 Housing Range lower-level cells with barred doors; and camera views into the housing unit showers. The housing unit showers have cameras directly over the showers that are monitored by housing unit control center. These cameras are not pixelated allowing cross-gender viewing of inmates in the showers. The agency eliminated the potential cross-gender viewing of the court holding rooms and cells with the placement of magnetic covers. A shower curtain was installed to eliminate the potential cross-gender viewing of the handicap shower and toilet on the classification range. The agency pixelated the cameras above the showers to the extent the system allowed reducing the potential for cross-gender viewing. With the additional camera pixeling, the body form is seen without further details. The Auditor observed all the areas and reviewed the camera and monitors during the compliance on-site revisit to determine compliance. The agency has met substantial compliance. There is also a sign outside the female housing units that states that men do not enter the female housing units. The interviewed inmates stated they are offered enough privacy for performing bodily functions and changing clothes. They shared the officer announces prior to walking the housing tier giving the inmate time to complete using the toilet or cover up while performing bodily functions. They also stated if a female staff member is conducting count or making rounds, the staff offer privacy by only glancing in the cell to ensure the count and check the safety of the inmate. The female staff interviewed indicated they announce the round, wait one to two minutes before making the round to give the inmate time to cover up or complete using the toilet.

Did Not Meet (d): The facility's policy and procedures did not address that the facility enables inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing except in exigent circumstances or when such viewing is incidental to routine cell checks.

Corrective Action Taken: The agency expanded policy #200B PREA to state, "The jail will allow inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. In the case of an emergency or other extraordinary or unforeseen circumstance where a cross-gender viewing or search has been conducted, the incident will be documented in a report." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Did Not Meet (f): Cross-gender viewing of toilets was identified for the two court holding rooms, the handicap shower and toilet on the classification range, and the lower-level cells with barred doors in Housing unit A-2. The cameras above the showers were not pixelated enough allowing cross-gender viewing through the monitors in the Tower and Main Control Center.

Corrective Action Taken: The agency eliminated the potential cross-gender viewing of the court holding rooms and cells with the placement of magnetic covers. A shower curtain was installed to eliminate the potential cross-gender viewing of the handicap shower and toilet on the classification range. The agency pixelated the cameras above the showers to the extent the system allowed reducing the potential for cross-gender viewing. With the additional camera pixeling, the body form is seen without further details. The Auditor observed all the areas and reviewed the camera and monitors during the compliance on-site revisit to determine compliance. The agency has met substantial compliance.

The agency's policy 218 Security, Inspections, and Patrols states, "When an Officer of the opposite sex enters a housing area alone the Officer will announce 'male on the range' or 'female on the range.' It is recommended that the officer handling the inmate(s) have the Tower Officer keep them in visual contact (direct visual or through CCTV monitors) during the entire time he or she is handling the inmates(s) of the opposite sex." When an employee of the opposite gender enters a housing unit a verbal cross-gender announcement is made by the staff member and/or over the intercom by the Tower Officer. The cross-gender announcement was made verbal when a staff member entered the housing unit of the opposite gender as observed by the Auditor while touring the facility. Staff are also provided training on rounds to help assure compliance with the standard that limits cross-gender viewing during annual in-service training. Staff and inmates indicated that announcements are made when individuals or staff of the opposite gender enter the housing units as observed by the Auditor.

The agency's policy 200B states "The facility shall not search or physically conduct examinations of transgender or intersex individuals for the sole purpose to determine their genital status. This will be determined by staff through conversation with the inmate or by reviewing their medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical examiner." Interviews with staff confirmed these practices and their knowledge of the policy language. They stated they would contact a supervisor if the situation would occur. The Auditor interviewed two transgender inmates, one stated she has not been searched for the sole purpose of determining genital status. The other inmate stated she was searched for that purpose in the booking area at intake. When asked if other inmates were also strip searched, she stated yes. Upon conversation and review of the inmate file, the Auditor determined the strip search was part of the initial intake process. This transgender inmate also stated she felt groped every time a male officer pat-searched him. The review of the policy and training lesson plans demonstrated the reinforcement of these policies during the annual training. The facility noted there were no searches of this manner during the audit period.

The agency's policy 200B states "the Corrections Officers will receive training in how to conduct cross-gender and transgender pat down searches, in a respectful and the least intrusive manner consistent with security needs. The inmate does have the option to decide the gender of the staff to conduct a search if it is determined that a search is to be performed." Although the facility provided training on searches, the staff interviewed lacked knowledge of the proper procedures for transgender pat-searches. A number of staff interviewed stated a female officer would search areas that were of female anatomy and male officers would search male anatomy areas. The facility provided refresher training through the video Guidance on Cross Gender and Transgender Pat Searches. Training documentation was provided that demonstrated the staff completed training on cross-gender and transgender training. The thirteen staff training forms provided were signed by the staff member acknowledging viewing the video and understanding.

Did Not Meet (f): The facility staff lacked knowledge of the proper procedures for transgender pat-searches. Staff interviewed were not clear on how to complete the search or would conduct a search with a male and female staff member or both.

Corrective Action Taken: The agency completed training with all facility staff through the video Guidance on Cross Gender and Transgender Pat Searches. The facility provided documentation of the staff training through thirteen staff training forms signed by the staff member acknowledging viewing the video and understanding the training. The agency has met substantial compliance.

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

15.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No

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

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

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

Auditor Overall Compliance Determination

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

The facility's policy and procedures did not address how inmates that are blind, low vision, deaf, hearing impaired, have intellectual, psychiatric, or speech disabilities and inmates that are limited English proficient are provided the opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The agency expanded policy 200B to state "The Lake County Adult Detention Facility will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps will include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters through the UbiDuos system and Language Line Services 1-800-752-6096 who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The Lake County Adult Detention Facility will ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. It is not required to take actions that the agency can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans with Disabilities Act, 28 CFR

35.164.” The policy also provides that “information about PREA and how to report sexual abuse will be distributed to each inmate in the following manner: verbally during the intake process to ensure inmates with limited reading skills or who are visually impaired understand key issues and points concerning PREA written (English and Spanish) in the Inmate Handbook and played 24/7 on the Inmate News Channel in each Housing Unit.” The Sheriff stated the facility has staff interpreters that speak Spanish which is the most common foreign language spoken in the facility. If needed there is a phone interpretation service that provide translators which is also used by the dispatch system. There was one limited English proficient inmate housed at the facility that was interviewed through an interpreter. The inmate’s language was Spanish. The inmate stated he was not provided PREA information in a language he understood. The Auditor reviewed the inmate’s file and could not determine if translation services were provided at intake or information was provided in Spanish. The inmate was able to share how to report an incident which would be telling an officer. He also stated officers provide assistance when needed and he had a Spanish interpreter during his medical intake. The staff stated he was provided information through an interpreter. The Auditor recommended the facility note during the intake process if an interpreter was utilized and when PREA information is provided in another language. The facility should also make available Spanish handbooks and PREA information available since Spanish is the most common other language in the facility. The PREA End the Silence pamphlet is available in Spanish. The facility has an agreement with Language Line for translation services. A TTY line is available for deaf or hard of hearing inmates. Upon discussion with intake staff and the PREA Coordinator the facility utilizes telephonic TTY services to aid staff in communicating essential information to each deaf or hard of hearing inmate or through written materials, exchange written notes, and use of sign language interpreters. For inmates with low vision or blind, staff is trained to assist the inmate by reading the PREA information to them. Staff indicated they would read information to the inmate if needed. Inmates that may have intellectual, psychiatric, or speech disabilities would be provided education and services as any other inmate through explaining the information in a manner that could understand or through a referral to medical and mental health staff for assistance. The Auditor recommended that if assistance or other methods are utilized to provide PREA information, it should be noted in the inmate’s file.

Did Not Meet (a): The facility’s policy and procedures did not address how inmates that are blind, low vision, deaf, hearing impaired, or have intellectual, psychiatric, or speech disabilities are provided the opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Corrective Action Taken: The agency expanded policy #200B PREA to provide procedural direction on how to provide information to blind, low vision, deaf, hearing impaired, or have intellectual, psychiatric, or speech disabilities inmates. The facility will provide services through interpretation services with Language Line or UbiDuos system, written materials, staff verbally providing the information, the Inmate News Channel, and staff interpreters. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Did Not Meet (b): The facility’ policy and procedure did not address how inmates that are limited English proficient are provided the opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Corrective Action Taken: The agency expanded policy #200B PREA to provide procedural direction on how to provide information to limited English proficient inmates. The facility will provide services through interpretation services with Language Line or UbiDuos system, written materials in English and Spanish, and staff interpreters. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The facility’s policy did not address that the facility shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining

an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. The agency expanded the policy to state "At no time shall the Lake County Adult Detention Facility rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under (§115.64), or the investigation of the inmate's allegations." The random staff interviewed stated inmate interpreters are not utilized. The staff interviewed stated they would communicate with LEP inmates through a staff interpreter or the language line. None of the staff interviewed knew of an instance when an inmate was used as an interpreter. The facility noted there were no instances where an inmate interpreter was utilized during this audit timeframe.

Did Not Meet (c): The facility's policy did not address that the facility shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.

Corrective Action Taken: The agency expanded policy #200B PREA to state "At no time shall the Lake County Adult Detention Facility rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under, or the investigation of the inmate's allegations." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B and policy 201A Detention Staff Requirements: Hiring state "The Lake County Sheriff's Office will not hire or promote anyone who may have contact with inmates and shall not enlist the services of any contractor who may have contact with inmates who: Have engaged in sexual abuse in a prison, jail, lockup, community confinement, juvenile facility, or other institution. (As defined in 42 U.S.C. 1997); Have 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; and have been civilly or administratively adjudicated to have engaged in the activity described in paragraph, (A2) of this section. The Lake County Sheriff's Office will consider any incidents of sexual harassment in determining whether to hire or promote anyone or to enlist the services of any contractor who may have contact with inmates." At the time of the audit, the facility was unable to provide documentation that the three administrative adjudication questions for employees and contractors were asked. The Detective explained this information would be reviewed during the background process. The agency added the three administrative adjudication questions to the background form which is part of the CVSA packet for new hires and contractors. The Detective conducting the background process would complete the pre-CVSA booklet with the applicant. The pre-CVSA booklet, the pre-employment background investigation, and the CVSA Examiner's conclusion is considered on whether the applicant would progress through the hiring process. The facility provided six examples of four security staff and two medical staff to demonstrate compliance. The facility does not have contractors.

Did Not Meet (a): The application form or the background packet did not address the three administrative adjudication questions listed in the standard for employees and contractors. The background packet has general criminal record questions.

Corrective Action Taken: The agency has added the three administrative adjudication questions as part of the background process forms (CVSA). The agency provided six examples of the background form section containing the administrative adjudication questions completed by staff applicants to demonstrate compliance. The agency has met substantial compliance.

The PREA Coordinator shared as part of the hiring selection process, the agency shall consider incidents of sexual harassment in determining to hire or promote anyone or enlist the services of a contractor with

inmate contact. During the interview with the PREA Coordinator, she stated that sexual harassment is considered as part of the application process and the background investigators would research for sexual harassment as part of the background check process. The Sheriff would consider if the individual would be hired or if a volunteer or contractor would be allowed within the facility to provide services to the inmate population.

The agency's policy 200B states "Before hiring new employees, who may have contact with inmates, the Lake County Sheriff's Office Detective Bureau will perform a criminal background records check; and consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Before enlisting the services of any contractor who may have contact with inmates, the Detective Bureau will perform a criminal background records check." The Lake County Detective Bureau completes the background checks. The Detective shared comprehensive background checks are conducted on job applicants considering information from the pre-CVSA booklet, background check process, and CVSA Examiner's conclusion. The background check includes verifying personal information; driving record; criminal history; contact with law enforcement; education; military service; clerk of courts record checks; social media; CVSA exam results; employment history; personal references; and a conclusion. The LEADS TAC staff member also stated as part of every new employee's training (Corrections, Road Patrol, Dispatch & Clerical), LEADS requires that two criminal history checks be completed. These checks include the following: fingerprints being electronically sent to the Bureau of Criminal Investigation to check for criminal history as well as being checked via LEADS. The Auditor reviewed thirteen personal files during the initial site visit and the eleven security staff had completed background checks prior to hiring. The two healthcare staff files reviewed did not have background checks. The facility provided the backgrounds completed on the two healthcare staff after the on-site visit. During the Auditor's revisit, the Auditor reviewed an additional five staff personnel files. All the files had completed background checks. There were thirty-five new hires during the audit period. Of the employee files reviewed, six were new hires and the files documented background checks prior to hiring.

The agency's policy 200B states "The Lake County Sheriff's Office will have in place a system for conducting criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees capturing details on any arrests by utilizing the automatic response system in LEADS. All information for current employees and printed volunteers will immediately be forwarded to the Human Resources department within the Sheriff's Office. This process is automatic due to all fingerprints being electronic." The LEADS TAC staff member also stated the Sheriff's Office also goes above and beyond by re-running all employees via LEADS to recheck for criminal history every 5 years. The Detective also confirmed five-year background checks are completed however documentation of the background check is not maintained per LEADS regulations. The facility could not provide documentation of the five-year background checks. At the audit revisit, the facility demonstrated to the Auditor the background process. It was recommended to the PREA Coordinator and Detective that the facility maintain documentation of the five year background checks through a spreadsheet or other method. The facility stated all five-year background checks were completed by January 20, 2022, has documented through an email by the PREA Coordinator.

Did Not Meet (e): The agency had not completed five-year background checks on current employees who may have contact with inmates.

Corrective Action Taken: The agency has completed 5-year background checks on employees. The agency provided five examples of staff 5-year background check verification to demonstrate compliance. The background checks are completed by the Detective Bureau Section. The Detective

Bureau shared the 5-year backgrounds checks are completed via LEADS to recheck for criminal history. The agency has met substantial compliance.

The agency's policy 200B states "The Lake County Sheriff's Office will ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (A) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of the reviews of current employees. The Sheriff's Office will also impose upon employees a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information is grounds for termination." The agency asks all applicants and employees about previous misconduct through the application process as part of the pre-CVSA booklet, and the promotional questionnaire. The agency also has a continuing affirmative duty to report any criminal misconduct. The PREA Coordinator stated the staff the employee is to report to the supervisor and the Jail Administrator (Captain). An investigation would be conducted. The employee could be placed on administrative leave during the investigation based on charges. Once the investigation and the legal outcome is completed, a determination would be made on the employee's employment.

The agency's policy 200B states "Unless prohibited by law, the Lake County Sheriff's Office will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work." During the interview with the Detective, it was stated a release would be needed from the employee before any information could be disclosed.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The agency's policy 200B states "When designing or acquiring any new facility and in planning any substantial expansion or modification, of existing facilities, the Lake County Sheriff's Office will consider the effect of the design, acquisition, expansion, or modification upon the Detention Center's ability to protect inmates from sexual abuse." The existing facility has had no substantial expansion or modifications. The agency is in the process of planning for a new facility. The Sheriff stated when the agency considers updates to the facility, they consider how to protect inmates from sexual abuse. He stated in the past they adapted the facility to maintain separation between male and female inmates. The Auditor recommended that the agency maintain planning notes that document the agency has considered the effect of the design, acquisition, expansion, or modification upon the new facility's ability to protect inmates from sexual abuse.

The agency's policy 200B states "The Lake County Sheriff's Office will use video monitoring systems and other cost-effective and appropriate technology to supplement its sexual abuse, prevention, detection, and response efforts with high definition video cameras strategically located throughout the facility and on the grounds. When installing or updating a video monitoring system, electronic surveillance system or other monitoring technology, the Lake County Adult Detention Facility will consider how such technology will enhance the ability to protect inmates from sexual abuse. Annually the Executive Lieutenant will assess the feasibility of and need for new or additional monitoring technology and/or equipment and develop an after-action report with suggestions for correction to the Jail Administrator." The Sheriff stated the facility has increased the cameras within the facility to cover all blind spots and hallways. The cameras also supplement supervision. The new cameras have pan, tilt, zoom features and can be recorded for thirty days. The Jail Administrator/PREA Coordinator shared that during the planning for the camera expansion, the facility reviewed for PREA concerns and blind spots for the placement of cameras. The facility could not provide any documentation from the planning meetings that demonstrated discussion regarding PREA concerns. The Auditor recommended that the agency maintain planning notes that document the agency has considered the facility's ability to protect inmates from sexual abuse when installing or upgrading monitoring technology.

The Lake County Adult Detention Facility is monitored by exterior and interior cameras. There are 197 plus security cameras with recording capabilities inside and outside of the secure perimeter of the facility, including inmate dayroom areas, laundry, kitchen, booking and intake area hallways, visitation areas, central control, access hallways, dumpster, gymnasiums, outdoor recreation etc. These electronic surveillance devices, such as closed-circuit television (CCTV) cameras, are utilized throughout the facility. Range cameras are located in the dayroom and common areas. These cameras are only to augment existing security personnel and not to replace supervision, by monitoring controlled points and blind spot areas that are not easily observed are not to be used as a substitute for direct staff observation and supervision. Cameras operate on a thirty (30) day recording system with certain areas that are able to record for a longer period of time. The entire camera system was updated. Cameras have been installed, to provide for surveillance of areas previously unavailable for monitoring. The cameras are monitored by correctional staff and by the Lake County Sheriff's Detective Bureau.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

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

115.21 (b)

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

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

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

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

The Lake County Sheriff's Office is responsible for administrative and criminal investigations. Administrative investigations are completed by specialized trained facility staff and the criminal investigations are completed by the Lake County Detective Bureau. The agency's policies 200B PREA Section Evidence Collection and Forensic Exams and 106J Evidence Collection and Property Management outlines evidence protocols for administrative proceeding, criminal prosecutions; and requirements for forensic exams. Policy 200B states "All reports of Inmate-on-Inmate Sexual Abuse or

Staff-on-Inmate Sexual Abuse will be investigated by the Lake County Sheriff's Office. The agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceeding and criminal prosecutions. The protocol shall be developmentally appropriate for youth where applicable and as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women Publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011." The agency utilizes policy 106J as their uniform evidence protocol. The policy outlines definitions; property management; evidence and property security; master property binder; inspection; property inventory; deputy responsibilities; evidence and property collection and storage; perishable items/toxicological samples; hazardous items; property storage location; evidence testing; evidence and property tracking/bar coding; evidence disposition; evidence disposal; biological evidence; major case disposition; and prosecutor's approval. The biological section directly addresses sexual assault kits, the type of evidence to collect and preserve; and the time period for which evidence must be preserved. This protocol is based on National PREA Standards and be developmentally appropriate for juveniles, where applicable and as appropriate. Only the Detectives or other qualified persons gathers, collects, and preserve physical and/or DNA evidence at an incident scene. Also, to ensure evidence is not destroyed, staff are trained on first responder duties that includes securing the scene and requesting the involved inmates not to destroy evidence. Random staff interviewed was knowledgeable on the agency's protocol for obtaining usable physical evidence. The staff stated the inmates are separated and under constant observation to protect evidence, inmates are requested not to destroy any evidence (not to shower, brush teeth, use the restroom, change clothes), lock down the area; secure the crime scene until the Detective clears the scene, preserve any evidence, and contact the Supervisor. Both administrative and criminal investigations and evidence collection start immediately following an allegation. An interview was conducted with the Chief Detective who oversees the investigation process and conducts inmate-on-inmate criminal investigations and staff-on-inmates administrative and criminal investigations. The interview confirmed the PREA investigation practices including the uniformed evidence protocols.

