

D O N A L D L . L E A C H & A S S O C I A T E S , L T D

February 12, 2025

Mr. Brendan Healey
Deputy County Prosecutor
Cuyahoga County Prosecutor's Office
1200 Ontario Street
Cleveland, Ohio 44113

Brendan:

I am pleased to submit my report regarding the findings from my first site visit conducted on November 5, 2024 to November 7, 2024, as part of the implementation review of the *Clay v. Cuyahoga County* settlement agreement. I plan to conduct multiple site visits until all outstanding settlement conditions are satisfied. My next visit is scheduled for May, with the exact date to be confirmed, contingent on the progress of the settlement provisions.

As a corrections expert agreed to by both parties, my primary objective was to conduct a comprehensive evaluation of the progress made in implementing the various points outlined in the settlement agreement. This involved reviewing relevant documentation, interviewing key personnel, and performing on-site observations to ensure compliance and identify areas for further improvement.

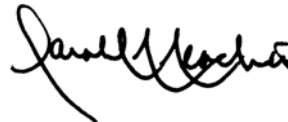
The report enclosed herewith provides a detailed account of my findings, highlighting areas of successful implementation as well as recommendations for addressing any challenges encountered in meeting the agreed-upon terms. My aim is to facilitate a collaborative approach that supports continuous improvement in alignment with the objectives of the settlement agreement.

I appreciate the cooperation and transparency demonstrated by all parties during the site visit. It is my hope that this report will serve as a constructive tool in our ongoing efforts to achieve the goals set forth in the settlement agreement, ultimately enhancing the operational effectiveness and overall environment within the facility.

Please feel free to reach out to me should you have any questions or require further clarification on any aspects of the report. I am committed to assisting both the plaintiffs and the defense throughout this important process.

Thank you for the opportunity to contribute to this significant endeavor. I look forward to our continued collaboration. If I can be of further assistance please let me know.

Sincerely,



Donald L. Leach II

Findings: Access/Accommodation

Install grab-bars in showers located in the general population areas of Jail 2. At a minimum, at least one shower on each floor of Jail 2 will be equipped with a grab bar.

Date Reviewed: 11/05/2024

Finding: Housing unit renovations were being undertaken. The photo below shows a renovated shower with grab bars in housing unit in Jail II, Pod9A. The renovation project will be a lengthy process as the housing unit cannot be used during the period of renovation. Inmates must be shuffled around between units to allow the targeted unit to be opened.

Compliance Level: Partially compliant (Until either full renovations are completed or a new facility constructed)



Renovated shower with grab bars.

Modify at least one shower, located in the general population areas of Jail 2, to have a lip that permits wheelchair access into the shower area.

Date Reviewed: 11/05/2024

Finding: Housing unit renovations were being undertaken. The photo below shows a renovated shower with grab bars in housing unit in Jail II, Pod9A. The renovation project will be a lengthy process as the housing unit cannot be used during the period of renovation. Inmates must be shuffled around between units to allow the targeted unit to be opened.



Renovated shower with wheelchair accessible ramp.

Compliance Level: Fully Compliant

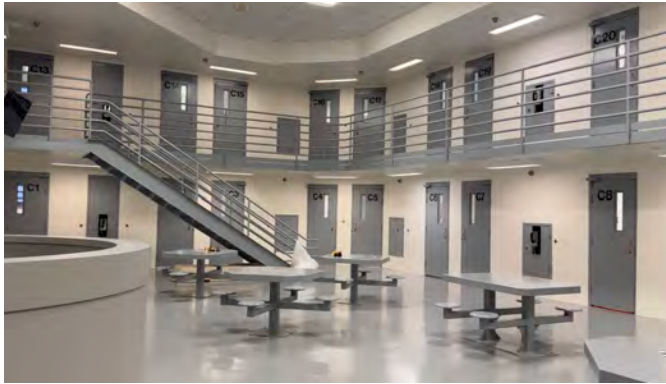
Employ a full-time disability coordinator dedicated to the CCCC.

