

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

Interim Final

Date of Report July 22, 2020

Auditor Information

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Telephone: (724) 679-7280	Date of Facility Visit: June 19-21, 2019

Agency Information

Name of Agency: Lucas County Correctional Facility		Governing Authority or Parent Agency (If Applicable): Lucas County Sheriff's Office	
Physical Address: 1622 Spielbusch Ave. Toledo, OH 43604		City, State, Zip: 2144 Monroe Street Toledo, OH 43604	
Mailing Address: SAME		City, State, Zip: SAME	
Telephone: (419) 213-4425		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: The Lucas County Sheriff's Office is committed to making Lucas County a safe place to live, work, and raise families.			
Agency Website with PREA Information: http://co.lucas.oh.us/3144/PREA-Prison-Rape-Elimination-Act			

Agency Chief Executive Officer

Name: John Tharp	Title: Sheriff
Email: jtharp@co.lucas.oh.us	Telephone: (419) 213-4908

Agency-Wide PREA Coordinator

Name: Sergeant Nancy Jo Kowalski	Title: PREA Coordinator
Email: nkowalski@co.lucas.oh.us	Telephone: (419) 213-4378
PREA Coordinator Reports to: John Sylvester – Corrections Administrator	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Lucas County Correctional Center	
Physical Address: 1622 Spielbusch Ave., Toledo, OH 43604	
Mailing Address (if different than above): Click or tap here to enter text.	
Telephone Number: (419) 213-4425	
The Facility Is:	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail <input type="checkbox"/> Prison
Facility Mission: The Lucas County Sheriff's Office is committed to making Lucas County a safe place to live, work, and raise families.	
Facility Website with PREA Information: http://co.lucas.oh.us/3144/PREA-Prison-Rape-Elimination-Act	

Warden/Superintendent

Name: John Sylvester	Title: Corrections Administrator
Email: jsylvester@co.lucas.oh.us	Telephone: (419) 213-4404

Facility PREA Compliance Manager

Name: Nancy Jo Kowalski	Title: Sergeant/PREA Coordinator
Email: nkowalski@co.lucas.oh.us	Telephone: (419) 213-4378

Facility Health Service Administrator

Name: Anissa Floure	Title: Director of Nursing
Email: afloure@co.lucas.oh.us	Telephone: (419) 213-4947

Facility Characteristics

Designated Facility Capacity: 352	Current Population of Facility: 369
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Number of inmates admitted to facility during the past 12 months:		16,399	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		1,049	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		5,045	
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: 0	Adults: 14-85	
Are youthful inmates housed separately from the adult population?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Number of youthful inmates housed at this facility during the past 12 months:		3	
Average length of stay or time under supervision:		78.9 days	
Facility security level/inmate custody levels:		Min to Max	
Number of staff currently employed by the facility who may have contact with inmates:		349	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		11	
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: 24	
Number of Multiple Occupancy Cell Housing Units:		0	
Number of Open Bay/Dorm Housing Units:		5	
Number of Segregation Cells (Administrative and Disciplinary):		10	
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 Lucas County Corrections Center has (231) security cameras with recording capability both inside and outside of the facility. Areas covered by security camera views include dayrooms, intake/booking areas, visitation areas, gymnasiums, main control and doorway access points.			
Medical			
Type of Medical Facility:		24-hour medical coverage	
Forensic sexual assault medical exams are conducted at:		St. Vincent Mercy Medical Center, Toledo, OH	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:		<50	
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		5	

Audit Findings

Audit Narrative

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

The Lucas County Corrections Center (LCCC) is located in the county seat of Toledo, OH. This is the facility's second PREA audit. The first audit was conducted in 2016 by this Certified PREA Auditor.

Prior to the onsite portion of the audit, this Auditor had discussions with the PREA Coordinator to begin to gather information. The PREA Coordinator provided information to this Auditor prior to the onsite audit visit including the Pre-Audit Questionnaire, approved policies and supporting documentation. The onsite phase of the audit was occurred June 19-21, 2019.

At the beginning of the onsite, an initial meeting was conducted with key personnel. The purpose of the initial meeting was to walk through the components of the onsite phase, discuss this Auditor's methodology for conducting the onsite phase and to provide an opportunity to ask questions. The first day of the onsite visit was spent touring the entire facility and beginning interviews. Interviews were conducted in accordance with the PREA Auditor Handbook (September 2017).

The population count on the first day of the audit was (369) inmates in the facility. In accordance with the PREA Auditor Handbook, this Auditor conducted (28) interviews with inmates from different areas of specification. Randomly selected inmates were chosen by each wing on each housing unit. Specialized interviews included:

- Inmates with physical disabilities
- Inmate who was hard of hearing
- Inmate who was blind
- Inmates with a cognitive disability
- Inmates who identify with the LGBTI population
- Inmates who disclosed sexual abuse on the risk assessment
- Inmates who reported sexual abuse at the institution
- Inmates who identified in more than (1) specialized interview category

At the time of the onsite audit, there were no youthful inmates or transgender or intersex individuals in the facility.

Twenty staff interviews included random staff from each shift operated at the facility. The facility operates (8) hour shifts for the security personnel. Specialized interviews included:

- Corrections Administrator
- County Sheriff
- PREA Coordinator
- Director of Nursing
- Training Staff

- Human Resources
- Mental Health staff
- Supervisory Staff
- Nurses

The second and third days of the onsite audit visit consisted mainly of face to face interviews and document review. The facility provided confidential areas for the interviews to be conducted in for both inmates and staff.

One issue that arose during the onsite audit visit was a power failure in the county office building across the street from the Corrections Center. This office building housed the county's servers, including the server that housed the jail's offender management software. This software includes the PREA risk assessments. This outage lasted into the weekend at the facility and the PREA Coordinator had to send some information via email to this Auditor the following week.

At the end of the onsite audit visit, this Auditor met with the PREA Coordinator to review items that required corrections to come into compliance, as known at that point by this Auditor. Corrective action responses were developed and provided to this Auditor by the PREA Coordinator via email.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Lucas County Corrections Center is a nine story, direct and indirect supervision jail located at 1622 Spielbusch, Toledo, Ohio 43604. This facility houses all inmate classifications from minimum to maximum and both male and female individuals.

The facility houses local inmates, as well as inmates for the U.S. Marshal Service. By agreement of a Federal Court Order, the facility may have a total of (403) housed at the facility. Within this amount the facility may have anywhere from (50) to (65) inmates in their Intake/Booking area, which has also been agreed upon by Federal Court Order.

Inmates are not housed or have access to all nine floors of this building. One of the floors is a "maintenance only" floor which houses generators, air handlers, water connections, electrical connections, etc. No inmates have access to this floor.

One of the nine floors is a "Support Service" floor. This floor houses laundry, sanitation, maintenance, Common Pleas Office, and Inmate Staging for court appearances. Inmates have little access to the majority of the floor outside of Inmate Staging and Common Pleas Office. There is no inmate housing on this floor.

There are one of the nine floors that is strictly for personnel offices and training areas for personnel. No inmates have access to this floor. This leaves six floors for inmate housing areas.

On those six floors, LCCC has a total of (36) housing Units. These housing units include the following.

- For male inmates
 - (334) general population beds
 - (6) segregation beds
- For female inmates
 - (38) general population beds
- Medical Cells
 - (20) male beds
 - (4) female beds
- Intake/Booking
 - (2) Detox tanks
 - (6) general population tanks
 - (7) single occupancy cells
 - (1) tank for inmates going to/coming from the Corrections Center of Northwest Ohio

The facility has a Prison Rape Elimination Act (PREA) Policy which is followed to ensure the safety of the inmates housed there. This policy is reviewed at least one time per year.