Did Not Meet (a/b): The facility had not provided the uniform evidence protocols utilized for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Corrective Action Taken: The agency provided policy #106J Evidence and Property Management which provides uniform evidence protocols for investigations that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The policy outlines evidence collection for a variety of evidence types including biological evidence and sexual assault kits. A copy of the policy was provided to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "Jail victims of inmate-on-inmate sexually abusive penetration or staff-on-inmate sexually abusive penetration shall be provided access to a forensic medical exam. The examination shall be conducted by a Sexual Assault Forensic Examiners or a Sexual Assault Nurse Examiner. The Detectives will ensure that all forensic medical exams performed on inmates under the secure control of the Lake County Adult Detention Facility are conducted by a qualified forensic medical examiner at University Hospitals. Forensic medical exams for inmates under the secure control of the Lake County Adult Detention Facility will be provided free of charge to the inmate. Jail victims of inmate-on-inmate sexually abusive penetration or staff-on-inmate sexually abusive penetration shall be made available and a victim's advocate to accompany them through the forensic medical exam process." Policy 226A Inmate Sexual Contacts states "Inmates will be transported to Tri-Point Medical Center for an examination conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). The examination will be documented, and the results will be placed in the inmate's medical file." Through the medical staff and Investigator interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for

completion of the forensic exam and emergency medical care. The medical staff stated forensic examinations conducted by SANE/SAFE staff and emergency medical care are provided at the local hospital with no cost to the inmate. The agency does not have a Memorandum of Understanding (MOU)/agreement with the local hospital. The agency has attempted to obtain an MOU. The Sheriff stated in a memo to file "The Lake County Sheriff's Office does not have a memorandum of understanding with the local hospitals for forensic examinations. The hospital is unwilling to perform such examinations without a court order. The Lake County Court of Common Pleas has a standing order to direct the hospital to perform such examinations when directed to do so by area law enforcement under ORC Codes 2907.27, 2907.30, as well as 2907.03, 2907.04, 2907.24 and 2907.25. Regarding emergency services the Lake County Adult Detention Facility does use Tri-Point Hospital and Lake West Hospital, as well as Geauga University Hospitals for emergency services." This was also confirmed through the interview with the PREA Coordinator. The PREA Coordinator and the medical staff interviewed shared the facility's medical staff does not conduct SANE exams and the inmate would be transferred to an outside hospital for the forensic exam conducted by a SANE/SAFE. An interview was conducted with a representative of the University Hospital Tri-Point Medical Center regarding the SANE services provided at the hospital. The SANE nurse interviewed stated the hospital has SANEs working on shift within the emergency department and indicated all emergency room nurses are a trained SANE/SAFE. If a SANE is not on shift, they would call the on-call SANE. There have been no allegations at the facility where a SANE exam was conducted by a SANE or SAFE within the audit period, all cases were sexual harassment allegations. The inmate that reported a sexual abuse that occurred at another facility was sent out to the hospital upon reporting for a forensic exam and required testing. He stated he was also seen by mental health about a week later. From the Auditor's review of the three investigative files occurring at the facility, there was no allegation that required a forensic examination during the audit period.

Did Not Meet (c): The facility did not provide a memorandum of understanding (MOU)/agreement with the local hospital for forensic exams and emergency services or an attempts to enter into a MOU/agreement.

Corrective Action Taken: The facility has attempted to enter into a MOU with the local hospital. The hospital is unwilling to perform SANE examinations without a court order. The Sheriff noted in a memo that Lake County Court of Common Pleas has a standing order to direct the hospital to perform such examinations when directed to do so by area law enforcement under Ohio Revised Code. The local hospitals will provide emergency services. The agency has met substantial compliance.

The agency's policy 226A Inmate Sexual Contacts states "A Victim Advocate from the Rape Crisis Center will be available for the victim either in person or by other means. Policy 200B states "As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member will accompany and support the victim through the forensic medical examination process and investigatory interviews. This service will also provide emotional support, crisis intervention, and referrals. Services shall be provided through the Cleveland/Lake Rape Crisis Center victim advocacy or our local Lake County Victims Advocate for any counseling required." The facility utilizes the Cleveland/Lake Rape Crisis Center and the Lake County Prosecutor's Victim Assistance Program to provide victim advocate services to support the victim through the forensic medical examination process and investigatory interviews. The agency has attempted to obtain an MOU from the Cleveland/Lake Rape Crisis Center with the last attempt on September 20, 2021. From the email chain provided for documentation, the Center was receptive of working together on a MOU. Information on access to the Cleveland/Lake Rape Crisis Center is provided to the inmates through the PREA End the Silence pamphlet and contact information for the Prosecutor's Victim Assistance Program is available in the Inmate's Handbook. A representative of the Cleveland/Lake Rape Crisis Center was interviewed which provides emotional support through in person during a forensic exam or through a hotline to the inmates for follow-up services. The representative stated emotional support services are available to the inmates

just as any other person. Through the interview with the Cleveland/Lake Rape Crisis Center representative, she stated emotional support services is provided for a forensic exam at the hospital and follow-up services are provided, however an inmate can decline. The facility utilizes a form Victim's Advocate Notification Form that the inmate completes acknowledging the inmate has been advised of their right to contact the victim's assistance program in person and/or by other means by calling the Cleveland/Lake Rape Crisis Center or the Lake County Prosecutor's Victim Assistance Program. The form is dated and signed by the inmate and officer.

Did Not Meet (d): The facility has not provided a MOU/agreement for victim advocacy services (Cleveland/Lake Rape Crisis Center and the Lake County Prosecutors Victim Assistance Program) or an attempt to enter into a MOU/agreement.

Corrective Action Taken: The facility has attempted to enter into a MOU for victim advocacy and emotional support services with Cleveland /Lake Rape Crisis Center. The facility provided an email chain between the Facility Administrator/Captain and the Cleveland/Lake Rape Crisis Center Director of Access to demonstrate compliance. The agency has met substantial compliance.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The Lake County Sheriff's Office is responsible for administrative and criminal investigations. Administrative investigations are completed by specialized trained facility staff and the criminal investigations are completed by the Lake County Detective Bureau. The agency's policy 200B states "The Lake County Adult Detention Facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Lake County Adult Detention Facility is responsible for investigating all allegations of sexual abuse or sexual harassment. When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations including third party and anonymous reports." The Sheriff stated all allegations are referred immediately by the facility administration to the Detective Bureau for criminal investigations and a Detective conducts the investigation. The Sheriff also shared all complaints are taken seriously and the PREA policies would be followed. He also stated all investigations are completed within the Sheriff's Office however if ever warranted the agency may ask Mentor Police Department as an independent agency to conduct a staff investigation. The PREA Coordinator/Jail Administrator stated that all allegations are investigated by the trained facility staff or if criminal by the Detective Bureau. The Detective (investigator) interviewed stated an investigation would be started immediately once reported during work hours and if after hours the investigator on call would be called to report and begin the investigation if incident warrants.

There were four allegations reported during the audit period, three within the facility and one report of sexual assault occurring at another agency. The three allegations reported at the facility were all staff-on-inmate sexual harassment. All cases had completed investigations, two cases were unsubstantiated, and one case was unfounded. There were no cases that warranted prosecution. The Auditor reviewed the three administrative investigation files and found investigations were started immediately and completed timely.

Did Not Meet (b): The agency's policy regarding the referral of allegations of sexual abuse or sexual harassment for investigation to an agency with the legal authority to conduct criminal investigations, unless the does not involve potentially criminal behavior is not published on the agency's website. The website only has the front page of the policy.

Corrective Action Taken: The agency has published the full PREA policy that addresses the referral of allegations of sexual abuse or sexual harassment for investigation to an agency with the legal authority to conduct criminal investigations, unless the does not involve potentially criminal behavior. The agency has met substantial compliance.

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "All employees who may have contact with inmates have received training necessary to fulfill their responsibilities in the prevention, detection, and response to inmate sexual abuse allegations. All PREA Training shall be included in the jails F.T.O. Program to be completed within the twelve weeks with the agency and refresher training is mandatory and provided on an annual basis. All training shall be documented. All Corrections Officers will be trained to comply with standards and to supervise all genders. Training classes at a minimum will include the following: zero tolerance policy for sexual abuse and sexual harassment; PREA Standards; Lake County Sheriff's Office PREA Policy and Procedures; sexual abuse reporting duties; an inmate's right to be free from sexual abuse; the right of inmates and employees to be free from retaliation from reporting sexual abuse; the dynamics of sexual abuse in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with inmates; medical and mental health care duties; initial contact / securing the crime scene; how to comply with relevant laws related to mandatory reporting of sexual abuse to inmates; and how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. All employees shall receive training in Cultural Diversity and Interpersonal Communications Skills with the primary goal being effective and professional communication between staff and inmates, including lesbian, gay, bisexual, and transgender, intersex, or gender nonconforming inmates, as well as staff to staff communications." Training of all security staff begins at the Ohio Peace Officers Training Academy (OPTA) which is a twelve week program. Then the staff member will attend a twelve week On the Job Training (OJT). Before the staff member's assignment, they must complete the facility's PREA training. The PREA training is divided into six modules. New employees must complete all the modules prior to assignment and current staff complete the modules cover a six-month period with a module each month from January through June annually. The training is a power point presentation that is emailed to staff. The staff must complete the training and a test with at least a score of 80% to pass. If the score is lower than 80%, the staff must repeat the course and test

until passed. The PREA training includes gender specific information that is provided to all staff since the facility houses male and female inmates. The Training Supervisor is required to check each month to ensure the training has been completed. The facility provided training records for all staff for 2019, the staff signed form states "The Lake County Sheriff's Office maintains a zero tolerance for Inmate-on-Inmate sexual assault, staff sexual misconduct and sexual harassment toward inmates or staff. Any person found violating this rule will be prosecuted to the fullest extent of the law. I have read and understand the Prison Rape Elimination Act (PREA) training." This form is dated and signed by the staff member. The Auditor reviewed the 2020 and 2021 training records electronically with the Lieutenant which demonstrated compliance.

Random staff interviewed acknowledged the numerous methods they receive PREA training including the academy, monthly training and testing, supervisor's updates, and emails when policies are updated. Staff interviewed were knowledgeable on the training components and their first responder duties. Interviews of random staff and general questions asked during the tour clearly indicate each staff member is very knowledgeable on how to perform their responsibilities in prevention, detecting, reporting, and responding to sexual abuse and sexual harassment. The wide knowledge of PREA policies and procedures by staff confirm the continuous training that occurs through electronic annual training and the bi-annual refresher training.

The Pre-Audit Questionnaire indicated all staff had completed training. The Auditor reviewed thirteen personal files during the initial site visit, eleven security staff and two healthcare staff files. During the Auditor's revisit, the Auditor reviewed an additional five staff personnel files. All the files demonstrated PREA training. There were thirty-five new hires during the audit period. Of the employee files reviewed, six were new hires and the files documented PREA training prior to assignment. Training records, staff interviews, policies, and the training curriculums reviewed indicated the training includes all training elements of the standard.

The agency's policy 200B states "The Training Supervisor will ensure that all training classes developed for the training of Corrections Officers in relationship to PREA require the Corrections Officers receiving training will sign documentation stating that they understand the training that they have received. Physical or electronic signatures of the Sheriff's Office Civilians and Deputies indicating that they understand the training and those copies shall be maintained for review during PREA Standard Inspections." The training records are maintained electronically. The Auditor reviewed the 2020 and 2021 training records electronically with the Lieutenant. All the electronic files demonstrated annual PREA training.

The agency exceeds the standard with employees attending annual training instead of every two years as required by the standard. Also, the constant updates and refreshers through the year provided to each employee.

Standard 115.32: Volunteer and contractor training

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "The Lake County Sheriff's Office Support Services Lieutenant will ensure that all volunteers and contractors who have contact with inmates are trained on their responsibilities in regard to this policy as it relates to the prevention, detection, and response to inmate sexual abuse allegations. The Lake County Adult Detention Facility will modify training for volunteers and contractors based on the services they provide and the level of contact they have with inmates. At a minimum volunteers and contractors shall receive training in the following areas: PREA Standards; the Lake County Sheriff's Office Zero Tolerance and PREA Policy and Procedure; sexual abuse reporting duties, and how to report sexual abuse to jail staff and/or other parties, when appropriate." The PREA Coordinator and PREA Compliance Manager stated the agency currently does not have contractors or volunteers due to COVID protocols. When the agency decides to resume utilizing contractors and/or volunteers, all contractors and volunteers who have contact with inmates at the facility will receive PREA training prior to assuming their responsibilities. The Auditor interviewed two healthcare staff with contractor interview protocols, prior to the clarification they were not contractors. The healthcare staff stated they receive on-line training monthly which consists of PREA information, policy, and procedures. They knew to report an incident/allegation to a security supervisor.

The agency's policy 200B states "The Lake County Adult Detention Facility Support Services Lieutenant will ensure that all training classes developed for the training of volunteers and contractors in relationship to PREA require the individual receiving training to sign documentation stating that they understand the training that they have received. Physical or electronic signatures of individuals indicating that they understand the training and it will be maintained for review during PREA Standard Inspections." The Auditor was provided volunteer training records for 2019 that demonstrated training and training records. The training documentation form affirms the individual has completed ongoing training, has received, and read policy 200B, and has an understanding of the policy.

Standard 115.33: Inmate education

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "Corrections Officers during the intake process will inform inmates verbally and through written material brochures and posters posted of the Lake County Sheriff's Office of the Zero Tolerance policy regarding sexual abuse. This information is also on the inmate tablets that are available for each housing unit and isolation cells. This will be documented in the inmate's classification file. During the intake process booking officers will inform inmates verbally as well as be provided written material regarding how to report incidents or suspicions of sexual assault and/or abuse." The facility had 3,799 intakes during the audit year. The facility was unable to provide the number of inmates that had a stay longer than 30 days or longer. The average length of stay is 23 days. At intake, inmates are to be provided PREA information through the Inmate Handbook and the PREA End the Silence pamphlet. Both documents explain the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. The Auditor observed an intake at the initial on-site visit, the inmate was provided the Inmate handbook but not the PREA pamphlet. The Auditor conducted interviews with twenty-eight inmates utilizing the interview guide for inmates. Of the twenty-eight inmates, only two inmates acknowledged receiving the Inmate Handbook and the PREA brochure. Twenty-one inmates acknowledged receiving the Inmate Handbook at intake and five inmates stated they received no PREA information at intake. One inmate expanded to share he received PREA information on a PREA poster, another inmate viewing the Inmate News Network Channel, and a third inmate shared the PREA information was explained by an officer. Twenty-six inmates stated they received the PREA information in booking and the time frame ranged from as soon as arriving to within one to two hours. The inmates were able to explain how to report an incident and were aware of the zero-tolerance policy. The intake officers stated intake staff inform the inmates of the PREA poster and provides an Inmate Handbook at intake. One officer was not sure if PREA information was provided in the Inmate Handbook. The other officer stated he has never seen the PREA End the Silence pamphlet. The intake officers stated all inmates are processed the same and provided the PREA information whether they are new intakes or transfers. The intake staff also stated the PREA information is provided to the inmate within an hour of arrival, however it depends on the number of inmates being processed. The Auditor reviewed thirteen inmate files at the initial on-site visit. Of the thirteen inmate files, ten files documented the inmate received the Inmate Handbook. There was no documentation maintained that would demonstrate if a PREA pamphlet was provided to the inmate.

The facility conducted refresher training with intake staff that covered that all inmates are to receive the PREA pamphlet at intake. During the compliance on-site revisit, the Auditor observed an inmate's intake, and the inmate was provided the PREA pamphlet and the Inmate Rules of Conduct Handbook. The Auditor also interviewed additional inmates in the intake area who acknowledged receiving the PREA pamphlet. The Auditor reviewed four additional inmate files to confirm inmates received PREA information at intake, three of the four files documented the inmate received the PREA information at intake. The other inmate received the PREA information four days after intake while in quarantine. The Auditor recommends the Inmate Handbook to be expanded to include further PREA information for the inmate similar to the information provided in the PREA pamphlet.

Did Not Meet (a)(d): During the intake process, inmates must receive 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. The facility has a PREA pamphlet however, it is not provided to the inmate with the Inmate Rules of Conduct Handbook.

Corrective Action Taken: The facility conducted refresher training with intake staff to ensure all inmates receive the PREA pamphlet at intake. During the compliance on-site revisit, the Auditor observed an inmate's intake, and the inmate was provided the PREA pamphlet and the Inmate Rules of Conduct Handbook. The Auditor also interviewed additional inmates in the intake area who acknowledged receiving the PREA pamphlet. The agency has met substantial compliance.

Did Not Meet (b): The facility's policy did not address that inmates shall receive education upon transfer from another facility to the extent that the policies and procedures differ from the previous facility. The facility practice would comply with the standard since all inmates are provided the same information and processed the same.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The Lake County Adult Detention Facility will provide comprehensive education to all inmates within 30 days following the intake process, this includes inmates transferred from prisons and other facilities." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "The Lake County Adult Detention Facility will provide comprehensive education to all inmates within 30 days following the intake process, this includes inmates transferred from prisons and other facilities. Inmate education will be available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. The comprehensive education for inmates will include at a minimum: an inmate's right to be free from retaliation for reporting abuse; the dynamics of sexual abuse in confinement; the common reactions of sexual abuse victims; and agency sexual abuse response policies and procedures. The Lake County Adult Detention Facility will provide periodic refresher training to inmates to ensure that all inmates are educated on the agencies most current sexual abuse policies and procedures." The PREA Coordinator and Lieutenant stated the inmates receive PREA education through the Inmate News Network Channel which airs facility information including PREA information and how to report. There was no documentation that could demonstrate the inmates received comprehensive education nor was documentation in the inmate files. The agency developed a process to provide comprehensive education through the inmate tablets. The facility has placed PREA education including the PREA video and the PREA pamphlet on the tablet which has to be read and acknowledged before the inmate can utilize the table for any other function. The comprehensive education completed on the tablet is documented in the inmate's computerized file. The Auditor verified the accessibility of the PREA education on the tablet by having an inmate demonstrate signing in and showing the PREA information available on the tablet. The Auditor reviewed the electronic files of four random inmates to verify education during the compliance on-site revisit. Three of the four inmates had documented comprehensive education.

Did Not Meet (c): The facility does not provide comprehensive PREA education to inmates.