Date Reviewed: Not reviewed

Finding: I did not meet with the disability coordinator.

There have been on-going renovations to the housing units. As can be seen in the pictures below of a fully renovated and occupied housing unit, the changes are significant. The pictures of the grab bars and shower ramp are from a housing unit currently undergoing renovations. This was one of several units undergoing renovations.

Compliance Level: Not Compliant (Until I have met with the designated disability coordinator)



Findings: Contract Monitor

Employ or contract with a contract monitor to ensure the requirements under the medical contract, food contract, secures contract, are being performed. Contract monitor shall develop service level benchmarks which the vendor must achieve in the provision of services to the County.

Date Reviewed: 11/05/2024

Finding: A full time contract monitor has been hired and was in het third week in the position. Ms. Julia Gron was tasked with overseeing the medical and food service contracts. As both contracts, and contractors, were in a state of flux at the time of the site visit, Ms. Gron was focused on issues with the RFP's and the process of selecting a vendor. At the time of the site visit, neither a food service nor a medical vendor had been selected.

Compliance Level: Fully Compliant

Findings: Food Service

Maintain a contract with a food service vendor addressing the concerns and recommendation so the Joint Expert. The food service contract shall also contain provisions to enable the County to seek remediation of any performance issues with the vendor.

Date Reviewed: 11/05/2024

Finding: A RFP had been developed and was released for response at the time of the site visit. A vendor had not been selected at the time of the site visit.

While conducting the site visit, I conducted an audit of the current food service. Because there has been a significant amount of criticism of the current vendor regarding the composition, taste and temperature of the meals, I conducted an audit of those issues. On two separate occasions, 11/05/2024 and 11/06/2024, I taste tested the lunch meal being provided. Both meals were favorable and appetizing considering that they are



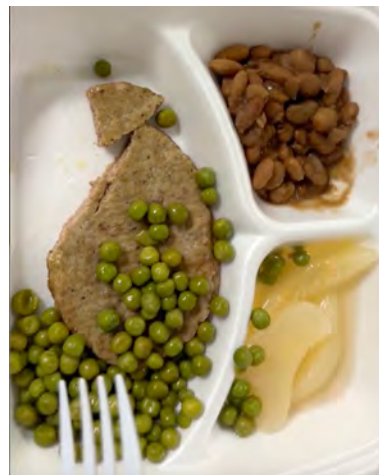
Insulated food cart 11/05/2024 lunch meal



Insulated food cart 11/05/2024 lunch meal



Random lunch meal selected to taste test-11/05/2024



Taste testing the lunch meal-11/05/2024

large scale production, not unlike school lunches. Both meals were acceptable correctional food service, and as an officer, we ate the same meal served, and I would have eaten these meals without complaint. I have provided a video of each tasting. A survey of the trays coming out of the housing units showed that the meal was predominantly consumed, most items eaten. There was the typical left-over beans and greens, but not in large amounts. Meat portions of all meals were completely eaten.

But there were other issues identified, some within the ability of the CCCC to address; some within the food service vendor's ability to address; and others outside both parties' ability to address.

First, there have been issues with the temperature of the food. Once the trays leave the kitchen (cross the threshold of the kitchen door), the food carts are subject to variables related to the physical delivery of a single tray to a single inmate: waiting times for the elevator; distance the individual cart has to travel to arrive at a specific housing unit; the time the cart sits waiting on the custody staff to begin the feeding process; and, the number of inmates to be fed from that individual cart. All of these variables have an impact on the temperature of the food product.

I audited the current process for delivery to the various housing units, specifically the time for a single cart to travel from the kitchen to Jail I, 7th Floor. It took approximately 25 minutes from the time the food cart crossed the threshold out of the kitchen until the first tray was handed to an inmate (6:30 minutes kitchen threshold to floor, 13:50 minutes kitchen threshold to first tray prep, 23:01 minutes kitchen threshold to trays to 7G threshold, 25:23 minutes kitchen threshold to first tray served inmate in 7G.) Much of that time was spent waiting for the custody staff to obtain the inmate workers that compiled the trays, and then to make up the first twenty-six trays. Needless to say, during this time the food product temperature dropped, resulting in a warm, but not hot, meal ultimately delivered to the first inmate. Each after that will become decreasingly hot. This is not a problem with the food service vendor, per se, but a process problem.