Summary of Audit Findings

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

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

Number of Standards Exceeded: 2

The facility has met the requirements for “Exceeds Standard” in the following standards:

115.18: Upgrades to Facilities and Technologies

115.34: Specialized training: Investigations

Number of Standards Met:

43

The “following standards have been determined “Meets Standard”.

- 115.11: Zero Tolerance of Sexual Abuse and Sexual Harassment; PREA Coordinator
- 115.12: Contracting with other entities for the confinement of inmates
- 115.13: Supervision and monitoring
- 115.14: Youthful Inmates
- 115.15: Limits to cross gender viewing and searches
- 115.16: Inmates with disabilities and inmates who are limited English proficient
- 115.17: Hiring and promotion decisions
- 115.21: Evidence protocol and forensic medical examinations
- 115.22: Policies to Ensure Referrals of Allegations for Investigations
- 115.31: Employee Training
- 115.32: Volunteer and contractor training
- 115.33: Inmate education
- 115.35: Specialized training: Medical and mental health care
- 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 Services
- 115.54: Third Party Reporting
- 115.61: Staff and agency reporting duties
- 115.62: Agency Protection Duties
- 115.63: Reporting to other confinement facilities
- 115.64: Staff first responder duties
- 115.65: Coordinate response
- 115.66: Preservation of Ability to Protect Inmates from Contact with Abusers
- 115.67: Agency protection against retaliation
- 115.68: Post-allegation protective custody
- 115.71: Criminal and administrative agency investigations
- 115.72: Evidentiary standards 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 inmates
- 115.81: Medical and mental health screenings; 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 victims and abusers
- 115.86: Sexual abuse incident reviews
- 115.87: Data collection
- 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

Number of Standards Not Met:

0

No standards have been determined as “Does Not Meet Standard”.

Summary of Corrective Action (if any)

The corrective action that was taken by the facility is described within each standard that required corrective action.

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Lucas County Corrections Center (LCCC) has a zero-tolerance policy entitled “Prison Rape Elimination Act (PREA) Policy, which indicates that the facility does not tolerate sexual abuse of inmates at its facility. This policy states the following.

“The Lucas County Sheriff’s Office has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment by staff and/or inmates. This policy outlines the Sheriff’s Office’s approach to preventing, detecting, and responding to such conduct.”

The LCCC employs a staff member at the Sergeant level that is responsible for ensuring that the facility is in compliance with all aspects of PREA including training and investigations at a minimum. Interviews with the PREA Coordinator indicated that she does have enough time to conduct her PREA responsibilities. If she requires more time, she will let the Major know that she is working on PREA and she will need to focus on that until complete. An interview with the Major confirmed that PREA is the Sergeant’s priority, however, she does have other responsibilities in the facility such as:

- Overseeing all jail inspections
- Keeping policies up-to-date
- Keeping handbooks up-to-date
- Overseeing Safety Staff
 - Keep jail clean
 - Oversee the laundry department
- Tracking all safety drills in the facility

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

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

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity’s obligation to comply with the PREA standards in any new contract or contract renewal signed on

or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Lucas County Corrections Center does not contract with other facilities to house inmates.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No

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

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

LCCC requires that all supervisory staff conduct rounds daily on all three shifts. These rounds are unannounced and through interviews with several supervisors, the supervisors do not take the same route or follow the same routine from one shift or day to the next. This can be seen by the documentation kept on file. Supervisors document these rounds on the Supervisor Shift Information Sheet. It is also documented on each Officer's Log and in the log of the control booth officer. This is also required by the Ohio Jail Standards, which the facility adheres to.

The facility has a staffing plan in place which is developed by the administration of the corrections center and is reviewed by the facility's PREA Coordinator. This plan is reviewed annually to ensure that all elements required by the standard are included and updated.

If there are deviations from the plan, such as call off's or sick calls, the shift supervisor is responsible for ensuring that the shift is covered either by volunteer, recall or forced overtime as described in the Collective Bargaining Agreement. Any of these changes are documented on the Supervisor Shift Information Sheet.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The LCCC can house youthful inmates when the need arises, although there is not always a youthful inmate in the facility. The PREA Coordinator, in conjunction with the administrative team, works diligently not to place anyone under the age of (18) in isolation in order to meet the PREA standards. These inmates will be housed in the 4W housing unit as that is a small unit and is separated by sight and sound from the adult housing units on the same floor.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

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

115.15 (c)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

It is the policy of the LCCC that staff of the opposite gender will not perform searches of any kind, except in exigent circumstances. There are always staff of both genders working on all three shifts. If there would be a circumstance where a cross gender search occurred, the staff are required to document those searches in the daily logs.

Staff are provided with training regarding conducting cross gender pat searches. Documentation of that training (*Guidance in Cross-Gender and Transgender Pat Searches by The Moss Group*) including testing results and the facilitator's guide was provided to this Auditor as verification that the training had occurred.

The facility has included information in the PREA policy regarding working with transgender individuals indicating that staff were not to examine individuals to determine their genital status. Interviews with staff in the booking/intake area verified that those individuals would contact a supervisor if the inmate would not reveal their genital status. Supervisors also verified that they would take the inmate to medical for further conversations with the individual.

During the tour of the facility, it was noted that the facility has implemented shower curtains in the housing unit showers to allow for privacy, but also allows for appropriate correctional security. Four of the shower curtains in the facility were either missing or damaged. The housing units where these needed to be replaced were 2EA and 2EB. The PREA Coordinator made notes during the tour and had those shower curtains .

Additionally, this Auditor was able to observe all the final results of construction that was conducted as a result of the facility's first PREA audit. The areas that created huge blind spots and poor security observation ability have been corrected and usable space has been created in place of these areas in front of a number of the housing units in the facility. This was a major undertaking for the facility and has been extremely beneficial in a number of ways, not just PREA related.

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

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

115.16 (a)

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

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

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The LCCC works to provide PREA information in multiple formats so that inmates with different needs have access. The facility provides written PREA information in both English and Spanish. If an inmate is Limited English Proficient (LEP), then the staff will utilize the Language Line Interpretive Services. The information for the language line is printed on a paper and provided to Inmate Services staff to keep in the case managers offices. Reporting information is posted in the housing units in both English and Spanish.

Additionally, if an inmate is illiterate or has a cognitive issue the staff will verbally provide information to the individual to ensure that they inmate understands the PREA information provided. An inmate who is blind and able to read Braille is provided with a card written in Braille with the PREA hotline number to make a report.

If an inmate is deaf or hard of hearing and understands sign language, the facility has access to an interpreter if a PREA situation would occur. On a day to day basis, staff would typically communicate through lip reading or written communication. This information provided through interviews with staff and inmates.

PREA videos are played in the facility and have closed caption for those that are deaf or hard of hearing. This video is also available in Spanish if needed.

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

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

115.17 (b)

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

115.17 (c)

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

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Lucas County Sheriff's Office (LCSO) completes the required background checks on individuals that enter the facility. The list of people/professions that must comply with this background check policy includes all staff members, all volunteers, mental health providers, clergy, professional visitors of any kind, such as rape crisis advocates, any contracted person such as kitchen workers and construction workers and attorneys. Review of employee files verified that the agency does conduct the required background checks every (5) years.

The employment application for the LCSO includes a statement of omission that asks the applicant to verify that all the information is true to their knowledge. Additionally, the application also includes the questions required by this standard. The included questions are on page 14 of 19 of the application.

Additionally, the LCSO utilizes a separate form titled "PREA Employment Questionnaire". This questionnaire also has the required three questions regarding any involvement with sexual abuse in a confinement facility. It requires the applicant to sign verifying that the information provided is truthful.

Another form utilized with both applicants and employees going through the promotion process is titled

"Employee Statement – PREA Hiring and Promotion Prohibitions". This form is signed by the applicant/employee and has a statement that indicates that the LCSO will not hire or promote anyone that has been involved in sexual abuse and that the person signing the form acknowledges this policy.