Corrective Action Taken: The facility provides comprehensive PREA education through a tablet to all inmates. PREA education including the PREA video and the PREA pamphlet is provided on the tablet which has to be read and acknowledged before the inmate can utilize the table for any other function. The comprehensive education completed on the tablet is documented in the inmate's computerized file. The Auditor verified the accessibility of the PREA education on the tablet and reviewed the electronic files of random inmates to verify education during the compliance on-site revisit. The agency has met substantial compliance.

The agency expanded policy 200B to state "The Lake County Adult Detention Facility will take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps will include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters through the UbiDuos system and Language Line Services 1-800-752-6096 who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The Lake County Adult Detention Facility will ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision." The policy also provides that "information about PREA and how to report sexual abuse will be distributed to each inmate in the following manner: verbally during the intake process to ensure inmates with limited reading skills or who are visually impaired understand key issues and points concerning PREA written (English and Spanish) in the Inmate Handbook and played 24/7 on the Inmate News Channel in each Housing Unit." The Sheriff stated the facility has staff interpreters that speak Spanish which is the most common foreign language spoken in the facility. If needed there is a phone interpretation service that provide translators which is also used by the dispatch system. There was one limited English proficient inmate housed at the facility that was interviewed through an interpreter. The inmate's language was Spanish. The inmate stated he was not provided PREA information in a language he understood. The Auditor reviewed the inmate's file and could not determine if translation services were provided at intake or information was provided in Spanish. The inmate was able to share how to report an incident which would be telling an officer. He also stated officers provide assistance when needed and he had a Spanish interpreter during his medical intake. The staff stated he was provided information through an interpreter. The Auditor recommended the facility note during the intake process if an interpreter was utilized and when PREA information is provided in another language. The facility should also make available Spanish handbooks and PREA information available since Spanish is the most common other language in the facility. The PREA End the Silence pamphlet is available in Spanish. The facility has an agreement with Language Line for translation services. A TTY line is available for deaf or hard of hearing inmates. Upon discussion with intake staff and the PREA Coordinator the facility utilizes telephonic TTY services to aid staff in communicating essential information to each deaf or hard of hearing inmate or through written materials, exchange written notes, and use of sign language interpreters. For inmates with low vision or blind, staff is trained to assist the inmate by reading the PREA information to them. Staff indicated they would read information to the inmate if needed. Inmates that may have intellectual, psychiatric, or speech disabilities would be provided education and services as any other inmate through explaining the information in a manner that could understand or through a referral to medical and mental health staff for assistance. The Auditor recommended that if assistance or other methods are utilized to provide PREA information, it should be noted in the inmate's file.

The agency's policy 200B states "The Lake County Adult Detention Facility will document all training received by inmates on the inmate's individual jail record utilizing the jail's current computerized jail management system." The PREA information received at intake is documented through an electronic

signature within the electronic inmate file. The comprehensive education documentation is provided electronically through the tablet into the electronic inmate file. The Auditor observed the inmates' electronic files to confirm the PREA intake education and comprehensive education during the initial on-site visit and the compliance revisit. With the new process for capturing the comprehensive education the facility demonstrated compliance.

Did Not Meet (e): The agency must maintain documentation of inmate participation in these education sessions (intake process, comprehensive education).

Corrective Action Taken: Documentation of the inmate receiving PREA information at intake and the comprehensive education completed on the tablet is documented in the inmate's computerized file. The Auditor reviewed the electronic files of random inmates to verify intake and comprehensive education during the compliance on-site revisit. The agency has met substantial compliance.

The facility provides continuous and readily available PREA information through the Inmate Handbook, PREA End the Silence pamphlet, posters, and the Inmate News Network Channel. The inmates are issued the Inmate Handbook and the PREA pamphlet at intake and are able to maintain through their housing at the facility. The inmates interviewed acknowledged all these methods available to obtain PREA education as well as talking to staff.

Standard 115.34: Specialized training: Investigations

115.34 (a)

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

115.34 (b)

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policy 200B did not address that investigators are to be trained in conducting sexual abuse investigations in a confinement setting or the training topics required. The agency's policy 200B was expanded to state "To ensure compliance with the standards of PREA, Detectives for the Lake County Adult Detention Facility will receive training in conducting sexual abuse investigations in a confinement setting. The specialized training for Detectives will include the following areas: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Lake County Adult Detention Facility will maintain written verification of a Detective's completion of specialized training in conducting sexual abuse investigations in a confinement setting." The facility has five specialized trained investigators which includes the Jail Administrator/Captain, a Lieutenant, and three Sergeants. Training was conducted through NIC course PREA: Investigating Sexual Abuse in a Confinement Setting as documented through training certificates. Investigators within the Detective Bureau had not completed the specialized training for investigators. Detectives without the specialized training conducted the three investigations. The investigator (Detective) interviewed stated he had not completed training yet and was in the process of completing the NIC training. He showed the Auditor that the NIC training course was not available at that time and would continue to monitor the NIC website for when the class was available. Once the course is available the detectives within the Detective Bureau would be completing the course. The agency's staff have completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting as documented through training certificates. During the onsite compliance revisit, the Auditor was provided with training NIC training certificates for the Detectives that completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting course. One Detective and facility staff member has also completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. It was shared with the Auditor that the remaining Detective staff would be completing the training. The NIC course covers the required topics of techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. The agency currently has seven specialized trained investigators documented through training certificates.

Did Not Meet (a)(c): Not all investigators (Detective staff) have not completed training in conducting sexual abuse investigations in confinement settings.

Corrective Action Taken: The agency's staff have completed the NIC PREA Investigating Sexual Abuse in a Confinement Setting as documented through training certificates. The agency has met substantial compliance.

Did Not Meet (a)(c): The facility's policy does not address that investigators are trained in conducting sexual abuse investigations in confinement settings.

Corrective Action Taken: The agency expanded policy #200B PREA to state "To ensure compliance with the standards of PREA, Detectives for the Lake County Adult Detention Facility will receive training in conducting sexual abuse investigations in a confinement setting." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Did Not Meet (b): The facility's policy did not address that the specialized training for investigators include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in a confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The specialized training for Detectives will include the following areas: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative action or prosecution referral." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B did not address the specialized medical and mental health care training requirement for healthcare staff. The agency expanded policy 200B to state "To ensure compliance with the standards of PREA, medical staff assigned to the Lake County Sheriff's Office will receive the same training as all volunteer and contractors in how to detect and assess signs of sexual abuse. Jail Medical Staff will receive additional training related to PREA in the following areas: how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence prior to having the inmate examine by a S.A.N.E nurse; how to respond effectively and professionally to all victims of sexual abuse; and how to and whom to report allegations of suspicions of sexual abuse. The Lake County Adult Detention Facility will maintain documentation on any outside entity that employs medical and mental health practitioners trained to conduct forensic examinations. Medical and mental health care practitioners shall also receive the training mandated for employees under (§115.31) or for contractors and volunteers under (§115.32), depending upon the practitioner's status with the agency." Upon review of the healthcare training records, all mental and mental health staff had not completed specialized healthcare training. Only one of the four healthcare interviewed acknowledged having specialized training. The healthcare staff have completed specialized healthcare training through NIC Specialized Training PREA Behavioral Health Care or Sexual Assault Victims in a Confinement Setting course as documented through training certificates provided by the facility to demonstrate compliance. The NIC course covers the required topics of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence prior to having the inmate examine by a S.A.N.E nurse; how to respond effectively and professionally to all victims of sexual abuse; and how to and whom to report allegations of suspicions of sexual abuse. As facility staff, the healthcare staff must complete the same annual PREA training as security staff. The facility PREA training covers how to and whom to report allegations of suspicions of sexual abuse. The Auditor reviewed two healthcare staff training records that documented that the healthcare staff received the training mandated for employees. Also, two of the four healthcare staff interviewed acknowledged the monthly PREA training conducted through the facility. The four healthcare staff interviewed stated they would report an allegation to a security supervisor immediately.

Did Not Meet (a)(c): All medical and mental health staff have not completed specialized healthcare training.

Corrective Action Taken: The healthcare staff completed specialized healthcare training through NIC Specialized Training PREA Behavioral Health Care or Sexual Assault Victims in a Confinement Setting as documented through training certificates provided by the facility to demonstrate compliance. The agency has met substantial compliance.

Did Not Meet (a)(c): The facility's policy did not address the specialized training requirement for healthcare staff.

Corrective Action Taken: The agency expanded policy #200B PREA to state "Jail Medical Staff will receive additional training related to PREA in the following areas: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence prior to having the inmate examined by a S.A.N.E nurse; How to respond effectively and professionally to all victims of sexual abuse; and How to and whom to report allegations of suspicions of sexual abuse." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Facility healthcare staff do not conduct forensic exams. Inmates are transported to a local hospital for a forensic exam that would be conducted by a SANE/SAFE. The agency's policy 200B states "Jail victims of inmate-on-inmate sexually abusive penetration or staff-on-inmate sexually abusive penetration shall be provided access to a forensic medical exam. The examination shall be conducted by a Sexual Assault Forensic Examiners or a Sexual Assault Nurse Examiner. The Detectives will ensure that all forensic medical exams performed on inmates under the secure control of the Lake County Adult Detention Facility are conducted by a qualified forensic medical examiner at University Hospitals." Through the healthcare and Investigator interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care. The medical staff stated forensic examinations conducted by SANE/SAFE staff and emergency medical care are provided at the local hospital with no cost to the inmate.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No ☐ N/A

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

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

The facility's policy and procedures did not address the requirement of screening inmates upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or abusiveness toward other inmates nor provided the process for risk screening. The agency's policy 200B was expanded to state "The Jail Administrator will ensure all inmates are screened to assess their risk of being sexually abused by other inmates and/or their risk of being sexually abusive toward other inmates at the following times: initial intake (within 24 hours of arrival to facility); initial classification; transfer to another facility; and all subsequent classification reviews are assessed weekly." The agency's policy 226B Assessment and Monitoring of Sexual Predators and Vulnerable Inmates states "Inmates shall be screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting act with sexually aggressive behavior and shall be housed in accordance with classification procedures." The initial risk screening at intake is completed utilizing the Lake County Adult Detention PREA Medical Screening Checklist by medical staff at intake. Of the twenty-eight inmates interviewed, eighteen inmates acknowledged the risk screening questions being asked immediately upon intake as part of the booking process. Two inmates stated the risk screening occurred the next day after detoxing. Five inmates stated risk screening occurred within two weeks to a month, these inmates mentioned after quarantine. And three inmates noted they were never asked the risk screening questions. The Sergeant interviewed as staff who perform screening for risk of victimization and abusiveness stated the risk screening is completed during the initial medical screening and as part of the classification process on the day of intake or the following day. Of the thirteen inmate files reviewed, eleven were completed outside the 72 hour standard requirement and in two files a risk assessment could not be found. Of the eleven risk assessments not timely, those were completed on an average of two to three weeks after intake. The facility staff shared this may have occurred due to the COVID protocols and the inmates being placed in quarantine upon intake. Of the four inmate files reviewed during the compliance revisit, three of the risk assessments were completed within 72 hours by standard time requirement however not within the 24-hour requirement required by the agency's policy. The agency then submitted an additional fifteen inmate initial risk assessments to demonstrate compliance. Twelve of the initial risk assessments were completed within 72 hours of arrival, three of the assessments provided were not dated. The facility policy required the initial assessment to be completed within 24-hours and the twelve initial risk assessments were completed within the timeframe.

Did Not Meet (a): The facility's policy and procedures did not address the requirement of screening inmates upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or abusiveness toward other inmates and provides the process for risk screening.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The Jail Administrator will ensure all inmates are screened to assess their risk of being sexually abused by other inmates and/or their risk of being sexually abusive toward other inmates at the following times: Initial Intake (Within 24 hours of arrival to facility); Initial Classification; Transfer from another facility; and All Subsequent Classification reviews are assessed weekly." Policy #226B also states, "Inmates shall be screened within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior and shall be housed in accordance with classification procedures." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Did Not Meet (a)(b): The facility's documentation did not demonstrate that initial risk assessments were completed within 72 hours of arrival at the facility.

Corrective Action Taken: The agency provided fifteen inmate initial risk assessments to demonstrate completion within 72 hours of arrival. Twelve of the initial risk assessments were completed within 72 hours of arrival, three of the assessments provided were not dated. The facility policy required the initial assessment to be completed within 24 hours and the twelve initial risk assessments were completed within the timeframe. The agency has met substantial compliance.

Upon review of the Lake County Adult Detention PREA Medical Screening Checklist form utilized for the initial PREA risk screening, the form was not an objective screening tool, and the form did not address all the screening requirements of the standard. The form did not consider whether the inmate's criminal history is exclusively nonviolent; prior convictions for violent offenses; and the inmate's own perception of vulnerability. The questions on the form are answered by an inmate's yes or no answers. The form contains possible victim factors of former victim of rape or sexual abuse; youthful age (under 25); elderly (65 or older); small physical stature (male 5'6" or less and/or 140 lbs. or less; female 5' or less and/or 100 lbs. or less); developmental disability/mental health history; first time incarcerated; lesbian/gay/bisexual/transgender/intersex/gender nonconforming; history of any sexual abuse; history of correctional facility consensual sex; and placement in protective custody. The possible predator factors are institutional predatory sexual behavior; current or prior convictions for rape, child abuse or neglect; sexual abuse or sexual assault towards others or domestic violence; current gang affiliation; institutional strong arming/assaults; institutional consensual sex; and institutional sexual taunting toward staff or offenders. Another category is other factors which include overtly feminine (males only) and overtly masculine (females only). The form has no scoring or other objective method to determine risk of victimization or risk of abusiveness objectively. The determination of potential sexual victimization or abusiveness is determined by the nurse conducting the screening. Upon review of the files, the information from the screening tool was not objectively used to identify potential sexual victimization or abusiveness. Forms with similar answers had different risk screening outcomes. The nurse interviewed explained that the questions are asked of the inmate during the medical intake and nurses make their determination of risk based on the answers to the questions and visual observation. She has stated the information is usually not shared with security due to confidentiality. The Sergeant was unable to share what information is collected during the risk screening since this process is conducted by medical. He was aware the questions asked as part of the risk screening had a yes or no answer format.

The facility redesigned the risk screening tool, the new form is Prison Rape Elimination Act (PREA) Inmate Reassessment Form. The facility also changed the process for the classification officer to complete the form as part of the classification package instead of medical asking the risk screening questions. This form is utilized at intake by the classification officer, for the 30 day reassessment, and for other reassessments as warranted. The form is marked indicating the type of assessment. The new form covers all the elements of the standard. Under Section A: Risk of Sexual Victimization the questions are do you have a mental, physical, or developmental disability; is the inmate under 20 years or over 5 years; physical build: slight/average/muscular/overweight; is the inmate non-muscular or of small stature; has the inmate previously been incarcerated; is the inmate's criminal history exclusively nonviolent; does the inmate have convictions for sex offenses against an adult or child; are you gay, lesbian, bisexual, or straight/heterosexual (if straight/heterosexual circle no); are you transgender, intersex, or gender nonconforming/gender non-binary; do others perceive you to be gay, lesbian, or bisexual, transgender, intersex, or gender nonconforming/gender non-binary; have you previously experienced sexual victimization; do you perceive yourself to be at risk for sexual victimization: and is the inmate is non-English speaking or hearing impaired. Another question is an observation by the staff member, based upon your professional experience as the screening staff, does the individual appear to be gender nonconforming (outward gender expression differs from traditional expectations for men and women – dress, grooming, mannerism may be gender neutral or cross traditional gender expectations). Under this section if there are five or more yes responses or if affirmative responses to four specific questions, the

inmate is noted as high risk of sexual victimization. If noted for risk, the PREA Coordinator is notified promptly. If the inmate stated previously experienced sexual victimization, the inmate is offered a referral to medical and mental health and a referral is made to medical and mental health. If the inmate is non-English speaking or hearing impaired, there is a section to note if an interpreter was utilized. Section B: Risk of Sexual Abusiveness covers has the inmate ever been convicted of a crime related to sexual abuse in an institutional setting or in the community; if the inmate has been convicted of a crime related to sexual abuse, was the victim another inmate, detainee, or resident in an institutional setting; does the inmate have a known history of committing institutional sexual abuse; has the inmate been convicted of a violent offense, including the instant offense; and does the inmate have a known history of committing institutional violence. Under this section, if four or more yes responses or affirmative response to one of two specific questions, the inmate is classified at high risk of being sexually abusive. The form also has a section for additional comments, observations, or concerns. The inmate and staff member signs and dates the risk screening form. The facility provided fifteen completed initial risk assessments on the new Prison Rape Elimination Act (PREA) Inmate Reassessment Form to demonstrate compliance. Thirteen demonstrated compliance, two of the risk screening forms did not include the date completed. The Auditor observed an intake during the compliance on-site revisit, the new risk assessment was utilized.

Did Not Meet (c): The PREA Medical Screening Checklist is not an objective screening instrument. The determination of potential sexual victimization or abusiveness is determined by the nurse conducting the screening. Upon review of the files, it was apparent the information from the screening tool was not used to identify potential sexual victimization or abusiveness.

Corrective Action Taken: The agency developed an objective risk assessment tool that scores for risk of sexual victimization and risk of sexual abusiveness through questions and also provides a section for staff observations and concerns. The facility provided fifteen examples to demonstrate compliance. The Auditor observed an intake during the compliance on-site revisit, the new risk assessment was utilized. The agency has met substantial compliance.

Did Not Meet (c)(d): The PREA Medical Screening Checklist did not consider whether the inmate's criminal history is exclusively nonviolent; prior convictions for violent offenses; and the inmate's own perception of vulnerability.

Corrective Action Taken: The agency developed an objective risk assessment tool that considers the inmate's criminal history is exclusively nonviolent; prior convictions for violent offenses; and the inmate's own perception of vulnerability and scores for risk of sexual victimization and risk of sexual abusiveness. The risk assessment is completed through questions and also provides a section for staff observations and concerns. The facility provided fifteen examples to demonstrate compliance. The Auditor observed an intake during the compliance on-site revisit, the new risk assessment was utilized. The agency has met substantial compliance.

The agency's policy did not address the timeframe for conducting inmate PREA reassessments Policy 200B was expanded to state "Within 30 days from the inmate's arrival at the jail, the inmate's risk of victimization or abusiveness shall be reassessed based upon any additional relevant information received by the facility since the intake screening." Of the twenty-eight inmates interviewed, only two acknowledged the risk assessment questions being asked again. One inmate noted when he met with mental health about 4 months after intake and the other inmate stated by medical during his physical. Upon the Auditor's review of the inmate files, the facility had not been conducting PREA reassessments. The Sergeant interviewed stated an inmate is has a classification review every ninety days. When asked specific about a PREA reassessment, he was unaware. The documentation provided to review was classification reviews and the PREA reassessment was not part of the reviews. At the compliance on-site revisit, the Auditor reviewed an additional four inmate files. The facility had not completed reassessments on those four inmates. The process was not corrected. The facility developed a process to complete the PREA reassessments within 30 days of an inmate's intake. The reassessment will be completed by classification staff within 30 days with the new designed Prison Rape Elimination Act

(PREA) Inmate Reassessment Form and marking the form as the 30-day reassessment. The form is completed with the inmate and is dated signed by the inmate and staff member. The staff member notes if there were updates indicated or no updates indicated. The form is then reviewed and signed by the PREA Compliance Manager/Lieutenant. The facility submitted reassessments for the same inmates tracked through the initial risk assessments provided for compliance. Of the fifteen reassessments requested, three inmates did not require reassessment, one inmate was released and two were not due yet. Of the 12 reassessments required, eight were completed within the appropriate timeframe, two were outside the 30 days, and two could not be found/or completed.