Food cart waiting on the 7th floor for trustee workers



Trustee workers preparing to compile the trays on the 7th floor

The issue of providing a hot meal to a large inmate population is not unique to CCCC. Compounding this issue is the use of the Styrofoam trays. The regular insulated trays should maintain food temperature longer. And because the trays are already prepared in the kitchen, once the food cart is delivered to the floor, the meals can be served in a more timely manner. Part of Ms. Gron's duties will be auditing the meal service process to ensure it is meeting contractual expectations.

As of 12/10/2024, a new food service vendor has been selected: Summit Foods. The contract is intended to fully begin in January after the transition process from Trinity to summit is completed.

Compliance Level: Fully Compliant

Findings: Grievance

Adopt an Inmate Grievance Procedure Policy that is substantially similar to the attached Exhibit G.

Date Reviewed: 11/05/2024

Finding: The grievance procedure had been established as indicated in the policy, "Inmate Grievance Procedure," Number 0015 dated 10/23/2024.

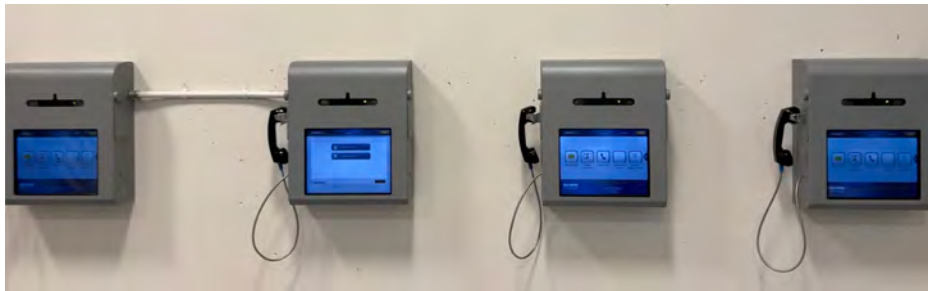
Compliance Level: Fully Compliant

Post signage regarding the grievance process in all housing units in English and Spanish and maintain signage throughout the CCCC.

Date Reviewed: 11/05/2024

Finding: I did not observe any Spanish language signage related to the grievance process in the housing units, though there is information on the kiosk presented in both English and Spanish regarding submitting a grievance. The photo shows the grievance signage in English.

I was provided with 893 "grievances" for the month of October alone. A review of "grievances" shows that the grievance mechanism in the kiosk is being used for filing issues other than grievances. Most of the "grievances" are actually not grievances but requests for services, programming, tablets, commissary and court-related information.



Secures kiosks in each housing unit.



Secures kiosk grievance screen, language selection can be seen next to the login button.

The task confronting Mr. Delonte Brown as the grievance coordinator will be to separate the legitimate grievances from the other requests that should be being processed as “kites” in the Securus system. Nevertheless, it is clear from the sheer volume of filings that the inmates are aware of their access to the grievance process.

Compliance Level: Partially Compliant (Until Mr. Brown has placed all signage)

Include in the Securus system a method for Inmates to submit grievances concerning inter alia, food service, commissary, and access to medical care/services.

Date Reviewed: 11/05/2024

Finding: The Secures system has several grievance options on the kiosk, along with a language selection option as seen in the pictures below. I also have a video of the kiosk operation from which the pictures were generated.