In order to track the required background checks of employees, contractors and volunteers, the LCSO has developed a form titled "PREA Standard Compliance Form: Employee Criminal Background Check". This form records background checks and when they are due for each individual.

The PREA Policy for the LCSO also includes direction that the facility must reach out to all correctional facilities that an applicant lists on the application to ask the required questions about whether the applicant has had any PREA related issues while employed at the other correctional facility.

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The LCSO did major renovations to the facility as a result of the first PREA audit the facility had conducted in 2016. The facility focused on eliminating blind spots in the housing units of the facility. Additionally, the intake and booking area had walls constructed to eliminate cross gender viewing.

The agency took great strides to ensure that during the construction process, PREA was considered in all the processes. While PREA was the focus of the renovations, the agency was able to make additional spaces and put those spaces to good use such as visiting rooms.

Additionally, just prior to the onsite audit visit, the agency had entered into an agreement for the use of tablets by inmates for communication with visitors, requests, grievances, commissary, etc. During the implementation process, the PREA Coordinator was able to include PREA information on the tablets. Inmates can use the tablets to report PREA incidents.

The facility has done a very good job including PREA in the operation of the facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

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

115.21 (c)

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

115.21 (d)

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

115.21 (e)

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

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Coordinator provided a copy of the Memorandum of Understanding (MOU) in effect between the Lucas County Sheriff's Office and the YWCA HOPE Center. This agreement clarifies the services that this rape crisis center will provide to the facility. These services include the following.

- Accompanying and supporting the victim through the forensic examination process
- Accompanying and supporting the victim through investigatory interviews at that hospital and institution
- Provide emotional support
- Provide crisis intervention services
- Provide referrals for resources
- Provide follow up services
- Provide posters with organization contact information including address and telephone number
- Provide a telephone number that will be available to a victim to call for emotional support
- Provide an address that will be available to a victim to write for emotional support
- Provide a telephone number that any inmate can anonymously call to report sexual assault
- Provide an address that any inmate can anonymously send a letter to report sexual assault

This MOU was signed by both organizations in 2016.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

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

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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The agency has developed a policy for the investigation of sexual abuse and sexual harassment which is reported to the LCCC. At the time of the onsite audit visit, this information was not included on the Corrections Center's website. This Auditor discussed this with the PREA Coordinator and approximately one month after the onsite audit visit, the facility had its policy placed on the website as required.

This policy is published on the agency's website at <https://www.co.lucas.oh.us/3144/PREA-Prison-Rape-Elimination-Act>

The website provides the following information regarding the investigation of sexual abuse and sexual harassment allegations.

Once the Lucas County Sheriff's office has been notified of a sexual abuse/sexual harassment allegation, our facility will do the following:

- The reports from the initial responder will be reviewed and turned over to the Lucas County Sheriff's Office detectives for investigation.
- All allegations of sexual abuse will be criminally investigated.
- The PREA compliance officer will meet with the inmate who alleged sexual abuse to inform him/her of the outcome of the investigation (Substantiated, Unsubstantiated or Unfounded) and a Notification form will be signed by both the inmate and the PREA Compliance officer stating the findings of the investigation.
- A review will be conducted after 30 days of initial investigation by a Review Board to review the investigation findings so as to gather information as to any red flags or policy changes that may need to be made to our policy and procedures.
- If the alleged abuser is an employee, contractor or visitor, the employee, contractor or visitor will be isolated from that individual and the Shift Commander will be notified.

The Lucas County Sheriff's Office Detective Unit conducts all sexual abuse and sexual harassment criminal investigations for the Lucas County Corrections Department. The PREA Coordinator is responsible conducting all administrative investigations to determine if the alleged perpetrator violated any policies or rules of the facility.

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

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

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? Yes No

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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All staff members who have contact with inmates at the Lucas County Corrections Center is required to have PREA training. All initial training and bi-annual training contain all the required elements of this standard. The PREA Policy specifies the required elements. It reads as follows.

Training and Education
§ 115.31 Employee Training

1. All Lucas County Sheriff's Office employees who have contact with inmates will be trained on the following:
 - a. The jail's zero-tolerance policy for sexual abuse and sexual harassment.

- b. *The employee's responsibilities under the Correction Center's sexual abuse and sexual harassment policy.*
 - c. *Inmates' rights to be free from sexual abuse and sexual harassment.*
 - d. *The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment.*
 - e. *The dynamics of sexual abuse and sexual harassment in a Corrections Center setting.*
 - f. *The common reactions of sexual abuse and sexual harassment victims such as, hostility, withdrawn, denial, afraid of sexually transmitted diseases and fear of staff.*
 - g. *How to detect and respond to signs of threatened and actual sexual abuse.*
 - h. *How to avoid inappropriate relationships with inmates.*
 - i. *How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or other nonconforming inmates.*
2. *All current employees will be initially trained in PREA standards and refresher training will be provide to employees at a minimum every two (2) years thereafter. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies in forms of handouts and briefing discussions regarding any changes that occurred since last training.*

The facility utilizes several training resources. One provided to this Auditor was "Complying with PREA for the C.O., Volume 11, Issue 4" by Lockup USA. This training module is 40:30 in length. Another training module that is utilized at the LCCC is "PREA – What Staff Need to Know".

In the opposite years, the PREA Coordinator utilizes handouts and information developed by the National PREA Resource Center (PRC) in conjunction with Just Detention International (JDI).

At the time of the onsite audit visit, this Auditor reviewed documentation to ensure that all staff had PREA training each year. When reviewing documentation for 2018, PREA was not listed on any sign in sheets. This Auditor interviewed the staff member that oversaw training at that time. He indicated that he always did PREA training with the CPR and First Aid training each year. The PREA Coordinator had the training plan to support that was the case. The training person felt that he made an error and did not include PREA on those sign in sheets. In order to have documentation regarding this error, the (now) Sergeant drafted a memo with that information included and signed and dated that memo.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Lucas County Corrections Center does utilize both contractors and volunteers in the facility. However, there are no contractors that have access to the inmates in the facility.

Volunteers are utilized for several programming agendas such as:

- Alcoholics Anonymous (AA)
- Narcotics Anonymous (NA)
- Religious services and groups

Individuals are provided with education/training on the PREA policies and procedures in place at the facility. The facility provides this information to all visitors including *"attorneys, interns, clergy, contractors, volunteers and any person who will have contact with or will be in close proximity of inmates."* This information includes a letter and two sheets of PREA information, with a place for the individual to sign verifying that they *".....acknowledge that I have read and understand the sexual abuse/sexual harassment policies governed by the Lucas County Sheriff's Office and the United States Department of Justice, Prison Rape Elimination Act of 2003."*

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Policy provides the following information to direct staff in ensuring inmates receive this information.

§115.33 Inmate Education

1. *All inmates upon classification will receive an inmate pamphlet, which will explain the zero-tolerance policy regarding sexual abuse and sexual harassment. It will include how to report incidents or suspicions of sexual abuse or sexual harassment.*
2. *All inmates shall review a video explaining PREA standards which is the right to be free from sexual abuse/sexual harassment within (30) days of intake.*
3. *The Lucas County Sheriff's Office shall provide inmate education 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.*
4. *The Lucas County Sheriff's Office shall maintain documentation of inmate participation in these*

education sessions.

5. *In addition to providing such education, the Lucas County Sheriff's Office shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks or other written formats.*

Interviews with inmates showed that some inmates were being provided the required (30) day education piece and some were not. The female and male inmates who were sent directly to the second floor of the facility were not being shown the PREA video on a consistent basis. When the PREA Coordinator was alerted to this error, it was determined that these inmates would view the video and sign off on it as soon as possible.