Did Not Meet (f): The facility's policy does not address a set period, not to exceed 30 days from the inmate's arrival at the facility, to reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake.

Corrective Action Taken: The agency expanded policy #200B PREA to state "Within 30 days from the inmate's arrival at the jail, the inmate's risk of victimization or abusiveness shall be reassessed based upon any additional relevant information received by the facility since the intake screening." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Did Not Meet (f): The facility is not conducting reassessments within 30 days from the inmate's arrival at the facility.

Corrective Action Taken: The facility developed a process to complete reassessments on all inmates to reassess the inmate's risk of victimization or abusiveness within a set period of time, not to exceed 30 days as supported through policy language. The PREA Compliance Manager will complete the reassessments. The facility followed the same fifteen inmates from the initial risk screening provided. Of the fifteen inmates, three inmates did not require reassessment, one inmate was released and two were not due yet. Of the twelve reassessments required, eight were completed within the appropriate timeframe, two were outside the 30 days, and two could not be found/or completed. The agency has met substantial compliance.

The agency's policies did not address reassessments are to be conducted when warranted by referral, request, incident of sexual abuse, or information that bears on the inmate's risk of sexual victimization or abusiveness. The agency's policy 200B was expanded to state "An inmate's risk level will be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of any additional information that bears on the inmate's risk of sexual victimization or abusiveness." The facility was not completing reassessments when warranted by referral, request, incident of sexual abuse, or information that bears on the inmate's risk of sexual victimization or abusiveness. At the time of the compliance revisit, the facility had not started the reassessment process. During the compliance revisit, the Auditor reviewed two new investigation files of alleged incidents, one of sexual harassment and one of sexual abuse. Neither inmate had a completed reassessment. After the compliance revisit, the facility developed a new process for reassessments. The facility acknowledged there has been no instance for completing a reassessment for due to a referral, request, and incident of sexual abuse or receipt of any additional information that bears on the inmate's risk of sexual victimization or abusiveness at the completion of the corrective action period.

Did Not Meet (g): The facility's policy did not address reassessments are to be conducted when warranted by referral, request, incident of sexual abuse, or information that bears on the inmate's risk of sexual victimization or abusiveness.

Corrective Action Taken: The agency expanded policy #200B PREA to state "An inmate's risk level will be reassessed when warranted due to a referral, request, and incident of sexual abuse or receipt of any additional information that bears on the inmate's risk of sexual victimization or abusiveness." The expanded policy was provided to demonstrate compliance. The facility

acknowledged there has been no instance for completing a reassessment for due to a referral, request, and incident of sexual abuse or receipt of any additional information that bears on the inmate's risk of sexual victimization or abusiveness. The agency has met substantial compliance.

The agency's policy 200B states "Inmates will not be disciplined for refusing to answer or for not disclosing complete information in responses to questions asked during the risk assessments." The Sergeant interviewed stated no inmate would be disciplined for refusing to answer and questions of the risk assessment. If an inmate does not answer, a notation is made, and two officers would sign the form acknowledging the refusal. He further stated the inmate would be placed in the classification range until classification could complete the classification process. The new risk assessment form notes to the staff member "Inmates may not be disciplined for refusing to answer or provide complete responses to these questions." The PREA Coordinator and Sergeant stated an inmate has not been disciplined for refusing to answer any risk assessment questions.

The agency's policy 200B states "The Lake County Adult Detention Facility will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to risk screenings to ensure privacy of sensitive information that may be used for exploitation by staff or other inmates." The inmate's risk screening tool is maintained securely in the inmate's electronic file. The PREA Coordinator and PREA Compliance Manager stated medical staff and all correctional staff have accessibility to the risk screening. She explained any officer can be assigned to an intake or classification post that requires accessibility to the information in the Jail Management System (JMS) system. The PREA Coordinator also explained the officers receive training on confidentiality and know not to share the information with others. The Prison Rape Elimination Act (PREA) Inmate Reassessment Form notes to the staff that "Information on this form shall not be disclosed to anyone other than to the extent necessary to make security classification, housing/placement, programming, treatment, investigation, and other security and management decisions."

Did Not Meet (i): The facility's policy does not address how appropriate controls on the dissemination within the facility of responses to questions on the PREA risk screening in order to ensure that staff or other inmates do not exploit sensitive information.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The Lake County Adult Detention Facility will implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to risk screenings to ensure privacy of sensitive information that may be used for exploitation by staff or other inmates." The inmate's risk screening tool is maintained securely in the inmate's electronic file. All officers do have access to the electronic files since any officer can be assigned to the intake area. Staff are trained on confidential during annual training. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Standard 115.42: Use of screening information

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

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

Auditor Overall Compliance Determination

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

The agency's policies did not address how the information from the PREA risk screening is utilized to make inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness. The agency expanded policy 200B to state "The Inmate orientation process will begin in Booking during the intake process. The jail will use the information from the risk screening to determine housing/bed location, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. While in Booking the inmate will be provided information, which will include information regarding the protection/prevention and intervention of sexual abuse, harassment, or assault." The policy expansion also included "While in Booking the inmate will receive a health screening by trained Corrections Officers and will at a minimum: Explain to the inmate how to access medical care; Identify inmates as high risk for sexually assaultive behavior. Inmates with a history of sexually assaultive behavior shall be identified, monitored, and counseled; Identify inmates as high risk for sexual victimization. Inmates at risk for sexual victimization shall be identified, monitored, and counseled; and make individual determinations about how to ensure the safety of each inmate." Policy 205A Initial Housing Assignment states "All work, housing, education, and programming assignments will be a priority goal for classification with keeping inmates separate from those that pose a high risk of victimizing or abusing vulnerable inmates." If staff identify an inmate at risk during the initial risk screening process, then a housing placement is not made, the inmate is placed in the classification range until a full classification package is completed and housing assignment made. The Sergeant interviewed stated that housing placement is based on the classification tool and the PREA information. The classification tool considers current charges; observations during reception and booking; prior record and institutional experience; drug/alcohol usage; mental health; educational history; military history; additional history; special management concerns; visual observations during the interview process; institutional record; record or previous sentence; prior criminal history; societal influences and mental condition. The classification package is scored, and the housing classification custody level is made. The classification officer stated the first separation is male and female, then by custody level, and final the separation of inmates identified at risk for victimization and abusiveness. Inmates at risk of victimization are not housed with inmates identified at risk for abusiveness. The risk screening information and identified custody level is utilized to determine housing, bed, work, education, and program assignments with the goal of keeping inmates at high risk of being

sexually victimized from those at high risk of being sexually abusive. The JMS blocks the placement of housing a victim or predator together. The JMS information is available to assist the officers when making cell placement / housing decisions on the housing units. Individualized determinations are also made when housing unit officers are making cell changes/ placements. Policy 226B states "If a Classification Officer and the Mental Health Professional determine that there is a high probability an inmate may sexually abuse/assault another inmate, the inmate shall be housed in a high security pod or placed in Special Management in Protective Custody." The Sergeant shared inmates that score at risk for victimization are asked if they will feel safe within the facility or specific housing units. The inmate may also be offered protective custody if staff determine it is warranted. He also expanded that inmates that identified at risk of abusiveness may be housed in administrative segregation housing. The housing and program assignments are made on a case-by-case basis based on information obtained during the screening interview. Through interviews with inmates and staff, it was determined that the facility addresses the needs of the inmates consistent with the security and safety of the individual inmate. The Auditor reviewed inmate housing placement determinations and interviewed staff during the compliance on-site revisit to determine compliance. The housing placements appeared appropriate for the safety of the inmates. The files reviewed demonstrated the agency makes individual placement decisions based on the inmate's safety and needs.

Did Not Meet (a)(b): The facility's policies do not address how the information from the PREA risk screening is utilized to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The jail will use the information from the risk screening to determine housing/bed location, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive... Identify inmates as high risk for sexually assaultive behavior. Inmates with a history of sexually assaultive behavior shall be identified, monitored, and counseled; identify inmates as high risk for sexual victimization; Inmates at risk for sexual victimization shall be identified, monitored, and counseled; and make individual determinations about how to ensure the safety of each inmate." The risk assessment is reviewed and approved by the PREA Compliance Manager then the Classification Supervisor makes the final housing placement to ensure housing separation of inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness. The expanded policy was provided to demonstrate compliance. The Auditor reviewed inmate housing placement determinations and interviewed staff during the compliance on-site revisit to determine compliance. The housing placements appeared appropriate for the safety of the inmates. The agency has met substantial compliance.

Did Not Meet (b): The facility does not utilize the information from the risk screening to make informed housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness. The risk assessments are completed by medical staff about 10-13 days after the inmate's intake and this information is not provided to staff to consider when making informed housing, bed, work, education, and program assignments. The risk screening form is maintained in the medical records.

Corrective Action Taken: The agency expanded policy #200B PREA to state "While in Booking the inmate will receive a health screening by trained Corrections Officers and will at a minimum: Explain to the inmate how to access medical care; Identify inmates as high risk for sexually assaultive behavior. Inmates with a history of sexually assaultive behavior shall be identified, monitored, and counseled; Identify inmates as high risk for sexual victimization. Inmates at risk for

sexual victimization shall be identified, monitored, and counseled; and make individual determinations about how to ensure the safety of each inmate.” The facility changed the process to the officer completing the initial risk assessment through a scored instrument that identifies inmates at risk of sexual victimization and risk of sexual abusiveness. The risk assessment completed by the booking officer is reviewed and approved by the PREA Compliance Manager then the Classification Supervisor makes the final housing placement to ensure housing separation of inmates at high risk of being sexually victimized from those at high risk of being sexually abusiveness. The alert created by the JMS electronic system would not allow inmates identified as victims/potential victims and inmates identified as high risk of being sexually abusive to be housed together. The expanded policy was provided to demonstrate compliance. The Auditor reviewed inmates’ initial risk assessment, housing placement determinations, and interviewed staff during the compliance on-site revisit to determine compliance. The housing placements appeared appropriate for the safety of the inmates. The agency has met substantial compliance.

The agency’s policies did not address how housing placements are made for transgender or intersex inmates. The agency expanded policy 200B to state “The Lake County Adult Detention Facility will make the decision to assign a Transgender or Intersex inmate to a facility for male or female inmates and other housing and programming assignments on a case by case basis. Such placement considerations should ensure the inmate’s health and safety and prevent management and security issues.” The policy also states, “A Transgender or Intersex inmate’s own views with respect to his or her own safety shall be given serious consideration.” Policy 205A Classification states “Housing and program assignments for transgender or intersex inmates in the facility will be assessed on a case-by -case basis.” The Sergeant interviewed stated the transgender or intersex inmate has the same classification process as all inmates which asks the inmate about their safety and if they feel vulnerable. The two transgender inmates interviewed stated they were not asked about their view of their own safety or housing concerns. The one transgender is housed in male housing and wants to be housed in female housing. The Auditor reviewed the inmate’s file and could not determine how the housing placement was made specific to the inmate identifying as transgender. When the Auditor discussed the transgender concern, the PREA Coordinator stated the housing placement was based management and security concerns based on the inmate’s charges. There had been no new intakes of a transgender inmate for the Auditor to review at the compliance revisit.

Did Not Address (c): The facility’s policy did not address how housing placements are made for transgender or intersex inmates.

Corrective Action Taken: The agency expanded policy #200B PREA to state “The Lake County Adult Detention Facility will make the decision to assign a Transgender or Intersex inmate to a facility for male or female inmates and other housing and programming assignments on a case by case basis. Such placement considerations should ensure the inmate’s health and safety and prevent management and security issues.” The booking officer completes the initial risk assessment. If an inmate identifies as transgender or intersex, the PREA Compliance Manager is notified immediately. Then PREA Compliance Manager and the Classification Supervisor makes the final housing placement on a case by case to ensure the inmate’s health and safety and prevent management and security issues with input from the facility administration. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Did Not Meet (e): The facility’s policy does not address that a transgender or intersex inmate’s own views with respect to his or her own safety shall be given consideration.

Corrective Action Taken: The agency expanded policy #200B PREA to state “A Transgender or Intersex inmate’s own views with respect to his or her own safety shall be given serious consideration.” The booking officer completes the initial risk assessment which asks the inmate if

they perceive themselves to be at risk for sexual victimization. If an inmate identifies as transgender or intersex, the PREA Compliance Manager is notified immediately. Then PREA Compliance Manager and the Classification Supervisor makes the final housing placement on a case by case to ensure the inmate's health and safety and prevent management and security issues with input from the facility administration and the inmate. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "Placement and programming assignments for each transgender or intersex Inmates will be reassessed no less than twice per year to review any threats to safety experienced by the inmate." The Sergeant/PREA Compliance Manager shared that transgender inmates are reassessed every ninety days as part of the reclassification process. The Auditor reviewed the two files of the transgender inmates interviewed. The one inmate had been reassessed at the as part of the ninety day reclassification process. The other transgender inmate had not been in the facility long enough to require a reclassification review.

The agency's policies did not address that a transgender or intersex inmate's own views with respect to his or her own safety shall be given consideration. The agency expanded policy 200B to state "Transgender and Intersex inmates will be given the opportunity to shower separately from other inmates." The facility also provided policy 203E Shower and Delousing that also states, "Transgender and Intersex inmates will be given the opportunity to shower separately from other inmates." The Sergeant/PREA Compliance Manager stated every housing range has individual showers with doors that provide privacy for showing. The Auditor observed during the facility tour each housing unit has individual showers with doors for privacy. Of the two transgender inmates interviewed, one stated the showers are single showers with doors for privacy. The other inmate also shared the showers have doors for privacy however other inmates can see you when they look over the top. The transgender concerns were shared with the PREA Coordinator. Both inmates indicated they were not asked about showering preferences. The Auditor recommended that classification staff ask transgender and intersex inmates about their showering preferences during the classification process.

Did Not Meet (f): The policy does not address how transgender and intersex inmates are given the opportunity to shower separately from other inmates in the housing units.

Corrective Action Taken: The agency expanded policy #200B PREA to state "Transgender and Intersex inmates will be given the opportunity to shower separately from other inmates." The booking officer completes the initial risk assessment which asks the inmate if they perceive themselves to be at risk for sexual victimization. If an inmate identifies as transgender or intersex, the PREA Compliance Manager is notified immediately. Then PREA Compliance Manager and the Classification Supervisor will discuss with the inmate showering options available to them to give the opportunity to shower separately from other inmates. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The agency's policies did not address that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status. The agency expanded policy 200B to state "The Lake County Adult Detention Facility will not place Lesbian, Gay, Bisexual, Transgender or Intersex inmates in dedicated ranges or cells solely on the basis of such identification." The Auditor interviewed two transgender inmates. The inmates stated they were not housed in dedicated facilities, units, or wings on the basis of their identification. The PREA Coordinator and the PREA Compliance Manager/Sergeant stated the agency does not have a dedicated facility or unit solely for the housing of lesbian, gay, bisexual, transgender, or intersex inmates. These inmates are housed in the general population, although their specific housing location will be influenced

by their custody classification. The Auditor reviewed the housing assignments of the inmates, and it demonstrated the inmates are housed throughout the facility.

Did Not Meet (g): The facility's policy did not address that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The Lake County Adult Detention Facility will not place Lesbian, Gay, Bisexual, Transgender or Intersex inmates in dedicated ranges or cells solely on the basis of such identification." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

The agency's policy conflicted with standard language by stating inmates who are suspected or confirmed to have been victimized by a sexual predator will be reclassified to Protective Custody and segregated from the General Population. The agency updated the policy 200B to state, "Inmates at high risk for sexual victimization will not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while conducting the assessment. If involuntary, the documentation must include: the basis for the facility's concern for the inmate's safety and the reason why no alternative means of separation can be arranged." The PREA Coordinator/Jail Administrator stated that all housing alternatives would be reviewed for the inmate prior to housing in special housing protective custody. The inmate may be offered protective custody for their safety or protective custody would be used if the inmate requests the housing placement for safety. The Jail Administrator also shared no inmates have been involuntarily placed in protective custody for risk of victimization. The Lieutenant that supervises special housing stated that another housing range or pod would be considered prior to placement in protective custody. The inmate's comfort level would be considered and keep separates would be issued on inmates as needed. If the inmate is moved to another housing range or pod, staff would follow-up with the inmate to ensure their

safety. Per staff interviews and the PAQ, there have been no inmates at risk for sexual victimization placed in involuntary segregated housing during the audit period.

Did Not Meet (a): The facility's policy states inmates who are suspected or confirmed to have been victimized by a sexual predator will be reclassified to Protective Custody and segregated from the General Population demonstrated non-compliance with the standard language.

Corrective Action Taken: The agency expanded policy #200B PREA to state "Inmates at high risk for sexual victimization will not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while conducting the assessment." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The agency's policies did not address that inmates placed in segregated housing shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for the limitations. The agency expanded policy 200B to state, "Have access to programs, privileges, education, and work opportunities to the extent possible, if restricted it must be documented with the following: the opportunities that have been limited; the duration of the limitation; and the reason for the limitation. The Lieutenant who supervises inmates in segregated housing stated inmates would have access to programs, privileges, education, and work opportunities. The inmates would receive privileges the same as the general population including clergy/bible study, AA/NA, television, phone calls, commissary, newspapers, mail, recreation, and library books. The work opportunities would be limited due to separation issues while in protective custody. The Lieutenant also stated that programming, privileges, work opportunities, and education would only be restricted based on the inmate's behavior as determined through the disciplinary process after being found guilty of a rule violation. The disciplinary hearing would document the restriction duration, what opportunities was restricted, and the reasons for restriction. The opportunities restricted would also be documented in the jail log and through an incident report. The documentation would list the sanctions of the discipline and the length of time of restrictions. The Lieutenant also shared the most common restrictions for inmates in protective custody are reading materials and commissary.

Did Not Meet (b): The facility's policy did not address that inmates placed in segregated housing shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for the limitations.

Corrective Action Taken: The agency expanded policy #200B PREA to state "If an inmate is placed in protective custody based on inmate classification or voluntary requested by the inmate, he/she will have access to programs, privileges, education, and work opportunities to the extent possible, if restricted it must be documented with the following: the opportunities that have been limited; the duration of the limitation; and the reason for the limitation." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "The Lake County Adult Detention Facility will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days." The Jail Administrator and Lieutenant stated the inmate would be transferred out of protective custody as soon as alternative

housing is available and staff would explain to the inmate the placement reasoning. The protective housing may be for one to two days, if needed.