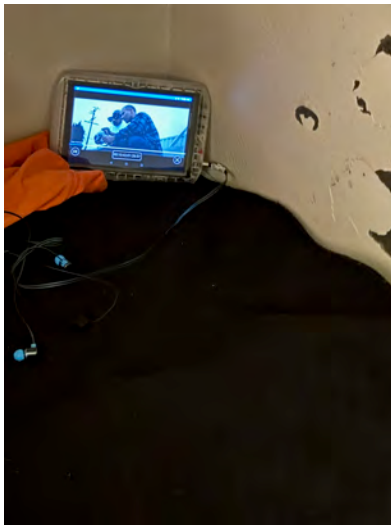
Compliance Level: Fully Compliant

Distribute computerized tablets or similar devices to Inmates and develop policies concerning issuance of tablets, including to whom tablets may be issued and any circumstances that render an Inmate ineligible to receive and retain a tablet.

Date Reviewed: 11/05/2024

Finding: Inmates in those areas eligible for receiving tablets had them in their cells, as sen in the picture below. Inmates had access to file medical and information requests along with grievances. The tablets offered additional recreational value by providing access to music, hence the headphones attached to the tablet in the photo.

Compliance Level: Fully Compliant



Secures tablet with headphones



Secures tablet with headphones

Employ a full-time person to manage the grievance process and coordinate access to counsel, as well as law library access, and legal visits.

Date Reviewed: 11/06/2024

Finding: A full-time grievance coordinator, Mr. Deleonte Brown, has been hired. Mr. Brown's first day on the job was the same day as the first day of my site visit. Mr. Brown lacked the essential tools he is going to need to accomplish his job as the grievance coordinator, primarily a networked computer, but also a printer and scanner.

Further there were no actual revised manual grievance forms, so Mr. Brown will have to have them printed and distributed to the housing units. Currently there are no manual grievance forms located on the housing units I audited. Inmates can only file grievances using the Securus kiosks.

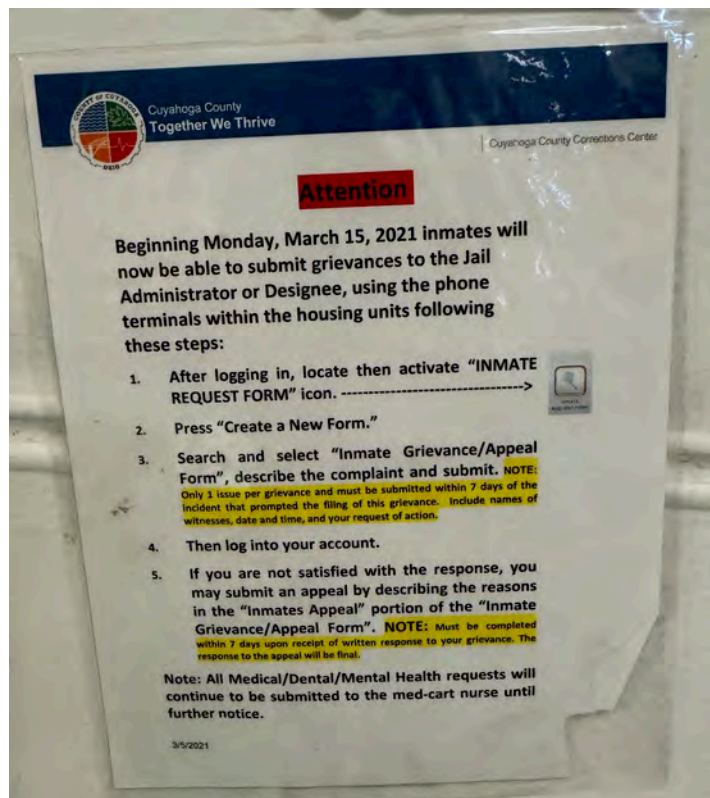
Compliance Level: Fully Compliant

Advise Corrections Staff of the content of the policies identified in attached Exhibit G and enforce compliance with these policies.

Date Reviewed: Not reviewed

Finding: I did not review the training, and training materials, provided to staff regarding the revised grievance policies. Nevertheless, the signs below were provided to each housing unit.