In addition, the PREA Coordinator created a PREA video viewing schedule to ensure that all inmates saw this video as required once they were placed in a housing unit. This schedule was provided for review, as well as documentation that everyone on the second floor had watched the video. This schedule includes the day of the week and time on that day the video will be played. It also includes the location or floor where the video is played on a specific day and time, as well as the counselor's name that is responsible to make that happen.

Video viewing information is also now included in the Casework (Floor) Counselor's Services policy. It reads as follows.

PREA Video Viewing

1. *Per PREA Standards Section 115.33 all inmates in the Lucas County Corrections Center must view a video explaining PREA standards which is the right to be free from sexual abuse/sexual harassment within (30) days of intake. These inmates may be housed in the following housing units:*
 - a. *5th Floor Southwest and Southeast (classification unit).*
 - b. *3rd Floor females who are direct placement from Booking.*
 - c. *2nd Floor inmates who are direct placements from Booking.*
 - d. *Any floor where an inmate may be directly place from Booking.*
2. *After viewing the PREA video, please checkmark the video viewing box of each inmate, along with the date of viewing, so that the monthly report can be printed by the PREA Coordinator for her records.*

The facility provided a transcript of the video for review. This video, *PREA: What You Need to Know* was developed by Just Detention International (JDI). It is provided by the PRC. In addition, the facility provided a listing of all inmates who viewed the video, the date and time the video was watched and what bed number they are assigned to. Random checks verified that these videos were being played to the inmates in the required timeframe of (30) days.

Additionally, the facility provided the brochure that is given to inmates within the first (72) hours that an inmate arrives at the facility. A Spanish version was provided as well.

Interviews with staff and inmates confirmed that the video is being shown and brochures are given out close to the time the inmate is booked into the facility. Also, inmates who have disabilities that were interviewed as part of this process also indicated that they were given the information in formats that they were able to

understand. The inmates indicated that there was closed caption on the video and reading materials are available in the housing units, on the walls.

In addition, the facility was just introducing the use of tablets to the inmate population. Those tablets are used for communication with staff and loved ones. The PREA Coordinator also had PREA information included on the tablet and inmates must view that information before they are able to access any other pieces.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]
 Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Lucas County Corrections Center conducts the administrative investigations for allegations of sexual abuse. The PREA Coordinator is the person to conduct those investigations. She provided this Auditor with the verification of specialized training from the National Institute of Corrections.

Criminal investigations of sexual abuse and sexual harassment are conducted by one of the detectives in the Lucas County Sheriff's Department Detective Bureau. This Detective Bureau is a separate entity from the Corrections Center. There is an agreement between the Corrections Center and the Detective Bureau that all detectives will complete the required specialized training through the National Institute of Corrections. Completion certificates were provided for all detectives in the Detective Bureau.

Outside investigation agencies do not always participate in specialized training. However, this department has made the commitment to ensure that any new staff will participate in this training as well.

The PREA policy contains information regarding the specialized investigation training. It reads as follows.
§115.34 Specialized training investigations

1. *All sexual abuse investigators, who conduct investigations in a confinement setting, will receive specialized training in the following techniques.*
 - a. *Interviewing sexual abuse victims*
 - b. *Proper use of Miranda Warning*
 - c. *Proper use of Garrity Warning*
 - d. *Sexual abuse evidence collection in confinement settings*

- e. *The criteria and evidence required to substantiate a case for administrative action or prosecution referral.*
2. *The PREA Coordinator will maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations as well as all training documentation for all employees, volunteers, and contractors who have contact with inmates. All training documentation will be maintained by the PREA Coordinator in that Office.*

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

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

115.35 (b)

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

115.35 (c)

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

115.35 (d)

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

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The LCCC has a full-time medical department at the facility. There are (6) full time R.N.'s and (8) full time L.P.N.'s. There are (5) nurses on-call that come in on an as needed basis. There are (2) doctors that cover the facility Monday through Friday and there is always a doctor on call. There is also a dentist that comes to LCCC once a week.

Through interviews with the medical staff, it was noted that forensic examinations are not conducted at the facility. If there is an occasion with the need for a forensic examination, those inmates will be taken to St. Vincent's hospital. This hospital is approximately (1.5) miles from the facility.

All medical personnel are required to participate in specialized medical PREA training. This includes the medical and dental physicians and all nurses. Interviews confirmed that these individuals take the training on the National Institute of Corrections website that is specific to medical professionals in a confinement setting. Documentation was provided for review to this Auditor.

Through interviews with the medical staff, it was determined that while they were taking the specialized training, the medical staff was not participating in the annual PREA training required under 115.31. This information was taken to the PREA Coordinator and she was able to provide the required training to medical staff, provided documentation of the training and information to this Auditor that all medical staff will participate in the annual PREA training held at the facility from this point forward.

The facility also provides mental health services to the inmates in the facility. At the time of the onsite audit visit, the facility had (19) full time counselors, all who are corrections officer certified. Of those (19) mental health staff members, (4) have a social work license.

These staff are all required to participate in PREA training, including the specialized training. This was confirmed through staff interviews and documentation provided prior to the onsite audit visit.

LCCC's PREA Policy includes information regarding this standard. It reads as follows.
§115.35 Specialized Training Medical and Mental Health Care

1. *All full and part time medical and mental health care practitioners that work regularly in the Corrections Center will be trained in the following:*
 - a. *How to detect and assess signs of sexual abuse and sexual harassment.*
 - b. *How to preserve physical evidence of sexual abuse.*
 - c. *How to respond effectively and professionally to victims of sexual abuse and sexual harassment.*
 - d. *How and to who to report allegations or suspicions of sexual abuse and sexual harassment.*
2. *Medical staff employed by the Lucas County Sheriff's Office will receive special training on evidence preservation.*
3. *Medical staff employed by the Lucas County Sheriff's Office will not conduct forensic examinations.*

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

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

115.41 (e)

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

115.41 (f)

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

115.41 (g)

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The LCCC is responsible for conducting the appropriate risk assessments with all inmates that arrive at the facility. Counselors are responsible for conducting the initial risk assessments within the first (72) hours of the inmate's arrival. Usually this is done within the first (12) hours of the individual's arrival, as this information is utilized for the initial housing placement. This assessment is conducted, and the information is entered into NORRIS, the jail's software for jail management.

As mentioned earlier in this report, due to a power outage in the building across the street from the Corrections Center, where the servers for the jail management software is housed, this Auditor was unable to view any of the risk assessments at the time of the onsite audit visit. The PREA Coordinator provided this Auditor with the requested risk assessments for offenders the week following the onsite audit visit.

Through interviews with staff and inmates, it was clear that the counselors were not providing informed consent information to inmates prior to asking these assessment questions, nor were staff informing inmates of their right not to answer questions and not be punished for doing so.

The Director of Inmate Services provided a memo dated July 31, 2017, entitled PREA Compliance – Intake Survey. This memo directed staff to provide information to inmates prior to asking any questions, that the inmate does not have to answer those questions and they will not be disciplined for refusing. He reissued this memo following the onsite audit visit and reinforced this procedure in person with the counselors.

Additionally, after interviewing inmates and counseling staff members, it was clear that the required (30) day risk assessments were not being completed at all. Again, after discussion with the Director of Inmate Services, he indicated that was part of the job of the counselors to ensure those assessments are being completed. He was able to provide a memo dated July 19, 2017, entitled PREA Compliance assessments. This memo directed all counseling staff to ensure that these assessments are done PRIOR to the 30th day of incarceration. He reissued this memo to counseling staff who were able to conduct the assessments as needed. The PREA Coordinator then provided documentation that those assessments are now being completed as required.

Standard 115.42: Use of screening information

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

115.42 (a)

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Risk assessments conducted with the inmates at the LCCC are used for placements as required by the PREA standards. The PREA Policy includes information regarding this standard. The policy reads as follows.