The agency's policy 200B states "Every 30 days the Lake County Adult Detention Facility will reassess the segregated inmate to determine a continuing need for separation from the general population." Policy 205C states "If an inmate is placed in administrative segregation for protection due to sexual abuse, he/she will have a written 30 day review by the Jail Administrator." The policy also addresses the review is conducted to determine the need for continued segregation and subsequent reviews will be every thirty days thereafter. The policy directs the Jail Administrator to consider during the review whether or not the conditions or circumstances which led to the segregation still exists; any change in the risk presented to the inmate by replacement in the general population, and the presence or absence of continued risk to the general inmate population if the inmate is put into general population. The Lieutenant stated a review would be conducted every thirty days the inmate is housed in involuntary administrative segregation and a report must be written if the inmate is maintained in administrative segregation with the why no longer alternative housing can be arranged.

The Lake County Detention Center has not placed an inmate in protective custody involuntarily during the audit period. From the interviews with staff, the Auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No

- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No ☐ N/A

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

The Lake County Detention Facility established procedures allowing for multiple internal and external ways for inmates to report sexual abuse, sexual harassment, and retaliation. These procedures are outlined in the agency's policy 200B Section Methods for Reporting Sexual Abuse/Assault. The policy outlines the reporting methods of notify any jail, medical/mental health or Chaplain staff member and toll free confidential hotline is available primarily for reporting sexual abuse/assault only. The PREA reporting methods are shared with inmates at intake, in the Inmate Handbook and PREA pamphlet, the Inmate News Network Channel, and on posters throughout the facility. The facility has also added the reporting methods on the inmate tablets as part of the PREA information and Inmate Handbook. The Inmate Handbook informs the inmates of the following reporting methods including verbal reports, Inmate Request Form, third party reporting, anonymously, sick call slip and/or contacting the Cleveland/Lake Rape Crisis Hotline. The PREA End the Silence pamphlet also notifies the inmates of the following methods: call the facility at 440-350-5602 and ask for a supervisor; report to any staff, volunteer, or contractor; report to a medical or mental health staff; submit a grievance; submit a sick call slip; report to the PREA Coordinator or PREA Compliance Manager; and reporting free to Cleveland/Lake Rape Crisis Center at 216-691-6192. During interviews with random inmates, the inmates knew the options available to them for reporting. They indicated they could report through telling an officer, submitting a kite, tell family or a friend; through the intercom to (Tower) officer; calling the number posted (Cleveland/Lake Crisis Center); inmate request form, a grievance, speak to Lieutenant or Captain, and to another inmate. The majority of the inmates interviewed stated they felt comfortable reporting to the housing unit officer or a security supervisor and felt the staff would manage the situation properly. The random staff interviewed also acknowledged the numerous ways inmates could report an allegation including the

hotline, inmate request form, notify any staff, medical slip, contact family and friends, telling another inmate; and anonymously through the phone or writing a note. Of the four allegations reported, one was reported through a grievance and three reported to staff. Two of the offenders after reporting to staff followed up by also filing a grievance. The two allegations reviewed during the compliance revisit were both reported to a third party, the Cleveland/Lake Rape Crisis Center. These reporting systems were demonstrated through review of policies and procedures, information in the Inmate Handbook and on the PREA poster, and interviews with inmates and staff.

The Inmate Handbook, PREA pamphlet, and the PREA Poster informs the inmates they can report outside the facility to the Cleveland/Lake Rape Crisis Center which includes a confidential toll-free number to call. The agency's policy 200B states "A telephone dedicated to receiving calls from inmates calling the Cleveland/Lake Rape Crisis Center Hotline will be available (216-619-6194). The Cleveland/Lake Rape Crisis Center Hotline will be posted in the Inmate Rules of Conduct Handbook, tablets and PREA Posters. The inmate does not have to state the details of the abuse but need only state his/her full name and housing location, and that he/she would like to speak to a supervisor regarding sexual abuse/assault. No other questions will be directed at the potential victim, unless asked by the Detective Bureau. The Cleveland/Lake Rape Crisis Center will forward any reporting incidents to the agency with the consent of the inmate as stated by the Center's representative. If the inmate requests to stay anonymous, then the allegation with basic information is forwarded without the inmate's name or number. The two allegations reviewed during the compliance revisit were both reported to a third party, the Cleveland/Lake Rape Crisis Center and reported to the agency. The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow an anonymous call. The agency contacted the phone company regarding the PREA hotline. The phone company made a change in the system that allows inmates to call the hotline with no pin requirement, the calls are not recorded, and a speed dial number of *777 was added for the hotline. The number for the hotline was also set to auto-accept (passive acceptance) where the receiving end does not have to acknowledge acceptance of the call. The Auditor tested the phone hotline on the compliance revisit and a pin number was not necessary for the hotline.

The agency's policy 200B states "When staff becomes aware of an alleged attempted/sexual battery, verbally, in writing, anonymously or from a third party the staff member will document the occurrence on an Incident Report in the Jail Management System (JMS)." The policy also directs the staff member to immediately notify the Supervisor, notify the Executive Lieutenant who will notify the Lake County Sheriff's Office Detective Bureau/or designee to begin the investigation process; and initiate an Incident Report. Random staff interviewed stated they would report an allegation immediately to a supervisor and complete a written report utilizing the incident report form. The staff indicated the report would be completed as soon as possible and must be completed prior to the end of shift. Staff also shared that the information would not be shared with other staff unless there was a need to know. Through the Auditor's review of the investigative files, the files demonstrated that allegations reported to staff were reported immediately and an incident report was written.

The agency's policy 200B states "The Lake County Adult Detention Facility provides anonymity through the Cleveland/Lake Rape and Crisis Center hotline and with all organizations contracted through the Lake County Sheriff's Office to meet the guidelines of PREA. The Crisis Hotline 800-411-0103 is a toll-free number for all members of the jail. It provides private reporting of sexual abuse and sexual harassment of inmates. The hotline is posted throughout the jail, the inmate Rules of Conduct and the Inmate News Channel and is provided during their initial new employee orientation to include PREA training." Staff interviewed were aware they could report through the hotline. Staff also mentioned they

could report by telling the Chief Deputy or Sheriff. Staff acknowledged they are to report immediately to a supervisor and would not share the information with other staff or individuals, the information is confidential.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

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

Auditor Overall Compliance Determination

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

The agency's policies 200B PREA and 206B Inmate Grievances addresses administrative procedure for inmate grievances regarding sexual abuse and the agency's policies and procedures for filing emergency grievances when an inmate is subject to a substantial risk of imminent sexual abuse. The information is shared with the inmate through the Inmate Handbook, policy 206B, the Inmate News Network Channel, and information on the inmate's tablets. Inmates can report allegations of sexual abuse or sexual harassment through the written grievance process. The agency's policy 206B states "All inmates are normally entitled to voice any grievances including grievances pertaining to sexual assault, sexual abuse, or sexual harassment to the Jail Administrator, Chief Deputy, or Sheriff." If a grievance is received regarding sexual abuse, sexual assault, and/or sexual harassment is received, the grievance is treated as an emergency grievance. Policy 206B also states "An inmate can submit a grievance without submitting the grievance to the staff member who is the subject of the complaint. A grievance of sexual assault, sexual abuse, or harassment will not be submitted to the staff member who is subject of the complaint; the grievance will be forwarded to the Jail Administrator who will forward the grievance to the Detective Bureau for investigation. The Lake County Sheriff's Office will not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. Nothing in PREA Standard section 115.52(B) shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired. The Lake County Sheriff's Office will permit an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the allegation to have occurred." If a grievance is received regarding sexual abuse, sexual assault, and/or sexual harassment is received, the grievance is treated as an emergency grievance per the Lieutenant. There were no grievances that alleged that an inmate was subject to substantial risk of imminent sexual abuse as noted by the PAQ and the Auditor's review of the grievances.

The agency's policy 200B states "After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the staff member will immediately forward the grievance to a supervisor, who will provide an immediate initial response of administrative confinement and start an investigation within 12 hours from receipt of the emergency grievances and will issue a final agency decision within 3 calendar days. There will not be a time limit imposed on when an inmate may submit a grievance regarding an allegation of sexual abuse."

The agency's policy did not address standard language of the computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal and at any level of the administrative process, including the final level, if the inmate does not receive a response within the time limit allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be denial at that level. The agency's policy 200B was expanded to state, "The initial response and final agency decision will document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The agency will notify the inmate in writing if an extension is needed and provide a date by which a

decision will be made. The extension will never exceed the PREA Act limitations of 48 hours response and 5 calendar days for the agency's final decision. The Lake County Adult Detention Facility issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of up to 70 days to respond if the normal time period for response is insufficient to make an appropriate decision. The agency will notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the allotted time to reply, including any properly noticed extension, the inmate may consider the absence of a response to be denial at that level.

Two inmates reported allegations through the grievance process. The first allegation alleged an officer was making sexual advances to the inmate, dated 11/2/2020. The allegation was reported to the Detective Bureau the same day. The inmate was already housed in administrative segregation and did not require a housing placement change. The Detective interviewed the inmate on 11/5/2020. The investigation was completed and determined unsubstantiated. The second grievance was filed on 2/18/21 that alleged a correction officer entered the pod while the inmate was showering. The inmate received a response from the Sergeant that informed the inmate correction staff are following policy. The inmate filed again the same day that an officer was sexually harassing him. The Detective Bureau was informed of the allegation and the inmate was told through a written response that the Detective Bureau are investigating his allegations. The investigation was completed on 2/26/21 as unsubstantiated. The allegations were reported immediately to the Detective Bureau which started investigations. The investigations were completed timely and a final decision within 90 days.

Did Not Meet (d): The facility's policy did not address standard language of the computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal and at any level of the administrative process, including the final level, if the inmate does not receive a response within the time limit allotted for reply, including any properly noticed extension, the inmate may consider the absence of a response to be denial at that level.

Corrective Action Taken: The agency expanded policy 200B PREA to state "The Lake County Adult Detention Facility issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. The agency may claim an extension of up to 70 days to respond if the normal time period for response is insufficient to make an appropriate decision. The agency will notify the inmate in writing of any such extension and provide a date by which a decision will be made. At any level of the administrative process, including the final level, if the inmate does not receive a response within the allotted time to reply, including any properly noticed extension, the inmate may consider the absence of a response to be denial at that level." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The facility's policy did not address standard language if a third party files an administrative remedy on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. The agency's policy 200B was expanded to state, "If a third-party file such a request on behalf of any inmate, the facility has the right to require, as a condition of processing the request, that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process." Policy 206B also states that "Third parties such as, but not limited to, clergy, another inmate, a volunteer, family, or friends can assist an inmate with filing a grievance regarding allegations of sexual abuse or sexual harassment. If the inmate declines to have

assistance from a third party in filing the grievance of sexual abuse the agency will document the inmate's decision to decline." There were no third-party grievances filed.

Did Not Meet (e): The facility's policy did not address standard language if a third party files an administrative remedy on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

Corrective Action Taken: The agency expanded policy #200B PREA to state "If a third-party file such a request on behalf of any inmate, the facility has the right to require, as a condition of processing the request, that the alleged victim agree to have the request filed on his or her behalf and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "The agency will discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith." Policy 206B states "Any inmate that files any grievance in bad faith may be subject to disciplinary action." There were no inmates disciplined for filing a grievance in bad faith during the audit period.

During the random inmate interviews, the inmates indicated they felt comfortable reporting sexual abuse or sexual harassment to the staff. They know the options available to them for reporting including filing a grievance.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

The agency provides access to victim advocates for emotional support services through a phone number to the Cleveland/Lake Rape Crisis Center. This information is provided to the inmate population through the Inmate Handbook, PREA pamphlet, PREA information on the inmate tablets and the PREA poster. The agency's policy 200B states "The Lake County Sheriff's Office Adult Detention Facility has entered into a Memorandum of Understanding (MOU) with the Crossroads Health, a community service provider that is able to provide inmates with confidential emotional support services related to sexual abuse and help victims of sexual abuse during their transition from incarceration to the community. The Lake County Sheriff's Office will maintain copies of agreements or documentation showing attempts to enter into such agreements." The facility actually utilizes the Cleveland/Lake Rape Crisis Center to provide emotional support services to support inmate victims of sexual abuse. The agency has attempted to obtain an MOU from the Cleveland/Lake Rape Crisis Center with the last attempt on September 20, 2021. From the email chain provided for documentation, the Center was receptive of working together on a MOU. A representative of the Cleveland/Lake Rape Crisis Center was interviewed who acknowledged their organization provides emotional support through a hotline to the inmates. The representative stated emotional support services are available to the inmates just as any other person in the community. Through the interview with the Cleveland/Lake Rape Crisis Center representative, she stated emotional support services is also provided for a forensic exam at the hospital and follow-up emotional support services are provided after the incident, however an inmate can decline. The inmates can also contact the Lake County Prosecutors Victim Assistance Program.

Did Not Meet (d): The facility has not provided a MOU/agreement for victim advocacy services (Cleveland/Lake Rape Crisis Center and the Lake County Prosecutors Victim Assistance Program) or an attempt to enter into a MOU/agreement.

Corrective Action Taken: The facility has attempted to enter into a MOU for victim advocacy and emotional support services with Cleveland/Lake Rape Crisis Center. The facility provided an email chain between the Facility Administrator/Captain and the Cleveland/Lake Rape Crisis Center Director of Access to demonstrate compliance. The agency has met substantial compliance.

The Auditor tested the reporting and the emotional support services numbers posted in the housing unit. The phones required an inmate pin to be used for any phone calls, which would identify an inmate and not allow an anonymous call. The agency contacted the phone company regarding the PREA hotline, the Cleveland/Lake Rape Crisis Center. The phone company made a change in the system that allows

inmates to call the hotline with no pin requirement, the calls are not recorded, and a speed dial number of *777 was added for the Cleveland/Lake Rape Crisis Center. The number for the hotline was also set to auto-accept (passive acceptance) where the receiving end does not have to acknowledge acceptance of the call. The Auditor tested the phone hotline on the compliance revisit and a pin number was not necessary to call the Cleveland/Lake Rape Crisis Center for emotional support services.

Did Not Meet: The inmate must use a pin to phone outside victim advocates for emotional support services related to sexual abuse. By requiring a pin, the communication is not confidential or anonymous since it could be tracked through the system.

Corrective Action Taken: The agency changed the process to allow inmates to make anonymous and confidential calls to the victim advocacy agency. The change within the inmate phone system no longer requires an inmate pin to call outside victim advocates. The number for the victim advocacy agency is set to auto-accept (passive acceptance), which does not require the victim advocacy agency to acknowledge acceptance of the call. The call would go through as a normal phone call. The agency also added a speed dial of *777 allowing calls to the hotline without the requirement of an inmate pin. The agency has met substantial compliance.

The agency's policy 200B states "The Lake County Sheriff's Office shall inform inmates prior to giving them access of the extent to which such communication will be monitored and that the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws." The Inmate Handbook informs the inmate the inmate phones are recorded. The agency worked with the phone system for the number to the Cleveland/Lake Rape Crisis Center will not be recorded.

The inmates interviewed were not aware of services available outside of the facility for dealing with sexual abuse and emotional support services. However, the facility provides the information with a contact number to the inmates in numerous methods as demonstrated through the Inmate Handbook, PREA pamphlet, inmate tablets, Inmate News Network Channel and the PREA poster posted throughout all housing units. The inmate that reported sexual abuse could not remember if emotional support service information were provided to him. There were no notes in the file regarding emotional support services.

Standard 115.54: Third-party reporting

115.54 (a)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "Information on how to report sexual abuse and sexual harassment will be provided on the Lake County Sheriff's Office website." The Lake County Sheriff's Office website has a link to the PREA Resource Center and contains the PREA policy 200B for the public. There is no direct information on how to report an allegation of sexual abuse or sexual harassment. Information about reporting is located within the PREA policy. The PREA End the Silence pamphlet is available in the facility's lobby for the community. The PREA pamphlet shares how an individual can report an allegation contacting the facility directly or through the Cleveland/Lake Rape Crisis Center. The pamphlet has the phone numbers for the PREA Coordinator, PREA Compliance Manager, and the Jail Supervisor. The two allegations reviewed during the compliance revisit were both reported by a third party, the Cleveland/Lake Rape Crisis Center. Random staff interviewed acknowledged that third-party reporting would be accepted and investigated.

It is recommended the agency place the reporting methods for an allegation of sexual abuse and sexual harassment on the agency's website for community accessibility and to comply with the agency's policy language.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No

- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "All staff shall report immediately to a supervisor any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Retaliation against inmates or staff who reported such an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in the Lake County Adult Detention Facility's policy, to make treatment, investigation, and other security and management decisions." Staff are informed of the reporting requirements through PREA training and by policy that outlines the steps to take as a first responder and reporting requirements. The specialized and random staff interviews confirm that staff are knowledgeable in their reporting duties, the process of reporting, and to whom to report sexual abuse and sexual harassment of inmates. Staff interviewed indicated they would report immediately to a supervisor. After verbal reporting, a written incident report would be completed and forwarded to the Supervisor. The PREA Coordinator shared the agency requires that staff immediately report sexual abuse and harassment incidents, and staff are trained on PREA reporting procedures. Of the four allegations reported, two allegations were verbally reported to staff. Through the Auditor's review of the investigative files, the files demonstrated that allegations reported to staff were reported immediately and an incident report was written. Staff also shared that the information would not be shared with other staff unless there was a need to know.

The agency's policy 200B states "Unless otherwise precluded by Federal, State or local law, medical and mental health practitioners will be required to report sexual abuse pursuant to paragraph (C) of this section and to inform inmates of the practitioner's duty to report and the limitations of confidentiality at the initiation of services." The medical and mental health practitioners are trained about mandatory PREA reporting procedures and the NIC Specialized Training PREA Behavioral Health Care or Sexual Assault Victims in a Confinement Setting course covers the requirement of confidential reporting and the

responsibility of informing the inmate at the initiation of services the duty of staff to report. If the sexual abuse occurred outside the correctional facility, the healthcare staff would need informed consent from the inmate prior to reporting the incident. The medical and mental health practitioners interviewed indicated they disclose the limitations of confidentiality and the duty to report to the inmate at the initiation of services. They stated the inmate has paperwork to sign acknowledging the limitations of confidentiality. One medical staff expanded to state it is a requirement to report any information regarding an incident of sexual abuse that occurred in the facility and if occurred in the community, the staff must have the inmate's consent to report the incident. Of the four allegations reported, none were reported to medical or mental health staff.