Compliance Level: Partially Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training)



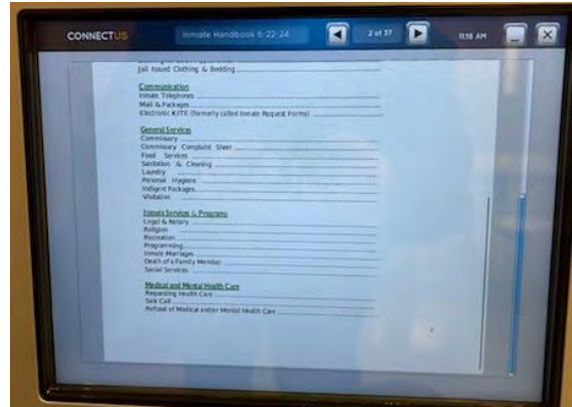
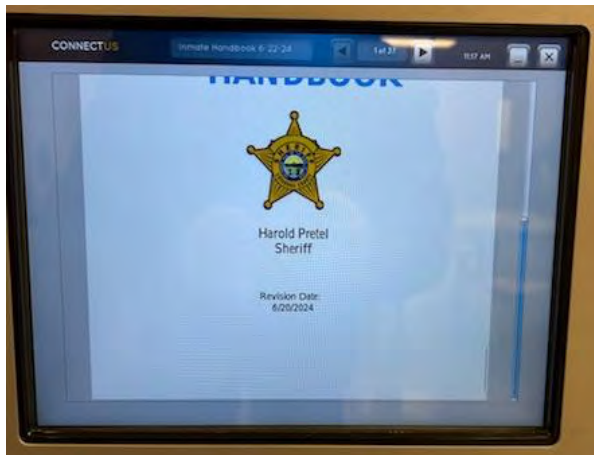
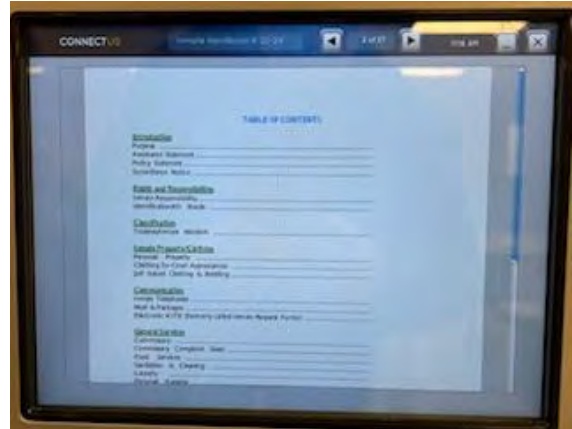
Findings: Handbook

The County shall adopt an Inmate Handbook that is substantially similar to Exhibit N.

Date Reviewed: Not reviewed

Finding: I have reviewed a revised copy of the Inmate Handbook. Inmates have access on either the housing unit kiosk or the issued inmate tablets. I would recommend that those housing units within which inmates have limited or no access to the kiosk or tablets, manual paper copies are maintained for the housed inmates to access upon request. The pictures below illustrate the inmates' access to the Inmate Handbook on the housing unit kiosk.

Compliance Level: Compliant (With the caveat of manual copies being placed in segregation units)



Findings: Legal Counsel

Adopt separate visitation policies. The first policy should be a Public Visitation Policy that is substantially similar to Exhibit L.

Date Reviewed: 11/04/2024

Finding: The CCCC has the accepted policy, "Visitation-Public," Number 0033A effective 10/24/2024 that is similar to Exhibit L.

Compliance Level: Fully Compliant

The second policy should be an Attorney Visitation Policy that is substantially similar to Exhibit M.

Date Reviewed: 11/04/2024

Finding: The CCCC has the accepted policy, "Visitation-Public," Number 0033A effective 10/24/2024 that is similar to Exhibit M.