§115.42 Use of screening information

- 1. The agency shall use information from the risk screening required by §115.41 to 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 abusive.*
- 2. The agency shall make individualized determinations about how to ensure the safety of each inmate.*
- 3. Transgender or Intersex inmates will be assigned to male or female blocks on a case-by-case basis.*
- 4. Transgender and Intersex inmates will be given the opportunity to shower separately from other inmates.*
- 5. Inmates will not be classified to a specific module based solely on their identification or status.*
- 6. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.*
- 7. A transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration.*

Additional guidance is provided in the *Classification: Custody Level Housing and Counselor Assistance* policy. It clearly states that one of the goals of custody is "to ensure that violent and non-violent inmates are not to be placed in the same cell."

Further guidance regarding working with transgender and intersex is provided in the *Classification: Custody Level Housing and Counselor Assistance* policy as well.

Transgender and Intersex

- 1. Upon incarceration if an inmate is found to be **transgender**; A person whose gender identity (internal sense of feeling male or female) is different from the person's assigned sex at birth or **intersex**; A person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female, he/she will be assigned to male or female modules on a case-by-case basis. All inmates will be classified to a specific module based solely on their identification or status. A transgender or intersex inmate's own view with respect to his or her own safety shall be given serious consideration. Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experience by the inmate.*

This same policy includes information directing housing classification. If there is an opportunity to use the risk assessments for placements in programming, work and education, the facility will take the opportunity to use the information gained through the risk assessment process. However, the facility does not provide

education or work opportunities to the inmates in the facility. And depending upon the custody level, there may be limited opportunities for programming such as AA and NA.

Standard 115.43: Protective Custody

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

115.43 (a)

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

115.43 (b)

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

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? Yes No

- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with staff and inmates confirmed the policy regarding protective custody. The PREA policy reads as follows.

§115.43 Protective custody

1. *Inmates at high risk for sexual victimization shall 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 completing the assessment. A detailed report will be completed by inmate services documenting what actions were taken and what the final placement was of said inmate.*

2. *Any inmate placed in segregated housing for the purpose of protective custody shall have access to programs, privileges, education, and recreation to the extent possible.*
 - a. *The opportunities that have been limited.*
 - b. *The duration of the limitation, and*
 - c. *The reasons for such limitations.*
3. *The facility shall 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 a period of (30) days.*
4. *If an involuntary segregated housing assignment is made pursuant to paragraph (1) of this section, the facility shall clearly document.*
 - a. *The basis for the facility concern for the inmate's safety; and*
 - b. *The reason why no alternative means of separation can be arranged.*
5. *Every (30) days the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population.*
6. *Lucas County Sheriff's Office has direct supervision dormitories that are utilized to assist in the placement of inmates who are at a higher risk of victimization.*

All staff members were asked about the involuntary protective custody placement and all were clear that this was the course of last resort in the facility. In addition, the individuals in protective custody confirmed, through informal interviews during the tour, that they were there because of their own request.

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No

- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with inmates and staff members confirmed that there are multiple options for inmates to report sexual abuse or sexual harassment. Inmates indicated that they could use the new tablet system to make a report, talk to a staff member, mostly counselors, file a grievance or call the phone number on the posters that are in the housing unit.

The PREA Policy supports the information given by the inmates during the interview process. The policy reads as follows.

§115.51 Inmate Reporting

1. Lucas County Sheriff's Office inmates can privately report sexual abuse, sexual harassment, retaliation by other inmates and/or staff and staff neglect by using the following:
 - a. Grievance Forms
 - b. Verbal Reporting
 - c. Sexual Abuse Hotline
 - d. Third-party reporting, rape crisis centers, family and friends.
2. Lucas County Sheriff's Office staff can privately report sexual abuse and sexual harassment of inmates to their supervisor or any other facility supervisor or by using the Sexual Abuse Hotline.
3. Any written or verbal reports will be immediately documented by the staff member receiving the information on a Corrections Report and forwarded to the Shift Commander.
4. Inmates will be provided access to an outside advocacy group through the use of a mailing address and hotline number for outside emotional support services related to sexual abuse.
5. The Corrections Center will allow reasonable communication between inmates and an outside advocacy group in a confidential manner.

The phones are turned on from 10:00 AM through 11:30 PM. There is an automatic prompt on the phone to make a PREA report. In addition, there is a specific number that inmates can dial to access PREA reporting, *9073#. This Auditor tested the phone system to contact the rape crisis center in housing unit 4E. A live person answered the phone and was aware of the work with the Corrections Center.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Review of the PREA Policy and interviews with staff were considered during the evaluation of the compliance with this standard. The policy states:

§115.52 Exhaustion of administrative remedies

1. The Corrections Center will not impose a time limit on when an inmate can submit a grievance regarding an allegation of sexual abuse.
2. The Corrections Center will not require the inmate to submit a grievance to a staff member who is the subject of the complaint.
3. The Corrections Center will not refer a grievance to a staff member who is the subject of the complaint.
4. The Corrections Center will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within (90) days of the initial filing of the grievance.
5. The Corrections Center may claim an extension of time to respond up to (70) days, if the normal time period is insufficient to make an appropriate decision.
6. The Corrections Center will notify the inmate in writing of any extension and provide a date by which a decision will be made.
7. Fellow inmates, staff members, family members, attorneys, and outside advocates will be permitted to assist inmates in filing requests for administrative remedies relating to sexual abuse allegations.
8. All emergency grievances alleging an inmate is subject to a risk of imminent sexual abuse will be forwarded immediately to the Shift Commander and/or Lieutenant on duty.
9. All emergency grievances initial responses will be within (48) hours and a final Corrections Center decision within (5) calendar days.

Inmate interviews verified that inmates did know that sexual abuse could be reported through the grievance process, however, none of the inmates who were interviewed had made a report through this process.

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The facility works with the local rape crisis center, the YWCA Hope Center. Information on how to contact this rape crisis center is included in the "Lucas County Corrections Center Inmate Rules and Regulations" document. This includes the mailing address and how to use the phone system. When an inmate calls the code (*9073#), no PIN is required so that the call is anonymous.

This Auditor was able to speak with staff from the center during the onsite audit visit while testing the

phone system. The rape crisis center answered the phone with a live person. The staff member was able to answer some basic questions about services that were provided to the Corrections Center.

The rape crisis center information is also included in the PREA brochure given to inmates when they are processed into the facility. Posters in the housing units include rape crisis center contact information.

The PREA Coordinator provided the Memorandum of Understanding (MOU) between the LCCC and the YWCA Hope Center. This MOU clarifies the services that will be provided to victims of abuse from the Corrections Center. The following services have been agreed upon in the MOU signed in 2016.

- Accompanying and supporting the victim through the forensic examination process
- Accompanying and supporting the victim through investigatory interviews at the hospital and the institution
- Provide emotional support
- Provide crisis intervention services
- Provide referrals for resources
- Provide follow-up services
- Provide posters with organization contact information
 - Address
 - Telephone number
- Provide a telephone number that will be made available to the victim to call for emotional support
- Provide an address that will be made available to the victim to write for emotional support
- Provide a telephone number that any inmate can anonymously call to report sexual assault
- Provide an address that any inmate can anonymously send a letter to report sexual assault

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Lucas County Corrections Center accepts third party reports of sexual abuse and sexual harassment. The facility has published reporting information on its website for the general public to be able to make reports. The website address for this information is <https://www.co.lucas.oh.us/3144/PREA-Prison-Rape-Elimination-Act>.

Additionally, the facility has PREA information posted on the first floor where outside visitors come for video visits with inmates at the facility. These posters have reporting information listed.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
 Yes No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with random and specialized staff members confirmed the requirement to report any sexual abuse in a confinement setting immediately to their supervisor or the PREA Coordinator. All staff were very clear about that responsibility and the fact that they would need to follow that verbal report with written documentation. In addition, staff were able to accurately discuss who they may talk to about the report and when they speak about it. Otherwise, they were clear that this is to remain confidential.