The agency's policy 200B states "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person statute, the Lake County Adult Detention Facility will report the allegation to the designated State or local services agency under applicable mandatory reporting laws." The Jail Administrator/PREA Coordinator stated if an allegation is made by a youthful offender or a vulnerable adult an investigation would be started. Notifications would be made to judges, as needed, and any outside agencies would be notified as required. If a youthful offender, the Ohio Department of Youth Services would also be notified. The PREA Coordinator shared the agency has not had an allegation from a youthful offender or a vulnerable adult within the audit period.

The agency's policy 200B states "The Lake County Sheriff's Office will report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports, to the facility's Detective Bureau." The PREA Coordinator/Jail Administrator shared all allegations of sexual abuse or harassment, including third-party or anonymous reports, shall be reported to the Detectives Bureau and such allegations shall be investigated by qualified PREA trained investigators from that unit. The two allegations reviewed during the compliance revisit were reported by a third party, and both reported allegations were investigated by the Detective Bureau. The four allegations reported during the audit period was referred to the Detective Bureau and investigated immediately.

Standard 115.62: Agency protection duties

115.62 (a)

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

Auditor Overall Compliance Determination

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

The agency's policies did not address the staff action to be taken to protect the inmate when the facility learns an inmate is subject to a substantial risk of imminent sexual abuse. The agency expanded policy 200B to state "When a Facility learns that an Individual in the Facility or Program is subject to substantial

risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim. Employees shall report and respond to all allegations of Sexually Abusive Behavior and Sexual Harassment. Employees should assume that all reports of sexual victimization, regardless of the source of the report (i.e. "third party") are credible and respond accordingly." The Sheriff shared if an inmate is subject to a substantial risk of imminent sexual abuse staff would separate the inmate and find alternative housing. Staff would find the best housing solution for the inmate without appearing as a punishment and the inmate would have access to all privileges. The Jail Administrator stated the inmate would be moved to another housing unit for safety. Random staff interviewed knew the steps to take to protect an inmate at risk for sexual abuse with immediately action taken to protect inmates who are in substantial risk of sexual abuse by removing the inmate from the area to a safe location and contact the Supervisor. Officers and supervisory staff work simultaneous to take protective measures as information is reported.

Did Not Meet: The facility's policy and procedures did not address the staff action to be taken to protect the inmate when the facility learns an inmate is subject to a substantial risk of imminent sexual abuse.

Corrective Action Taken: The agency expanded policy #200B PREA to state "When a Facility learns that an Individual in the Facility or Program is subject to substantial risk of imminent Sexual Abuse, it shall take immediate action to protect the alleged victim." The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

In the past twelve months, no inmate reported feeling at imminent risk of sexual abuse, or any staff reported that an inmate was subject to substantial risk of imminent sexual abuse, therefore, there were no protective measures to implement.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

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

The agency's policy 200B states "Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the supervisor shall notify the head of the facility or appropriate office of the agency where the alleged abuse had occurred within 72 hours. The supervisor shall then document the incident in a report to the Executive Lieutenant including who the incident was reported to at the offending facility. The facility had one allegation reported through a grievance that the inmate was sexually assaulted by one of the police officers transporting the inmate to the facility. Upon the reported allegation, the facility notified the police department detectives the following day (day of grievance received). The notification was noted on the grievance as a response to the inmate. The agency's Detectives assisted with the investigation by interviewing the inmate and ensuring the inmate was seen by medical.

The agency's policy 200B states "The Lake County Adult Detention Facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment." The Sheriff shared that any allegation that is reported is investigated through the Detective Bureau including from another agency. He expressed the Jail Administrator, Administrative Lieutenant, and the Detective would review the allegation and the Detective would begin the investigation. The Jail Administrator stated a reported allegation from another agency would be managed as any allegation and investigated in the same process.

Standard 115.64: Staff first responder duties

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "When staff becomes aware of an alleged attempted/sexual battery, verbally, in writing, anonymously or from a third party the staff member will document the occurrence on an Incident Report in the Jail Management System (JMS). They will then proceed with the following directions: isolate the victim and ensure the inmate is in view of an officer at all times; attempt to identify the location where the alleged crime took place, secure the crime scene, and gather all other pertinent information; isolate the alleged assailant, if known, and place in administrative segregation status in a holding cell; immediately notify the Supervisor; notify the medical staff and request response to assess victim for any potential medical or mental health needs; ensure the victim is not permitted to eat, drink, change clothes, shower, brush teeth or use the restroom, if possible, until cleared by the Lake County Sheriff's Office Detective Bureau/or designee; ensure that the alleged aggressor is not permitted to eat, drink, change clothes, shower, brush teeth or use the restroom, if possible, until cleared by the Lake County Sheriff's Office Detective Bureau/or designee /or designee; notify the Executive Lieutenant who will notify the Lake County Sheriff's Office Detective Bureau/or designee to begin the investigation process; and initiate an Incident Report." The policy clearly specifies the detailed procedures for security and non-security staff when responding to an allegation of sexual abuse. The security staff as well as non-security staff receive the same training annually which includes the first responder duties. Random staff interviewed including higher and intermediate level supervisors, first responders, non-security staff, and correctional officers were knowledgeable in the steps to take as a first responder. The first responders interviewed outlined the process taken to ensure the safety of the inmate including separate the inmates; secure the area; request the inmates not to destroy evidence and keep them in a secure area preferably with no sink or toilet; ask them not to change clothes, brush teeth, use bathroom; take the victim to medical; and contact the supervisor. Then document all details of the incident on an incident report. The two inmates interviewed that reported an allegation stated they were taken for the area and placed in another location. One inmate noted he was taken to the medical area. He felt the respond was not timely, however upon review of the investigation file the inmate was taken to the hospital by emergency transport. The other inmate was placed in an observation cell on mental health watch. Upon review of the investigative files, the first responders followed the first responder protocols in a timely manner once alerted of the allegation.

Standard 115.65: Coordinated response

115.65 (a)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B is utilized for the agency's Coordinated Response Plan to coordinate actions taken in response to an incident of sexual abuse. The policy 200B states "This policy will stand as the written facility plan to coordinate actions taken in response to an incident of sexual abuse, among members to include first responders, medical and mental health practitioners, investigators and facility leadership." The policy sections include zero tolerance of sexual abuse; PREA Coordinator; Agreements with the Prosecuting Authority; Sexual Abuse Reported Hotline; First Responder Duties (Sexual Abuse Reported to Staff); Medical and mental Health Services; Investigation (Investigator); and the Review Team. During staff interviews, each area detailed their responsibilities in their coordinated efforts during an incident. The staff are trained on their responsibilities for a PREA incident through PREA training and also through the procedures in the PREA policy. The Jail Administrator stated the individuals and departments work well together including during a sexual abuse incident.

Did Not Meet: The facility did not have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Corrective Action Taken: The agency utilizes the updated facility's policy #200B PREA as the written institutional plan to coordinate actions taken in response to an incident of sexual abuse. The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policy 200B states "No agreement shall be made that limits the agency's ability to remove alleged staff sexual or abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. No agreement shall be made that limits the agency's ability to remove alleged staff sexual or abuser from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Whether a no-contact assignment that is imposed pending the outcome of an investigation will be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated. The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of (§115.72 and 115.76)." The Lake County Sheriff's Office has one collective bargaining agreement that covers all correction officers, sergeants, lieutenants, and food service staff. The collective bargaining agreement requires the use of a progressive discipline process unless the staff infractions are considered serious by the Employer, in which sexual assault and sexual abuse would merit as serious. The Sheriff stated the agency has zero tolerance for sexual abuse and can discipline up to terminating an employee. An incident would be investigated and based on the outcome of the investigation, a determination would be made of the appropriate discipline, if warranted, including termination. The agency has a right to reassign a staff member, move staff, and discipline staff. An alleged staff member may be placed on administrative leave or removed from inmate contact until the outcome of the investigation.

Standard 115.67: Agency protection against retaliation

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of offenders or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The agency's policy 200B states "All staff and inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will be protected by the Lake County Adult Detention Facility from retaliation by other inmates or staff by offering anonymity. The two confidential hotlines are available which can be used if the inmate or staff member has a fear of retaliation. The Lake County Adult Detention Center offers multiple protection measures such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services through Victim Advocates and Mental Health Counselors. Inmates or staff who fears retaliation for reporting sexual abuse or sexual harassment or for cooperation with investigations are offered anonymity through the toll-free hotlines that are provided. For at least 90 days following a report of sexual abuse the Detective Bureau will monitor the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to monitor possible retaliation by inmates or staff and will act promptly to remedy any such situation. Items to be monitored may include but are not limited to disciplinary reports, negative performance reviews/reassignments of staff. If deemed appropriate, the Detective Bureau will continue to monitor beyond 90 days. Inmate monitoring will also include periodic status checks through review of the video monitoring system and unannounced rounds made by jail sergeants, lieutenants, and higher-level supervisors. The jail will take appropriate measures to protect any other individual who cooperates with an investigation and expresses a fear of retaliation. The jails obligation to monitor will be terminated if the agency determines that the allegation is unfounded."

Although the policy designates the Detective Bureau as responsible for monitoring for retaliation, the information from facility staff is the PREA Compliance Manager will monitor for retaliation. The PREA Compliance Manager stated that correction supervisors are responsible for monitoring retaliation. Monitoring is started with an initiate contact with the inmate and then the inmate is monitored through periodic checks made while completing rounds and video monitoring. To detect retaliation, he stated they would look at the individuals' demeanor, disciplinary records, staff reactions to inmates, and housing changes of inmates. He stated the monitoring would continue as long as needed.

The agency had not conducted relation monitoring on any staff or inmates that were involved in the incidents during the audit year. The agency developed a form, PREA Retaliation Monitoring, to document the retaliation monitoring and a process for monitoring. The Detective's Bureau will be responsible for conducting monitoring. The agency has created a form, PREA Retaliation Monitoring Form, to document the retaliation monitoring. The form will be completed for each periodic monitoring visit. The form captures the inmate or staff member that is being monitored. The date and time of the monitoring visit. The individual will be asked if they are experiencing any problems for other inmates and/or staff since reporting; do they feel safe at the facility; explain the reason why you do not feel safe; was the inmate or staff member reassigned to another location or assignment; and is there anything else the individual wants to share as it pertains to the reported incident. The person monitoring must also answer if the inmate is on a safety/special management plan; if a plan was not created, what measures were put in place to protect the inmate/staff until plan can be completed; what short and long term actions have been or will be taken to protect the inmate/staff; and if a move or reassignment of inmate/staff member is necessary, a copy of the request and document the relocation/reassignment of the inmate/staff member.

The form then is signed by the staff member conducting the monitoring and the staff/inmate that is being monitored. The completed form must be forwarded to the PREA Coordinator to review.

Did Not Meet (a): The facility had not conducted retaliation monitoring to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff.

Corrective Action Taken: The agency has developed a process to monitor retaliation for staff and inmates. The Detective's Bureau is responsible for conducting monitoring. The agency has created a form, PREA Retaliation Monitoring Form, to document the retaliation monitoring with the employee's and inmate's signatures. The form once completed must be forwarded to the PREA Coordinator for review. This is outlined in the updated #200B PREA policy. The Jail Administrator/Captain shared there has not been an incident to document retaliation monitoring. The facility provided the created PREA Retaliation Monitoring Form and monitoring process to demonstrate compliance. The agency has met substantial compliance.

The Sheriff and Jail Administrator stated the agency would take measures to protect individuals that are retaliated against. This may include moving staff from assignment until the investigation is completed, place separates on staff and inmates; discipline of an inmate or staff member; and discipline up to termination. If retaliation were suspected or known, the individual would be removed from the area and a separation order initiated whether an inmate or staff. The retaliation would be investigated and if substantiated the staff member would be removed legally and would take all appropriate discipline actions for an inmate, including criminal charges if warranted. From the investigation if it appears criminal, the investigation will be taken to the Prosecutor's Office for charges. The Jail Administrator/Captain shared there has not been an incident to document retaliation monitoring.

Recommendation: That a staff member(s) be assigned to monitor retaliation instead of the Detective Bureau. The Detective Bureau may not be seen as an impartial individual for monitoring as the ones that completed the investigations.

Standard 115.68: Post-allegation protective custody

115.68 (a)

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

Auditor Overall Compliance Determination

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

The facility's policy does not address the use of involuntary segregated housing to protect an inmate who is alleged to have suffered sexual abuse and prohibiting the housing placement 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. The agency provided policy #205C Administrative Segregation that states, "Inmates who have suffered sexual abuse will not be placed in Administrative

Segregation unless an assessment of all available alternatives have been made and a determination has been made that there is no alternative means of separation.” Policy 200B states “The Executive Lieutenant or designee will determine appropriate housing based on the Medical Coordinator’s or designee’s recommendation and any other relevant factors. Any use of segregated housing to protect an inmate who is alleged to have suffered from sexual abuse is subject to the requirements of (policy 205C).” The agency’s policy 200B states, “Inmates at high risk for sexual victimization will not be placed 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. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while conducting the assessment. If involuntary, the documentation must include: the basis for the facility’s concern for the inmate’s safety and the reason why no alternative means of separation can be arranged.” The PREA Coordinator/Jail Administrator stated that all housing alternatives would be reviewed for the inmate prior to housing in special housing protective custody. The inmate may be offered protective custody for their safety or protective custody would be used if the inmate requests the housing placement for safety. The Jail Administrator also shared no inmates have been involuntarily placed in protective custody after reporting sexual abuse. The Lieutenant that supervises special housing stated that another housing range or pod would be considered prior to placement in protective custody. The inmate’s comfort level would be considered and keep separates would be issued on inmates as needed. If the inmate is moved to another housing range or pod, staff would follow-up with the inmate to ensure their safety. Per staff interviews and the PAQ, there have been no inmates that reported sexual victimization placed in involuntary segregated housing during the audit period.

Did Not Meet: The facility’s policy does not address the use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse and prohibiting the housing placement 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.

Corrective Action Taken: The agency provided policy #205C Administrative Segregation that states, “Inmates who have suffered sexual abuse will not be placed in Administrative Segregation unless an assessment of all available alternatives have been made and a determination has been made that there is no alternative means of separation.” The agency has met substantial compliance.

If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities that have been limited, the duration of the limitation, and the reasons for the limitations. The agency policy 200B states, “Have access to programs, privileges, education, and work opportunities to the extent possible, if restricted it must be documented with the following: the opportunities that have been limited; the duration of the limitation; and the reason for the limitation. The Lieutenant who supervises inmates in segregated housing stated inmates would have access to programs, privileges, education, and work opportunities. The inmates would receive privileges the same as the general population including clergy/bible study, AA/NA, television, phone calls, commissary, newspapers, mail, recreation, and library books. The work opportunities would be limited due to separation issues while in protective custody. The Lieutenant also stated that programming, privileges, work opportunities, and education would only be restricted based on the inmate’s behavior as determined through the disciplinary process after being found guilty of a rule violation. The disciplinary hearing would document the restriction duration, what opportunities was restricted, and the reasons for restriction. The opportunities restricted would also be documented in the jail log and through an incident report. The documentation would list the sanctions of the discipline and the length of time of restrictions. The Lieutenant also shared the most common restrictions for inmates in protective custody are reading materials and commissary.

The agency's policy 200B states "The Lake County Adult Detention Facility will assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed 30 days." The Jail Administrator and Lieutenant stated the inmate would be transferred out of protective custody as soon as alternative housing is available and staff would explain to the inmate the placement reasoning. The protective housing may be for one to two days, if needed.

The agency's policy 200B states "Every 30 days the Lake County Adult Detention Facility will reassess the segregated inmate to determine a continuing need for separation from the general population." Policy 205C states "If an inmate is placed in administrative segregation for protection due to sexual abuse, he/she will have a written 30 day review by the Jail Administrator." The policy also addresses the review is conducted to determine the need for continued segregation and subsequent reviews will be every thirty days thereafter. The policy directs the Jail Administrator to consider during the review whether or not the conditions or circumstances which led to the segregation still exists; any change in the risk presented to the inmate by replacement in the general population, and the presence or absence of continued risk to the general inmate population if the inmate is put into general population. The Lieutenant stated a review would be conducted every thirty days the inmate is housed in involuntary administrative segregation and a report must be written if the inmate is maintained in administrative segregation with the why no longer alternative housing can be arranged.

The Lake County Detention Center has not placed an inmate in protective custody involuntarily during the audit period. From the interviews with staff, the Auditor determined that the facility was addressing individual housing and program needs consistent with the security and safety of the inmate.

The Superintendent stated the agency prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing options. He stated the inmate would be housed in a medical cell until another housing option can be determined and this is usually completed by the next day. The inmate would not be placed in isolation. He stated medical housing is used so the inmate is not isolated. Medical placement would be for the safety of the inmate since most housing units do not have locking doors. The PREA Compliance Manager shared an assessment is conducted by the Watch Commander or Classification staff to determine if an inmate at high risk of sexual victimization would be placed in segregation housing. Per staff interviews and the PAQ, there have been no inmates placed in post allegation protective custody during the audit period.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

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

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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

The agency's policy 200B and policy 106J Evidence Collection and Property Management outlines the investigation and evidence collection process including that all allegations of sexual abuse and sexual harassment must be referred immediately for investigation. The Lake County Sheriff's Office is responsible for administrative and criminal investigations. Specialized trained facility staff and detectives from the Lake County Detective Bureau conducts administrative investigations and criminal investigations are completed by the Detective Bureau. The agency's policy 200B states "The Lake County Adult Detention Facility will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Lake County Adult Detention Facility is responsible for investigating all allegations of sexual abuse or sexual harassment. When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so promptly, thoroughly, and objectively for all allegations including third party and anonymous reports."

Did Not Meet (a): The facility's policy did not address that investigations into allegations of sexual abuse and sexual harassment are conducted promptly, thoroughly, and objectively for all allegations, including third-party and anonymously.

Corrective Action Taken: The agency expanded policy #200B PREA to state "When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it will do so

promptly, thoroughly and objectively for all allegations including third party and anonymous reports.” The expanded policy was provided to demonstrate compliance. The agency has met substantial compliance.

The Sheriff stated all allegations are referred immediately by the Jail Administration to the Detective Bureau for investigation. The Detective (investigator) interviewed stated an investigation would be started immediately once reported during work hours and if after hours the investigator on call would be called to report and begin the investigation if incident warrants. The PREA Coordinator/Jail Administrator shared a trained Detective is notified whenever an allegation of sexual abuse or sexual harassment is made including third party and anonymous reports. A preliminary investigation may be started promptly by specialized trained facility staff and shared with the Detective once on site. The Investigator said an investigation process is the same for anonymous and third-party reports.

The agency’s policy 200B states “To ensure compliance with the standards of PREA, Detectives for the Lake County Adult Detention Facility will receive training in conducting sexual abuse investigations in a confinement setting. The specialized training for Detectives will include the following areas: techniques for interviewing sexual abuse victims; proper use of Miranda and Garrity warnings; sexual abuse evidence collection in confinement settings; and criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Lake County Adult Detention Facility will maintain written verification of a Detective’s completion of specialized training in conducting sexual abuse investigations in a confinement setting.” The facility has five specialized trained investigators which includes the Jail Administrator/Captain, a Lieutenant, and three Sergeants. Training was conducted through NIC course PREA: Investigating Sexual Abuse in a Confinement Setting as documented through training certificates. Investigators within the Detective Bureau had not completed the specialized training for investigators. Detectives without the specialized training conducted the three investigations. During the onsite compliance revisit, the Auditor was provided with training NIC training certificates for the Detectives that completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting course. One Detective and facility staff member has also completed the NIC PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. The agency currently has seven specialized trained investigators documented through training certificates.

Did Not Meet (b): All investigations have not been conducted by a specialized trained investigator.

Corrective Action Taken: The agency expanded policy #200B PREA to state “When a Detective is responding to a sexual abuse allegation it is to be confirmed that he/she has received special training in sexual abuse investigations pursuant to (§115.34). The specialized training for Detectives will include the following areas: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and Criteria and evidence required to substantiate a case for administrative action or prosecution referral.” The agency has required all Detectives to complete the PREA Investigating Sexual Abuse in a Confinement Setting through NIC. The agency provided the updated policy and copies of training certificates to demonstrate compliance. The Auditor during the compliance on-site revisit reviewed two new investigation files that documented a specialized trained investigator completed the investigation. The agency has met substantial compliance.

The agency’s policy 200B states “Detectives will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. The Detective/or designee will interview alleged victims, suspected perpetrators, and witnesses. The Detective/or designee will review prior complaints and reports of sexual abuse involving the suspected perpetrator.” The agency utilizes policy 106J Evidence Collection and Property Management as their uniform evidence protocol. The policy outlines definitions; property management; evidence and property

security; master property binder; inspection; property inventory; deputy responsibilities; evidence and property collection and storage; perishable items/toxicological samples; hazardous items; property storage location; evidence testing; evidence and property tracking/bar coding; evidence disposition; evidence disposal; biological evidence; major case disposition; and prosecutor's approval. The biological section directly addresses sexual assault kits, the type of evidence to collect and preserve; and the time period for which evidence must be preserved. Both administrative and criminal investigations and evidence collection start immediately following an allegation. Also, to ensure evidence is not destroyed, staff are trained on first responder duties that includes securing the scene and requesting the involved inmates not to destroy evidence. The Investigator stated the first steps in initiating an investigation would be collecting incident reports, and any jail reports; secure all video footage; interview the alleged victim; and collect statements from witnesses. The investigative process would continue with reviewing mail correspondence and phone calls, gather all available information that has been collected to that point, conduct interviews with the alleged abuser, and gather further evidence. Evidence would include video, physical evidence, interviews, photos of the scene, witness statements, bedding, towels, clothes, and the SANE kit, if applicable. The Auditor reviewed the investigative files, the investigation reports outlined the evidence collected in each case. There were no forensic exams conducted during the audit period per the review of the investigation files and interviews with security and medical staff.

The agency's policy 200B states "When the quality of evidence appears to support criminal prosecution, the agency will conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." The Investigator stated if the case appears to be criminal, the agency and the Prosecutors office will discuss the case. Interviews may occur before discussing with the Prosecutors Office to determine if the case is criminal in nature. If criminal, a discussion will be held with the Prosecutor before proceeding with the case. There were no investigations during the audit period that were deemed criminal, the three allegations were sexual harassment.

The agency's policy 200B states "The credibility of an alleged victim suspect, or witness will be assessed based on an individual basis and will not be determined by the person's status as inmate or staff. Furthermore, no agency will require an inmate who alleges sexual abuse to submit to a Controlled Voice Stress Analyzer or other truth telling device as a condition for proceeding with the investigation of such allegation." The Investigator stated everyone is credible until evidence shows otherwise. The credibility is based on interviews, evidence, observations, and further interviews for clarifications if needed. The investigator stated the agency does not require inmates to submit to polygraph examination or other truth telling devices. The inmates interviewed that reported sexual harassment stated they was not required to take a polygraph exam or other truth telling device. Upon review of the investigative files, there was no reference to polygraph exams.

Did Not Meet (e): The facility's policy does not address the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The credibility of an alleged victim suspect, or witness will be assessed based on an individual basis and will not be determined by the person's status as inmate or staff." The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "All administrative investigations will be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings and will include an effort to determine whether staff actions or failures to act contributed to the abuse. Criminal investigations will be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible." The Investigator stated to determine if staff

actions or failure to act contributed to the abuse, he reviews the internal operations of staff at the time of the incident, review video footage, conducts interviews, how the incident was handled and if policy was followed, and did the staff lack in duties. The Auditors review of the investigative files confirmed staff actions or failure to act is considered, there were none noted in the investigation reports.

Once the investigation is completed, the Investigator will complete a final report, administrative or criminal. The Investigator stated the final investigation report will include a summary of the entire investigation, facts of the incident, interviews and statements conducted, evidence collected and analyzed, and staff actions. The Investigator stated the criminal investigation report follows the same format as the administrative report and further includes the criminal complaint, the criminal charge, and SANE kit and lab kits, if applicable. If criminal the Investigators will also meet with Prosecutors Office. The Auditor reviewed the three investigative files which had completed investigation reports, The investigation report format included a general narrative of the incident, video footage reviewed and the results of the video review, interviews, statements, evidence description, and the conclusion. The investigations were promptly conducted with a final report that was objective and easy to follow the reasoning of the findings.

The agency's policy 200B states "Substantiated allegations of conduct that appears to be criminal will be referred for prosecution." The Investigation shared all substantiated cases are referred to the Prosecutor's Office for review and charges, if warranted. All cases had completed investigations, two cases were unsubstantiated, and one case was unfounded. There were no cases that warranted prosecution.

The agency's policy 200B states "The agency will retain all written criminal and administrative investigations and reports for as long as the alleged aggressor is incarcerated or employed by the agency plus five years." The Investigator shared investigative reports are maintained in accordance with the records retention schedule and maintained within the Detective Bureau secure storage. The agency maintains the investigative files and supporting documents per the record retention schedule.

The agency's policy 200B states "The departure of the alleged aggressor or victim from the employment or control of the facility will not provide a basis for terminating an investigation." The Investigator said all investigations will continue to completion. If an individual is no longer working or in custody, a warrant may have to be issued to continue the investigation process. None of the investigations involved a staff member or inmate that left the facility.

The agency's policy 200B states "When outside agencies investigate sexual abuse the Lake County Adult Detention Facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation." The Sheriff stated all investigations are completed within the Sheriff's Office however if ever warranted the agency may ask Mentor Police Department as an independent agency to conduct a staff investigation. The Jail Administrator/PREA Coordinator shared Lake County Sheriff's Office conducts all investigations and there has not been a case where an outside agency conducted a PREA investigation. The Investigator stated there has not been an investigation conducted by an outside agency, however if one were to occur, he would assist the outside agency as needed. He also added the agency has a good working relationship with the Mentor Police Department if needed. The Auditor recommended the agency contact the Mentor Police Department to ensure that the Mentor Police Department would follow the requirements of the 115.21 when conducting the investigation per standard language 115.21(f).

There were four allegations reported during the audit period, three within the facility and one report of sexual assault occurring at another agency. The three allegations reported at the facility were all staff-on-inmate sexual harassment. All cases had completed investigations, two cases were unsubstantiated, and one case was unfounded. There were no cases that warranted prosecution. The Auditor reviewed

the three administrative investigation files and found investigations were started immediately and completed timely with a final report.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "The agency will impose no standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated." The Investigator stated the standard of proof to substantiate an administrative investigation is preponderance of the evidence. He also stated for criminal cases the Prosecutor's Office makes the final decisions. This is also documented through the investigation training. The Investigator's interview and review of the investigation reports confirm compliance with the policy and standard.

Standard 115.73: Reporting to inmates

115.73 (a)

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

115.73 (b)

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

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the

offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

The facility was not notifying the inmate of the outcome of investigations. The agency developed a process to ensure the inmate is notified of the outcome of the investigation. A Detective is responsible to make the notification to the inmate. Policy 200B states, "Following an investigation into an inmate's allegation that he or she has suffered sexual abuse in the jail, the Detective Bureau will inform the inmate as to whether the allegation has been substantiated, unsubstantiated or unfounded." The notification is to be documented. The developed process and the updated policy were provided to demonstrate compliance. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and notifications were not warranted yet. The Investigator stated the Detective notifies the inmate by bringing the inmate to an office and provided the outcome of the investigation verbally. The Jail Administrator also confirmed the process of the Detective notifying the inmate. Both inmates interviewed that reported allegations stated they were not provided the outcome of the investigation. One of those inmates was from the allegation that occurred at another agency. There was no documentation that the agency requested from the investigation agency relevant information in order to tell the inmate the investigation outcome. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and notifications were warranted yet.

Did Not Meet (a): Inmates are not informed of the outcome of the investigation.

Corrective Action Taken: The agency has developed a process to ensure the inmate is notified of the outcome of the investigation. A Detective is responsible to make the notification to the inmate. Policy 200B states, "Following an investigation into an inmate's allegation that he or she has suffered sexual abuse in the jail, the Detective Bureau will inform the inmate as to whether the allegation has been substantiated, unsubstantiated or unfounded." The notification is to be documented. The developed process and the updated policy were provided to demonstrate compliance. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and notifications were not warranted yet. The agency has met substantial compliance.

The agency's policy 200B states "Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency will subsequently inform the inmate, unless the allegation is unfounded, whenever: the staff member is no longer assigned to work the floor the inmate is housed on; the staff member is no longer employed at the facility; the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; and the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency will subsequently inform the alleged victim whenever: the agency learns that the alleged aggressor has been indicted on a charge related to sexual abuse within the facility and the agency learns that the alleged aggressor has been convicted on a charge related to sexual abuse within the facility." Any inmate notification is to be made by the Detective handling the investigation. None of the investigative files documented notifications. With the three allegations being sexual harassment cases, notifications are not a requirement of the standard language.

The agency's policies did not address that investigative outcome notifications to the inmate are documented. The agency's policy 200B was expanded to state "All such notifications or attempted notifications are documented. The agency's obligation to report under this policy will terminate if the inmate is released from the agency's custody." The Investigator stated the Detective notifies the inmate by bringing the inmate to an office and provided the outcome of the investigation verbally. Both inmates interviewed that reported allegations stated they were not provided the outcome of the investigation. If the notifications were made verbally, there was no documentation to verify the notification was made. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and notifications were not warranted yet.

Did Not Meet: The facility's policy did not address that investigative outcome notifications to the inmate are documented.

Corrective Action Taken: The agency expanded policy #200B PREA to state "Following an investigation into an inmate's allegation that he or she has suffered sexual abuse in the jail, the Detective Bureau will inform the inmate as to whether the allegation has been substantiated, unsubstantiated or unfounded. All such notifications or attempted notifications are documented." The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and notifications were not warranted yet. The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

The Auditor recommended the agency create an Inmate Notification Form to document the inmate being informed of the investigation outcome. The form should include the staff and inmate's signature to verify the notification.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "Staff will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination will be the presumptive disciplinary sanction for staff who engages in sexual abuse. Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment will be 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. All terminations for violations of agency sexual abuse or sexual harassment policies or resignations of staff who would have been terminated if not for their resignation will be reported to law enforcement agencies unless the act was clearly not criminal and to any relevant licensing bodies." The Sheriff stated the agency has zero tolerance for sexual abuse and can discipline up to terminating an employee. An incident would be investigated and based on the outcome of the investigation, a determination would be made of the appropriate discipline, if warranted, including termination. The agency has a right to reassign a staff member, move staff, and discipline staff. An alleged staff member may be placed on administrative leave or removed from inmate contact until the outcome of the investigation. The agency had no employees disciplined or terminated for PREA violations during the audit period.

The three allegations reported at the facility were all staff-on-inmate sexual harassment. All cases had completed investigations, two cases were unsubstantiated, and one case was unfounded.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

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

Auditor Overall Compliance Determination

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

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

The agency had not utilized volunteers or contractors for services during the audit period. The PREA Coordinator and PREA Compliance Manager stated the agency currently does not have contractors or volunteers due to COVID protocols. The agency's policy 200B states "Any contractor or volunteer who engages in sexual abuse is prohibited from contact with the inmates and will be reported to law enforcement agencies and relevant licensing bodies, unless the act was clearly not criminal. In the case of any other violation of the Lake County Sheriff's Office's sexual abuse and sexual harassment policies by a contractor or volunteer, the jail will take appropriate remedial measures and considers whether to prohibit further contact with inmates." The Jail Administrator stated that if a violation of agency sexual abuse or sexual harassment occurred by a contractor or volunteer, an investigation would be initiated and the volunteer and/or contractor would not be permitted in the facility during the investigation. If the investigation is substantiated, the volunteer/contractor would be permanently banned from the facility. During the audit period, there were no contractors or volunteers suspended or reported to law enforcement for engaging in sexual abuse of inmates per the PAQ and the Jail Administrator. The Auditor's review of the investigation files showed no allegations were made against a contractor or volunteer.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "Inmates will be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in an inmate on inmate sexual abuse or following a criminal finding of guilt for inmate on inmate sexual abuse. Sanctions will be commensurate with the nature and circumstances of the abuse committed the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The Jail Administrator stated an inmate that violated agency's rules would go through the disciplinary process for sanctions and based on the incident criminal charges may be filed. She also stated the agency has a disciplinary grid to maintain consistency in the process. The rule violations list sexual misconduct which the inmate handbook defines as threatening bodily harm to another (with or without weapon); threatening harm to the property of another, including state property; threatening or intimidating a witness or victim; extortion by threat of violence or other means; and non-consensual sexual contact with another, whether compelled by force, by threat of force, by intimidation other than threat of force, or/and by any other circumstance s evidencing a lack of consent by the victim; and seductive or obscene acts including indecent exposure or masturbation including but not limited, to any word, action, gesture, or other gesture or other behavior that is sexual in nature and would be offensive to a reasonable person. Following a violation of a rule, the inmate is subject to immediate disciplinary action and may include criminal prosecution. These violations fall under serious violations which may be penalized by disciplinary isolation and/or suspension of privileges and qualified rights for a period up to thirty days per the Inmate Handbook. The inmates are informed of the disciplinary process, rules, rule violations, and sanctions

through the Inmate Handbook and information on the inmate's tablets. There were no inmate disciplinary sanctions during the audit period. All allegations were staff on inmate sexual harassment.

The agency's policy 200B states "The disciplinary process will consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed." The Jail Administrator stated an inmate's mental disability or mental illness is considered through the disciplinary process. The mental health practitioners work with the Disciplinary Board to make determinations on the inmate and have input into the sanctions.

The agency's policy 200B states "The Lake County Adult Detention Facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for abuse, however, as a county facility we do not require for the offending inmate to participate in such interventions." The agency notes this standard language is non-applicable since the agency does not offer therapy, counseling, or other interventions to address and correct underlying reasons or motivations for abuse. The mental health stated the agency offers crisis intervention and would refer inmates to services in the community for therapy and counseling. The mental health staff also stated the inmates have rights to receive or decline services unless in the rest of danger or risk of danger to another.

The agency's policy 200B states "The agency may discipline an inmate for sexual contact with the staff only upon a finding that the staff member did not consent to such contact." The PREA Coordinator shared there have been no incidents at the facility of inmates or detainees having sexual contact with an employee during the audit period. The Auditor reviewed the three allegations, all the allegations were staff on inmate sexual harassment.

The agency's policy 200B states "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident even if an investigation does not establish evidence sufficient to substantiate the allegation." There were no inmate's allegations deemed as falsely reporting during the audit period.

The facility's policy language did not address the agency may not deem sexual abuse activity between inmates to constitute sexual abuse if the facility determines that the activity is not coerced. The agency's policy 200B was expanded to state "The jail in its discretion, may prohibit all sexual activity between inmates and may discipline inmates for such activity. The jail may not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced." The Inmate Handbook informs inmates that all forms of sexual activity are prohibited, including consensual physical contact for the purpose of sexually arousing or gratifying either person.

Did Not Meet: The facility's policy language did not address the agency may not deem sexual abuse activity between inmates to constitute sexual abuse if the facility determines that the activity is not coerced.

Corrective Action Taken: The agency expanded policy #200B PREA to state "The jail in its discretion, may prohibit all sexual activity between inmates and may discipline inmates for such activity. The jail may not, however, deem such activity to constitute sexual abuse if it is determined that the activity is not coerced." The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

MEDICAL AND MENTAL CARE

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☐ Yes ☐ No ☒ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☐ Yes ☐ No ☒ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

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

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

The agency's policy 200B states "If the initial medical screening indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff will ensure that the inmate is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the initial medical screening indicates that an inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff will ensure that the inmate is offered a follow up meeting with a medical or mental health practitioner within 14 days of the intake screening." The PREA Compliance Manager stated an inmate can request mental health services through an Inmate Request Form. The mental health staff stated they would see the inmate if struggling. The inmate would have to complete an Inmate Request to be seen. Mental health services would be focused on crisis intervention and if victimization occurred as a child, staff would ask more information to determine the direction for services. Four inmates during the random inmate interviews acknowledged they disclosed prior sexual victimization upon intake and the inmates stated they were not referred to mental health or medical. Upon review of the inmates' files, there was not reference to mental health. The agency developed a process to make referrals to medical and mental health as part of the new initial risk assessment form. If the inmate affirms previously experienced sexual victimization as part of the risk screening, the staff member completes a referral to medical and mental services. The form has a section for referrals that states "For prior victimization, offer to refer the inmate to medical and mental health services. For prior perpetration of sexual abuse, offer to refer the inmate to mental health services. Make regular or immediate referral as warranted." The staff are to mark a box indicating if medical or mental health referral was offered, accepted, declined, referral made to what staff member. The inmate and the staff member sign the form. The Auditor during the compliance on-site interviewed the intake staff who explained the referral process and reviewed two medical files for inmates that disclosed previous sexual victimization. The inmates were referred and seen by healthcare within fourteen days.

Did Not Meet: During the observation of intakes and with discussion with staff, it was determined that the facility is not identifying inmates who disclosed prior sexual victimization during screening and offering the inmate a follow-up meeting with medical or mental health within 14 days of the intake screening.

Corrective Action Taken: The agency developed a process to make referrals to medical and mental health as part of the new initial risk assessment form. If the inmate affirms previously experienced sexual victimization as part of the risk screening, the staff member completes a referral to medical and mental services. The Auditor during the compliance on-site interviewed the intake staff who explained the referral process and reviewed two medical files for inmates that disclosed previous sexual victimization. The inmates were referred and seen by healthcare within 14 days.

The agency's policy 200B states "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." Healthcare and security staff shared that the information would not be shared with other staff unless there was a need to know. The medical and mental health practitioners have completed NIC training for medical and mental health staff which includes the requirement of confidential reporting.