As mentioned previously in this report, counselors were not providing a notice of "informed consent" to inmates prior to asking them questions related to PREA. However, the Director of Inmate Services reinforced the memo that was dated from 2017 which required the staff to provide information to inmates regarding what information they are required to report versus what they must have permission to report when the information involves sexual abuse and sexual harassment.

The PREA Policy is clear about the reporting duties that are required of staff. The policy reads as follows.

§115.61 Staff and agency reporting duties

1. All staff is required to report immediately any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment, retaliation against inmates or staff, and any staff neglect or violation of responsibilities that have contributed to an incident or retaliation that occurs in the Corrections Center.
 - a. Corrections report is completed by staff member and given to their Shift Commander.
 - b. Shift Commander will then forward said report to his immediate Supervisor.
2. Staff will not reveal any information related to a sexual abuse report to anyone except designated supervisors, officials, who are responsible for treatment, investigation, and other security and management decisions.
3. Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.
4. If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable statute, the agency shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws.
5. Lucas County Sheriff's Office shall report all allegations of sexual abuse and sexual harassment, including third party and anonymous reports to the facility's designated investigators.

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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When the staff were questioned about how they would react if they learned that an inmate is subject to substantial risk of imminent sexual abuse, the majority of the staff indicated that they would alert their supervisor immediately while keeping the inmate with them. The Supervisor would alert the Shift Commander or the PREA Coordinator.

The PREA Coordinator and the Shift Commanders that were interviewed all indicated that they would look at moving the inmate to another housing unit or possibly to protective custody, if the inmate wanted to be in protective custody.

As the facility has multiple floors, there are multiple options for other housing placements. The facility does house both male and female individuals. There are only a few female inmates at the facility. This doesn't leave as many options for other placements, however, there are spaces for protective custody.

The PREA Policy also supports this practice.

§115.62 Agency protections duties

1. *When our facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, we shall take immediate action to protect the inmate.*

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Coordinator provided information regarding both reports that had been received from inmates at the facility about sexual abuse or sexual harassment at another facility and reports that were received from other facilities about sexual abuse or sexual harassment at the LCCC.

Counselors and medical staff that were interviewed indicated they knew about the requirements of sending information of sexual abuse to the facility where the inmate indicated that the abuse occurred.

During the pre-audit phase, the PREA Coordinator provided an example of receiving a report about sexual abuse at the LCCC. There was also an example of the letter that was sent to another facility. It was signed by the Major of the facility.

At the onsite audit visit, this Auditor was able to view additional examples of reports received and reports sent to other facilities.

The PREA Policy includes information about this required reporting. It reads as follows.

§115.63 Reporting to other confinement facilities

1. If the Sheriff's Office receives an allegation that an inmate was sexually abused, while confined at another facility, the Corrections Administrator will notify the facility head where the alleged abuse occurred within (72) hours. The notification will be documented in writing and maintained by the PREA Coordinator.
2. The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

This Auditor had the opportunity to interview staff members from all levels during the onsite phase of the audit. It was clear that staff at LCCC have had training regarding how to respond to an allegation of sexual abuse. All staff members were able to provide accurate information regarding their response to any allegations of sexual abuse or sexual harassment.

All staff discussed the training they receive regarding PREA. The staff discussed the training they received on PREA when they were hired if they were hired after PREA was put into effect. Staff also discussed the training they have every year about PREA.

Staff articulated the fact that the first action that should be taken is to separate the alleged victim and alleged perpetrator. Staff members would contact their supervisor to report the allegation and get guidance but most were clear that they would be required to also secure the crime scene and wait for assistance to get the alleged victim to medical to be examined.

The PREA Policy gives guidance as to the steps that must be taken when there is an allegation of sexual abuse. It reads as follows.

§115.64 Staff first responder duties

- 1. The first responder to a report of an alleged inmate sexual abuse will:
 - a. Separate the alleged victim and abuser.*
 - b. Preserve and protect any crime scene by securing the immediate area to ensure nothing is disturbed until the collection of evidence.*
 - c. Request that the alleged victim do nothing that may destroy physical evidence such as, washing, brushing teeth, changing clothes, urinating, defecating, eating or drinking.*
 - d. Both the victim and the abuser should be monitored to prevent self-harm.*
 - e. The victim will be isolated from the abuser.*
 - f. The staff member will immediately notify his Shift Commander, who will in turn document what incident occurred and submit report to his/her supervisor on duty at the time.*
 - g. If the first responder is not an officer, then the first responder will request that the alleged victim not take any actions that could destroy physical evidence and then notify a Shift Commander.**

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Discussions with the PREA Coordinator showed that she utilizes the PREA Policy as the coordinated response for the LCCC. As this is the only facility the agency operates, the policy is more specific than an agency that operates more than one facility.

The PREA Policy reads as follows:

§115.65 Coordinated Response

1. *The reports from the initial responder and shift commander will be reviewed and turned over to the Lucas County Sheriff's Office detectives for investigation.*
2. *After investigation is completed it will then be sent to the prosecutor's office for criminal charges if found substantiated.*
3. *The PREA compliance officer will meet with the inmate who alleged sexual abuse to inform him/her of the outcome of the investigation (Substantiated, Unsubstantiated or Unfounded) and a notification form will be signed by both the inmate and the PREA Compliance Officer state the findings of the investigation.*
4. *A review will be conducted after (30) days of initial investigation by a Review Board to review the investigation findings so as to gather information as to any red flags or policy changes that may need to be made to our policies and procedures.*
5. *If the alleged abuser is an employee, contractor or visitor, the employee, contract or visitor will be isolated from that individual and the Shift Commander will be notified.*

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The Lucas County Corrections Center does work with two unions. One union, UAW, Local 12, is the Command Officers Unit and the other is the UAW, Local 3056, which non-command staff belong to.

The PREA Coordinator provided a copy of both agreements and MOU's that accompanied those agreements for review prior to the onsite audit visit.

The Lucas County Sheriff's Office and the UAW, Local 12 (Command Officers Unit) entered into a MOU in August 2017, which provides for the required background checks every (5) years. Prior to this agreement, the corrections officers were not required to have background checks at these regular intervals.

Upon review of each of these, the agreements do not appear to limit the ability for the removal of staff due to reasons related to PREA.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

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

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The LCCC monitors for retaliation with all victims, reporters and anyone involved in an investigation if they feel they be retaliated against. These status checks are required for a minimum of (90) days, once a month. These status checks are to be documented on the *Prison Rape Elimination Act (PREA) Assessment/Retaliation Status Checklist*. This checklist is used for both staff and inmates who are being monitored.

The PREA Coordinator at the LCCC is responsible for monitoring retaliation when the monitoring is required for staff members. Counselors are responsible for the status checks with inmates.

The PREA Policy provides information regarding the process and what to look for when staff are monitoring for retaliation. It reads as follows.

§115.67 Agency protection against retaliation

1. *Staff or inmates who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations will not be subject to retaliation by other staff or inmates. The facility head shall designate staff to monitor retaliation and take appropriate action(s) to include:*
 - a. *Employing protective measures, such as housing changes or transfers for inmate victims or abusers*
 - b. *Removal of alleged staff or inmate abusers from contact with victims.*
2. *Engaging emotional support services such as mental health services for inmates and the Employee Assistance Program for staff who fear retaliation for reporting sexual abuse or harassment or for cooperating with investigations.*
3. *After the report of sexual abuse or sexual harassment, the Shift Commander will monitor the conduct and treatment of inmates or staff who reported sexual abuse or inmates who experience the sexual abuse, for at least (90) days for possible retaliation, the agency shall take appropriate measures to protect that individual from retaliation. This will be documented on the form "Protection Against Retaliation".*

Monitoring will include:

 - a. *Inmate discipline or misconduct*
 - b. *Housing, program or classification changes*
 - c. *Negative job performance reviews*
 - d. *Reassignment of staff*
 - e. *If the inmate or staff is transferred during this (90) day period, the facility head shall notify the receiving facility head of the continued need for monitoring*
 - f. *The facility shall continue such monitoring beyond (90) days if the initial monitoring indicates a continuing need*
 - g. *In the case of inmates, such monitoring shall also include periodic status checks.*
4. *The facility obligation to monitor shall terminate if the allegation is unfounded.*

During the onsite audit visit, it was determined that counselors were not conducting the required monitoring with inmates. The PREA Coordinator reaffirmed with the Director of Inmate Services and counselors that it was their responsibility to conduct these monitoring status checks.

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As discussed in standard 115.43, the facility does not utilize involuntary protective custody, unless absolutely necessary, either prior to or after an allegation of sexual abuse. This was confirmed by staff and inmate interviews and policy review. The policy reads as follows.

§115.68 Post-allegation protective custody

- Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of §115.43.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

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

115.71 (b)

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

115.71 (c)

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

115.71 (d)

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

115.71 (e)

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

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No

- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

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

115.71 (h)

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

115.71 (i)

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

115.71 (j)

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

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As mentioned earlier in this report, the Lucas County Sheriff's Office Detective Bureau conduct the criminal investigations of sexual abuse and sexual harassment which are alleged in the Lucas County Corrections Center. The administrative investigations are conducted by the PREA Coordinator.

Additionally, in accordance with §115.34, both the PREA Coordinator and the Lucas County Sheriff's Office detectives have taken the required specialized training for investigations.

The PREA Coordinator constructs files for each administrative investigation that she does and also works very closely with the Detectives Bureau when they are conducting a criminal investigation related to PREA.

The PREA Coordinator provided copies of the investigations for review from the previous (12) months prior to the onsite audit visit. The files contained consistent information and recommended elements for a complete investigative file. The file fronts contain a checklist of items to ensure that standards are being met. This information includes the name of the victim, charge, date of report, disposition, date of review board (sexual abuse incident review), date of notification (to victim) and date that the file can be disposed of.

The PREA Policy includes information regarding investigations. The policy reads as follows.

§115.71 Criminal and administrative agency investigations

- 1. All investigations into all allegations of sexual abuse and sexual harassment will be done promptly, thoroughly, and objectively. This includes anonymous and third-party reporting.*
- 2. Investigators with special train in sexual abuse investigations will be used when sexual abuse is alleged.*
- 3. Investigators will be responsible for gathering and preserving direct and indirect circumstantial evidence, available physical and DNA evidence, and anything else that is pertinent to the investigation.*
- 4. Investigators will interview alleged victims, suspected perpetrators, and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator.*
- 5. No compelled interviews will be conducted by the jail until consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.*

6. *The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as an inmate or staff.*
7. *The jail will not require an inmate who alleges sexual abuse, to submit to a polygraph examination.*
8. *Administrative internal investigations will include an effort to determine whether officer action and/or inaction contributed to the alleged abuse.*
9. *The internal investigation will be documented in written reports, to include the facts and findings.*
10. *Any substantiated allegations of conduct that appears criminal will be referred to prosecution.*
11. *All written reports of administrative and criminal investigations will be retained by the Corrections Center for as long as the alleged abuser is incarcerated or is employed by the Office, plus five years.*
12. *The investigation WILL NOT be terminated just because the alleged abuser or victim is no longer working for or being held in the facility.*
13. *The Lucas County Sheriff's Office will cooperate fully with any investigation that may take place outside of the Office.*
14. *Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.*

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The LCCC PREA Coordinator is clear about the standard of evidence required for administrative investigations. She was able to define the preponderance of evidence standard. In addition, the LCCC PREA Policy states the following.

§115.72 Evidentiary standard for administrative investigations

1. The Lucas County Sheriff's Office shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Standard 115.73: Reporting to inmates

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

115.73 (a)

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

115.73 (b)

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

115.73 (c)

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

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

115.73 (d)

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

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The PREA Coordinator is responsible for providing a notification to alleged victims of sexual abuse in the facility. She utilizes a form, *Notification of Outcome of Allegation*, to notify alleged victims. The victim signs the form, the PREA Coordinator makes a copy of the form and gives the original to the victim. The form

contains all items victims are to be notified of. The copy of the completed notification is kept in the investigation file and is subject to the same disposition as the investigative file.

The PREA Policy reads as follows.

§115.73 Report to inmates

1. *Following the investigation into allegations of sexual abuse or sexual harassment, the inmate will be informed by the PREA Coordinator on the Lucas County Sheriff's Office "Notification Form", whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and explain what the findings mean.*
2. *The victim will be informed when the suspect (inmate or staff) is:*
 - a. *No longer posted in the inmate's unit*
 - b. *No longer employed at the facility*
 - c. *Indicted on a sexual offense*
 - d. *Convicted of a sexual offense*
3. *The Notification Form will be signed by both PREA Coordinator and the inmate alleging sexual abuse.*
4. *Our facility's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.*

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

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

115.76 (b)

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

115.76 (c)

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

115.76 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with staff verified that staff are aware of the consequences of engaging in or failing to report sexual abuse or sexual harassment. All staff were aware that they could be terminated for these actions.

At the time of the onsite audit visit, none of the administrative staff provided information of any staff being terminated in the last (12) months for reasons related to sexual abuse.

The PREA Policy supports this standard and reads as follows.

§115.76 Disciplinary Sanctions for Staff

- 1. Any Lucas County Sheriff's employee will be subject to disciplinary sanctions up to and including termination for violating Sexual Abuse and Sexual Harassment policies. In review of a case of substantiated sexual harassment, the nature and circumstances of acts committed, the sanctions imposed for comparable offenses by other staff with similar histories will be taken into account regarding disciplinary action.*
- 2. Employees that have engaged in sexual abuse will be terminated from the Lucas County Sheriff's Office.*
- 3. 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,*

shall be reported to law enforcement agencies, unless the activity was clearly not criminal and to any relevant licensing bodies.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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The information provided during the interview with the PREA Coordinator and the Major (Corrections Administrator) of the agency indicated that the consequences for contractors and volunteers is very similar to that of staff members.

The administrative staff did not provide information of any volunteers or contractors that were terminated in the last (12) months due to violations of these policies.

The PREA Policy addresses this standard and reads as follows.

§115.77 Corrective action for contractors and volunteers

1. *Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with inmates and abuse will be reported to law enforcement agencies unless activity was clearly not criminal, and to relevant licensing bodies.*
2. *If a contractor or volunteer violated the sexual abuse or sexual harassment policy, he/she will be prohibited from contact with inmates and will be reported as well as termination of the contract or arrangement.*

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

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

115.78 (b)

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

115.78 (c)

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

115.78 (d)

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

115.78 (e)

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

115.78 (f)

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

115.78 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Interviews with staff members, both randomly selected and specialized staff, confirmed that they understand the discipline process as defined by policy and the interview with the PREA Coordinator. Inmates who are found to have committed sexual abuse will be disciplined for those violations.

Additionally, staff were aware that an inmate who reports sexual abuse and the case can't be substantiated can only be punished for reporting if there is clear evidence that the inmate made that allegation in bad faith, knowing that it was not true.

PREA Policy supports the information gained from the interviews with staff members. It states the following.