The agency's policy 200B states "Medical and mental health practitioners will obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under 18." The medical and mental health practitioners are trained about mandatory PREA reporting and consent procedures through the NIC Specialized Training PREA Behavioral Health Care or Sexual Assault Victims in a Confinement Setting course. If the sexual

abuse occurred outside the correctional facility, the healthcare staff would need informed consent from the inmate prior to reporting the incident. The medical and mental health practitioners interviewed indicated they disclose the limitations of confidentiality and the duty to report to the inmate at the initiation of services. They stated the inmate has paperwork to sign acknowledging the limitations of confidentiality. One medical staff expanded to state it is a requirement to report any information regarding an incident of sexual abuse that occurred in the facility and if occurred in the community, the staff must have the inmate's consent to report the incident. Of the four allegations reported, none were reported to medical or mental health staff. The agency's policy 200B states "If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person statute, the Lake County Adult Detention Facility will report the allegation to the designated State or local services agency under applicable mandatory reporting laws." The Jail Administrator/PREA Coordinator stated if an allegation is made by a youthful offender or a vulnerable adult an investigation would be started. Notifications would be made to judges, as needed, and any outside agencies would be notified as required. If a youthful offender, the Ohio Department of Youth Services would also be notified. The PREA Coordinator shared the agency has not had an allegation from a youthful offender or a vulnerable adult within the audit period.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

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

115.82 (b)

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

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "Inmate victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are to be determined by medical and mental health practitioners according to their professional judgment." Policy 250 Medical Emergencies states "Inmates that are victims of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention as determined by the medical and mental health staff." Upon an allegation of sexual abuse, a supervisor begins the notifications which include medical and mental health services. The inmates from an incident are taken to medical for medical assessment and any emergency treatment. The interviews with medical staff confirmed that victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Emergency medical attention is provided through the facility's medical department. Health care services are provided seven days a week, twenty-four hours a day. If after normal business hours, the physician on call will be notified. If further services are needed or a forensic exam, the inmate is transported to the local hospital. The healthcare staff stated medical services are provided as soon as the sexual abuse incident is reported, and the inmate is brought to medical. This usually occurs within minutes the medical staff shared. The inmate is assessed for injuries and if penetration occurred the inmate is sent out to a local hospital for a forensic exam and emergency medical care. The mental health staff work Monday through Friday normal business hours. The mental health staff interviewed stated mental health services would be provided as soon as notified, this is usually after medical completes an assessment. If the incident occurs after hours or on a weekend, a mental health staff member is on call. The healthcare staff stated the scope of medical and mental health services is determined based on their professional judgement, policy and procedures, protocols, and doctors' orders. The Auditor interviewed two inmates that reported sexual harassment, one of the inmates stated he saw mental health. The inmate that reported a sexual abuse that occurred at another facility was sent out to the hospital upon reporting for a forensic exam and required testing. He stated he was also seen by mental health about a week later.

The agency's policy 200B states "Inmate victims of sexual abuse while incarcerated will be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate." The medical staff stated the inmate will be offered testing for sexually transmitted diseases and pregnancy at the hospital. The hospital would start the initial treatment of sexually transmitted infection prophylaxis. Once the inmate is returned to the facility, the medical staff will review the orders and would follow the hospital aftercare plan. The plan would be reviewed and approved by the physician. The staff stated the inmate can decline any treatment. If further medication is warranted, it would be ordered by prescription of the physician. One inmate was sent out to the hospital, the inmate stated he was provided testing including HIV. He stated he has had no further testing and waiting to hear results from the medical department. The agency's policy 200B states "Jail victims of inmate-on-inmate sexually abusive penetration or staff-on-inmate sexually abusive penetration shall be provided access to a forensic medical exam. The examination shall be conducted by a Sexual Assault Forensic Examiners or a Sexual Assault Nurse Examiner. The Detectives will ensure that all forensic medical exams performed on inmates under the secure control of the Lake County Adult Detention Facility are conducted by a qualified forensic medical examiner at University Hospitals. Forensic medical exams for inmates under the secure control of the Lake County Adult Detention Facility will be provided free of charge to the inmate. Jail victims of inmate-

on-inmate sexually abusive penetration or staff-on-inmate sexually abusive penetration shall be made available and a victim's advocate to accompany them through the forensic medical exam process." Policy 226A Inmate Sexual Contacts states "Inmates will be transported to Tri-Point Medical Center for an examination conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE). The examination will be documented, and the results will be placed in the inmate's medical file." Through the medical staff and Investigator interviews, they stated all alleged victims of sexual assault who require a forensic exam will be taken to the local hospital emergency department for completion of the forensic exam and emergency medical care. The medical staff stated forensic examinations conducted by SANE/SAFE staff and emergency medical care are provided at the local hospital with no cost to the inmate.

The agency's policy 200B states "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The medical staff stated all alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the inmate. The inmate that went out to the hospital stated he was not charged for any medical treatment or testing.

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "The jail will offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The evaluation and treatment of such victims will include, as appropriate, follow up services, treatment plans, and referrals for continued care following their transfer to or placement into other facilities, or their release from custody, when necessary. The jail will provide such victims with medical and mental health services consistent with the community level of care." The medical and mental health staff shared any inmate involved in a PREA related incident would receive a medical/mental health evaluation and treatment by healthcare practitioners. The medical staff stated the medical assessment would include a head-to-toe evaluation, check for pain, take vital signs, would response to any trauma or bleeding before transport to the local hospital, note any bruises or marks, and provide detailed report to the hospital. The mental health staff stated a comprehensive mental health evaluation would be completed to access the mental health status including depression and suicidal; access where the inmate is mentally/emotionally; and discuss what services are needed or wanted. The Healthcare staff interviewed stated they felt the medical and mental health services offered were beyond the community level of care. The inmate has more access to services, no insurance or pre-approval required for services, timeliness of services, and the availability of follow-up services. Mental health noted long-term counseling is better in the community since the facility's services are limited. The two inmates interviewed acknowledged they were seen by mental health after the incident. The review of the medical file confirmed the inmate that reported a sexual abuse allegation from another agency was seen by medical after the reported allegation and was taken to the local hospital for an exam and testing.

The agency's policy did not address if pregnancy results from a sexual abusive vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about timely access to all lawful pregnancy-related medical services. The agency's policy 200B was expanded to state, "Inmate victims of sexually abusive vaginal penetration while incarcerated will be offered pregnancy tests. If pregnancy results from sexual abuse the victim will receive timely and comprehensive information and access to pregnancy related services." The medical staff stated the inmate would have pregnancy testing at the hospital and follow-up testing at the facility. The medical staff stated the medical department provides a female inmate with information and access to all lawful pregnancy related services. The inmate would also be referred to mental health for support if termination services are requested.

Did Not Meet (e): The facility's policy did not address if pregnancy results from a sexual abusive vaginal penetration while incarcerated, such victims shall receive timely and comprehensive information about timely access to all lawful pregnancy-related medical services.

Corrective Action Taken: The agency expanded policy #200B PREA to state "If pregnancy results from sexual abuse the victim will receive timely and comprehensive information and access to pregnancy related services." The agency provided the updated policy to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "Inmate victims of sexual abuse while incarcerated will be offered tests for sexually transmitted infections as medically appropriate." The medical staff stated the inmate will be offered testing for sexually transmitted diseases at the hospital. The hospital would start the initial treatment of sexually transmitted infection prophylaxis. Once the inmate is returned to the facility, the medical staff will review the orders and would follow the hospital aftercare plan. The plan would be reviewed and approved by the physician. The staff stated the inmate can decline any treatment. If further medication is warranted, it would be ordered by prescription of the physician. One inmate was sent out to the hospital, the inmate stated he was provided testing including HIV at no cost.

The agency's policy 200B states "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The medical staff stated all alleged victims of sexual assault who require a forensic exam will be taken to the nearest hospital emergency department for completion of the exam and emergency medical healthcare with no cost to the inmate. The inmate that went out to the hospital stated he was not charged for any medical treatment or testing.

Even though it is not required in a jail setting, the mental health staff indicated that a risk assessment and mental health evaluation would be offered to all known inmate-on-inmate upon learning of the sexual abuse incident. Treatment may be offered when deemed appropriate within the facility or may be referred out to the community for treatment and services. Treatment will be offered based on the outcome of the mental health evaluation.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

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

The agency's policy 200B states "The Detective Bureau will conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The review team shall include upper level management officials, with input from line supervisors, detectives and medical or mental healthcare professionals." Although the agency's policy outlines the review team as upper level management officials, with input from line supervisors, detectives and medical or mental healthcare professionals; the Jail Administrator said in practice the review team is the Jail Administrator and a Detective. The Auditor reviewed the three investigative files and found no incident reviews within the files. However, the three allegations were sexual harassment. Upon discussion with the Jail Administrator and the Investigator, the agency was not completing incident reviews at the conclusion of sexual abuse investigations. The agency has developed a form, PREA Incident Review Report Summary, to be utilized to document the incident review. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and incident reviews were not warranted yet.

Did Not Meet: The facility is not conducting sexual abuse incident reviews at the conclusion of every sexual abuse investigation.

Corrective Action Taken: The agency has developed a process that is supported by policy to conduct sexual abuse incident reviews. An assigned Detective is responsible for conducting the sexual abuse incident review with the incident review team. Policy 200B states, "The Detective Bureau will conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded." The agency has developed a form, PREA Incident Review Report Summary, to be utilized to document the incident review. The Auditor reviewed two investigation files during the compliance on-site revisit, the investigations were still open, and incident reviews were not warranted yet. The agency provided the developed PREA Incident Review Report Summary form, updated procedure, and the updated policy to demonstrate compliance. The agency has met substantial compliance.

The agency's policy 200B states "The review team shall: consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect or respond to sexual abuse; consider whether the incident or allegation was motivated by race, ethnicity, sexuality, sexual identity, sexual status or perceived status, gang affiliation, or was motivated by other group dynamics; examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; assess whether monitoring technology should be deployed or augmented to supplement staff supervision and if there are adequate staffing levels in that area during different shifts; prepare a report of its' findings including, but not limited to, determinations made pursuant to paragraphs (d)(1) – (d)(5) of this section, and any recommendations for improvement and submit such report to the Executive Lieutenant and PREA Coordinator." The agency has developed the PREA Incident Review form to document the incident review and to ensure all elements of the standard are reviewed. The form captures the name and titles of the review team members. Then the form asks the following questions: consider is there is a need to change standard operating procedure or practice to better prevent, detect, or respond to sexual abuse; consider is the incident was motivated by race, ethnicity, gang affiliation, or other group dynamics, or gender identity status or perceived status (lesbian, gay, bisexual, transgender, or intersex); examine the area where the incident occurred to assess if physical barriers or other physical characteristics enabled the abuse; access the adequacy of staffing in that area; and access if monitoring technology should be used to increase surveillance/supervision of residents. Each question must be checked as yes or no and then list any recommendations, if warranted. The form is signed and dated by

the PREA Compliance Manager and the PREA Coordinator. Two incident review team members were interviewed. The Incident Review Team members and Jail Administrator interviewed identified all the elements that would be considered during the incident review. Under motivation they would review why it occurred, hate crime; harassment; gang issue, racial, age, first time incarceration, and gender identity. In reviewing the location of the incident, they would consider the supervision sight lines, blind spots, and any physical barriers. When assessing staffing, they would review if staff were involved, staff alert, who may have witnessed, and did staff know about it and did not prevent it. Under monitoring technology, the team would review if cameras needed to be added, adjustment of cameras, is it in a location that allows cameras being added. camera location, adequate mirrors, sufficient cameras, camera views, and whether cameras need to be adjusted. The team members interviewed stated that the only trend is that most incidents occur in the housing cells.

The PREA Incident Review form has a section for recommendations to be listed. The Jail Administrator stated the recommendations would be reviewed and determination would be made on the steps to take to address the recommendation, or the concern identified. The PREA Coordinator/Jail Administrator would be responsible to ensure the recommendations, if warranted, were completed. Information from the incident reviews would be reviewed for what changes are necessary, what needs to be changed, and review staff actions to improve the safety of the inmates and staff stated the Jail Administrator. There were no recommendations to review since no incident reviews were conducted.

Standard 115.87: Data collection

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "The Detective Bureau will collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The incident-based data collected will include, at a minimum, the data necessary to answer all the questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The Detective Bureau will aggregate the incident based sexual abuse data at least annually. The Detective Bureau will maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. Upon request, the Detective Bureau will provide all such data from the previous calendar year to the Department of Justice no later than June 30." Although the agency's policy outlines the Detectives as responsible for data collection, the PREA Coordinator and PREA Compliance Manager maintains the PREA statistics and the PREA allegation tracking. The agency collects the uniform data using a standardized instrument, the Survey of Sexual Victimization and which includes definitions provided by the Bureau of Justice Statistics. The agency aggregates the incident based sexual abuse data at least annually. The PREA Coordinator creates the annual report. An annual report was not created for the previous audit period or the current audit period. The PREA Coordinator created a 2021 Annual Report during the corrective action period and provided it to the Auditor for review. The PREA Coordinator stated the agency would provide the information from the Survey of Victimization if requested by the Department of Justice.

The agency does not contract with other agencies or private facilities for the confinement of inmates.

Standard 115.88: Data review for corrective action

115.88 (a)

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

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "The Lake County Sheriff's Office will review data collected and aggregated pursuant to (§115.87) in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by identifying problem areas; taking corrective action on an ongoing basis; and preparing an annual report of its findings and corrective actions for the jail, as well as the agency as a whole. Such report will include a comparison of the current year's data and corrective actions with those from prior years and will provide an assessment of the agency's progress in addressing sexual abuse. The report will be approved by the Jail Administrator and made readily available to the public through the Lake County Sheriff's Office website. The agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted." An annual report was not created for the previous audit period or the current audit period. The PREA Coordinator created a 2021 Annual Report during the corrective action period and provided it to the Auditor for review. The Annual Report did not include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. The PREA Coordinator/Jail Administrator stated the agency did not create an Annual Report for the previous year nor had the statistics for comparison.

Did Not Meet (a)(b): The facility has not completed the PREA Annual Report approved by the Agency Head which identifies problem areas; the corrective actions taken on an ongoing basis; a comparison of the current year's data and corrective actions with those from prior years; and an assessment of the agency's progress in addressing sexual abuse. The facility does create a report that compares numbers, but it does not address the standard requirements and it is not posted on the agency's website.

Corrective Action Taken: The agency completed the 2021 Annual PREA Reporting Form that is the agency's documented annual report. This is the first PREA annual report completed by the agency. The report provides the previous year's data. The Annual Report did not include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse. There was no previous year data to create a comparison or corrective actions identified to provide the agency's progress. The 2021 Annual PREA Reporting was approved by the Sheriff. The Annual Report does not meet the requirements of the standard. The agency has not met compliance.

The Sheriff stated the Annual Report looks at each incident to re-evaluate and adjust operating practices as needed. During the review of the Annual Report, he also looks for items that can be changed to enhance safety in the facility. Upon review of the report, he will approve the report for publishing. The PREA Compliance Manager interviewed stated the Incident Review Team collects and reviews all the data, and he is not part of that team or involved in the process. The Jail Administrator/PREA Coordinator upon review of the data collected develops the Annual Report. Then the Jail Administrator reviews the report and forwards the report to the Sheriff's for review and approval. Specific material may be redacted from the reports when publication would present a clear and specific threat to the safety of the facility. The Jail Administrator stated the report only contains numbers and no names of identifiers. The Auditor reviewed the website numerous times to verify the Annual Report was posted. As of this report date, the Annual Report is still not posted. The Auditor followed up with the agency numerous times on this issue and the Annual Report was never posted.

Does Not Meet (c): The PREA Annual Report is not available on the agency website. The PREA Annual report is to be made readily available to the public through the facility's website annually. The agency is non-compliant with 115.88(c). The facility has not posted the PREA Annual Report on the agency's website to make available to the public. The Auditor followed up with the agency numerous times on this issue and the Annual Report was never posted.

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

The agency's policy 200B states "The Detective Bureau will ensure that data collected is securely retained. The Detective Bureau will maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. The annual reports will be approved by the Jail Administrator or designee and made readily available to the public through a public records request. The agency will redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but will indicate the nature of the material redacted. All reports must be reviewed by the agency's the Lake County Prosecutors Office prior to publication."

The PREA data is stored between the Jail Administrator/PREA Coordinator' office and the Detective Bureau. Records that are paper are maintained in cabinets in locked offices. Electronic data is stored within the electronic system of the Lake County Sheriff Office. An annual report was not created for the previous audit period or the current audit period. The PREA Coordinator created a 2021 Annual Report during the corrective action period and provided it to the Auditor for review. The PREA Coordinator/Jail Administrator stated the agency did not create an Annual Report for the previous year nor had the statistics for comparison. Specific material may be redacted from the Annual Report when information would present a clear and specific threat to the safety of the facility. The Jail Administrator stated the report only contains numbers and no names or identifiers.

The agency's policy 200B has conflicting procedures regarding the Annual Report being made available to the public. Part of the policy notes the Annual Report will be placed on the agency's website and another section of the policy states the Annual Report is available to the public through a public records request. The Auditor reviewed the website numerous times to verify the Annual Report was posted. As of this report date, the Annual Report is still not posted. The Auditor followed up with the agency numerous times on this issue and the Annual Report was never posted.

Does Not Meet (b): The PREA Annual Report is not available on the agency website. The PREA Annual report is to be made readily available to the public through the facility's website annually. The agency is non-compliant with 115.88(c). The facility has not posted the PREA Annual Report on the agency's website to make available to the public. The Auditor followed up with the agency numerous times on this issue and the Annual Report was never posted.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☐ Yes ☒ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

The agency provided the Auditor with the previous PREA Audit Report. The audit was conducted July 28 -29, 2016 within the first audit cycle. There was not a PREA audit conducted in the second audit cycle.

Does Not Meet: The agency did not conduct a PREA audit in the second audit cycle of August 20, 2016, through August 19, 2019.

During the audit, the facility and agency provided the Auditor full access to all areas of each facility and the Auditor was able to observe facility's practices and processes. Prior to the audit, during the audit, and after the on-site audit, the agency and facility provided the Auditor requested documentation to demonstrate compliance. Private interview space was provided to the Auditor for conducting staff and inmate interviews. The inmate interviews were held in rooms that afforded privacy for the interviews.

Audit Notices were posted throughout the facility advising staff and inmates they could send confidential information or correspondence to the Auditor. The Auditor did not receive any correspondence from staff, inmates, or outside individuals.

Standard 115.403: Audit contents and findings

115.403 (f)

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

Auditor Overall Compliance Determination

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

A review of the agency's website confirms that the agency has not published the previous PREA Audit Report for the audit completed July 2016. The agency is non-compliant with 115.403. The facility has not posted the previous 2017 PREA Audit Report on the agency's website to make available to the public. The Auditor followed up with the agency numerous times on this issue and the 2017 PREA Audit Report was never posted.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Barbara A. King

June 18, 2022

Auditor Signature

Date