§115.78 Disciplinary sanctions for inmates

1. *Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.*
2. *Sanctions shall 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.*
3. *The disciplinary process shall 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.*
4. *If the facility offers therapy, counseling, or other interventions deigned to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.*
5. *The Sheriff's Office will discipline an inmate for sexual contact with an officer only upon finding that the officer did not consent to such contact.*
6. *If an inmate's report of sexual abuse is made in good faith and based on reasonable belief, he/she will not be disciplined for falsely reporting an incident of lying, even if the investigation does not establish evidence sufficient to substantiate the allegation.*
7. *The Lucas County Sheriff's Office prohibits all sexual activity between inmates and will discipline inmates for any such activity.*

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

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

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 NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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There are both medical and mental health staff employed by the LCCC. And as this is a relatively small jail, with approximately (370) inmates on any given day, making the appropriate mental health referral is done quickly and the inmate is seen in a short timeframe.

Initially, it was clear through multiple interviews, that the counseling staff was not providing the required informed consent *prior* to asking questions regarding sexual abuse and sexual harassment. In order to correct this problem, as mentioned earlier in this report, the Director of Inmate Services reissued memos to staff directing that this informed consent is delivered to the inmate *PRIOR* to asking any PREA related questions.

The staff members were able to discuss the process for referring an inmate to the counselors to discuss any PREA related issues. Counselors are assigned to a floor and are assigned a group of inmates from that floor to work with. This would include any referrals due to incidents of sexual abuse.

When there is a referral of victimization issues, the counseling staff try to see those individuals as soon as possible after that referral is made. The staff are meeting the required timelines of this PREA standard.

The PREA Policy contains information regarding the provision of medical and mental health services and the assigned timeframes. This policy states the following.

§115.81 Medical and mental health screenings, history of sexual abuse

1. *If the screening indicates an inmate has experienced or perpetrated prior sexual victimization, whether it occurred in an institutional setting or in the community setting, staff shall ensure the inmate is offered a follow up meeting with a mental health provider within (14) days of the intake screening and will be classified accordingly.*
2. *Any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be 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.*
3. *Medical and mental health practitioners shall obtain informed consent from inmate before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of (18).*

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

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

115.82 (b)

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

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

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

115.82 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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Through interviews with staff and inmates, it is clear that the medical staff do take allegations of sexual abuse seriously and if it occurs within the appropriate timeframe, staff will send inmates out to the hospital for a forensic medical examination. This facility utilizes St. Vincent's Hospital, which is approximately (1.5) miles from the facility if an inmate needs to be taken outside for a forensic medical examination.

As noted, staff are required to immediately separate the alleged victim and perpetrator in order to keep the victim safe. All staff were very aware of that requirement. Staff also indicated that they would immediately contact a supervisor and that someone would come to escort the alleged victim to the medical department for a preliminary examination.

Once the alleged victim is in the medical department, other appropriate notifications will be made, such as to a counselor, unless the victim is going immediately out to the hospital for a forensic examination.

If that is the case, an advocate from the YWCA Hope Center will meet the alleged victim at the hospital to provide services.

The PREA Policy covers the requirements of the this standard and standard 115.83 but these sections cross over one another. The policy states the following.

§115.82 Access to emergency medical and mental health services

1. All inmates of sexual abuse will receive timely, unimpeded access to emergency medical treatment and crisis intervention service, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
2. All victims of sexual abuse while in the jail will be offered information and access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate.

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

1. The jail will offer medical and mental health evaluation and treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.
2. The evaluation and treatment of such victims will include:
 - a. Follow up services
 - b. Treatment plans
 - c. Referrals for continued care following their transfer or release.
3. Inmate victims of sexual abusive vaginal penetration while in the jail will be offered pregnancy tests.
4. Inmate victims who become pregnant while in the jail will receive comprehensive information about all lawful pregnancy related medical services.
5. Inmate victims of sexual abuse while in the Corrections Center will be offered tests for sexually transmitted infections as medically appropriate.
6. Our agency will provide such victims with medical and mental health services consistent with the community level of care.
7. All treatment services for sexual abuse 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.

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

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

115.83 (a)

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

115.83 (b)

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

115.83 (c)

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

115.83 (d)

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

115.83 (e)

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

115.83 (f)

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

115.83 (g)

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

115.83 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As noted in the narrative of §115.82, the medical department and counselors in the Department of Inmate Services will provide ongoing access to the appropriate medical and mental health services to a victim of sexual abuse.

In interviews with medical and mental health staff, both departments indicated that they felt that the services provided to inmates at LCCC were absolutely a level consistent with what is provided in the community, and in some cases even better. When a request is made for medical and/or mental health services, staff try to answer those within (48) hours of receiving the request. And there is no fee for medical services in the facility. This is a higher level of service than in the community.

The facility would provide the appropriate pregnancy related services as outlined in the PREA Policy listed in §115.82. The facility has both pregnancy tests and prophylaxis in stock and if not available, they can get both of those items quickly.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

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

115.86 (b)

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

115.86 (c)

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

115.86 (d)

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

115.86 (e)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The PREA Coordinator is responsible for facilitating the Sexual Abuse Incident Review (SAIR) process. She is responsible for tracking the investigations and ensuring these are done within a timely manner. She will then schedule the SAIR with the appropriate group of individuals including Senior Command Officers, Investigators, the PREA Coordinator, and medical and mental health professionals.

The facility conducts SAIR's for all cases that are substantiated and unsubstantiated. They do not conduct the reviews for those cases that are unfounded. The PREA Policy requires that after all reviews, a report will be prepared listing the findings, determinations, and any recommendations for improvement. That report is then sent to the Sheriff for review. The Corrections Center will implement the recommend changes or document the reasons for not implementing them. Copies of all reports and further documentation should be kept in the investigation packet.

Standard 115.87: Data collection

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

115.87 (a)

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

115.87 (b)

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

115.87 (c)

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

115.87 (d)

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

115.87 (e)

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

115.87 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data collection is the responsibility of the PREA Coordinator. She receives all PREA information for the entire facility. She utilizes binders and computer software to track all allegations and investigations of sexual abuse and sexual harassment in the LCCC.

The information collected is in line with the Department of Justice's Survey of Sexual Violence (SSV).

Standard 115.88: Data review for corrective action

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

115.88 (a)

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

115.88 (b)

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

115.88 (c)

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

115.88 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As with all PREA related information, the PREA Coordinator is the keeper of all information for the LCCC. She is also responsible for developing the Annual Report on PREA for the facility. These reports have been compiled and can be found online at <https://www.co.lucas.oh.us/3144/PREA-Prison-Rape-Elimination-Act>. The reports are linked on this page for 2017, 2018 and 2019.

Reports are written on information for the prior calendar year. Review of these reports show that the required information is included. These reports are signed by both the PREA Coordinator and the Corrections Administrator.

The PREA Policy for the facility also directs that no personally identifying information is included in these reports and if there is, that information is to be redacted before it is published.

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

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

115.89 (b)

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

115.89 (c)

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

115.89 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As stated above in this report, the PREA Coordinator is responsible for collecting all data and information related to PREA for the LCCC. She has multiple ways in which she secures the data she is responsible for.

The PREA Coordinator has her own office with locking filing cabinets to store paper files, such as investigation files. She is diligent about locking her office door every time she leaves her office, as noted by this Auditor during the onsite audit visit.

Information is also stored in the offender management system the jail uses called NORRIS. Not only is the Sergeant required to enter a password to unlock her computer, she is also required to enter a password to access the offender management system.

Information regarding sexual abuse and sexual harassment is very secure in this facility. In addition, the PREA Coordinator is clear that this information is to be kept for a minimum of (10) years, which is also noted in the PREA Policy.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Lucas County Corrections Center is being audited in the third year of the second audit cycle. This is the second audit for this facility.

This is the first audit for this PREA Coordinator. The information that she provided was extremely helpful and when asked for additional information, she provided that as quickly as she could and in some cases immediately.

During this audit, the staff at LCCC were accommodating of this Auditor’s requests. The onsite phase of this audit was very pleasant, and staff were extremely helpful. I enjoy working with this facility immensely.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Jennifer L. Feicht

July 22, 2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

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