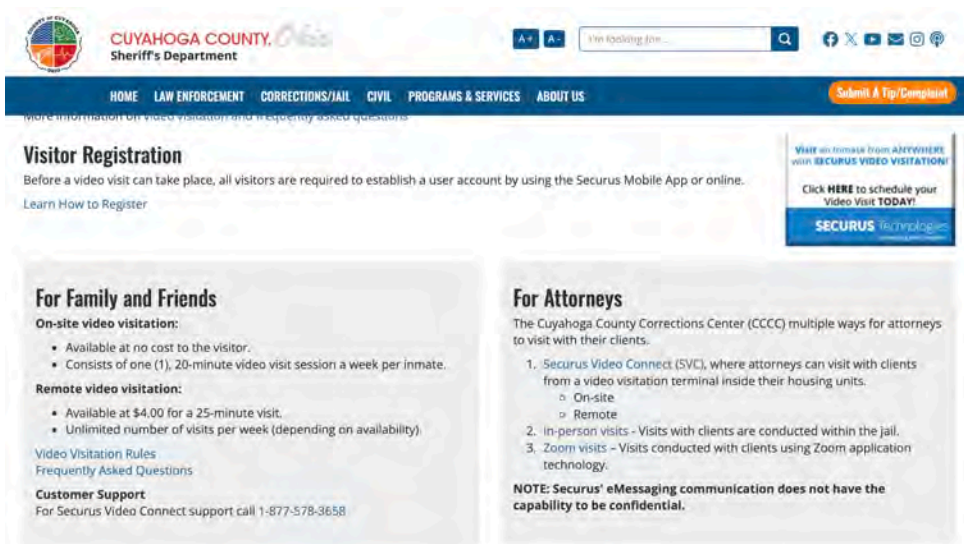
Compliance Level: Fully Compliant

Update the County Sheriff's Department materials and notices (attorney information flyer and information on the County Sheriff's website) published by the sheriff's office to include information about video visitation and any other policy changes to attorney visitations.

Date Reviewed: 11/06/2024

Finding: The Cuyahoga County Sheriff's Office has appropriate information on the agency website regarding visitation by the public and attorneys. Additional information regarding accessing video visitation, including costs, is also listed on the site. See <https://cuyahogacounty.gov/sheriff/corrections-jail/registration-visitation>.

Compliance Level: Fully Compliant



Advise Corrections Staff of the content of the policies identified in Attached exhibits L through M and enforce compliance with these policies.

Date Reviewed: Not reviewed

Finding: I did not review the training, and training materials, provided to staff regarding the revised grievance policies. Nevertheless, the signs below were provided to each housing unit.

Compliance Level: Partially Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training)

Findings: Medical Care

Display signage in English and Spanish concerning health care access in the following areas of the CCCC:

(1) intake/booking area,

Date Reviewed: 11/06/2024

Finding: Appropriate signage was in the booking area. Additionally I observed a Spanish language speaking registered nurse providing intake screening services to an arrestee.

Compliance Level: Fully Compliant

(2) the medical dispensary,

Date Reviewed: Not reviewed

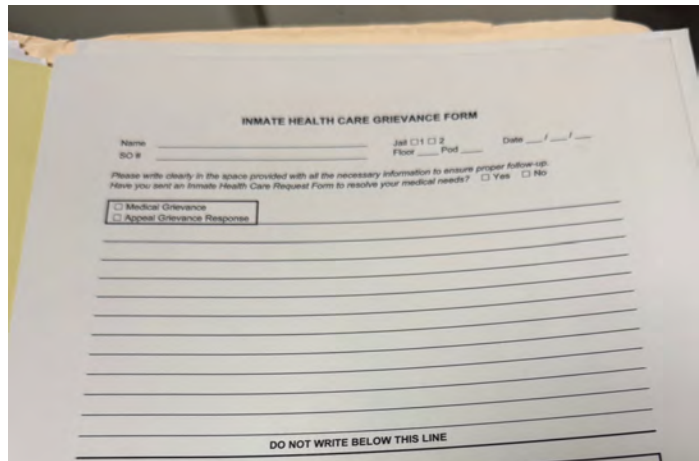
Finding: I did not tour the medical area for the specified signage.

Compliance Level: Partially Compliant (Until I have reviewed the signage in place in the medical area)

(3) every housing unit.

Date Reviewed: 11/06/2024

Finding: I did not observe appropriate signage posted in the housing units I toured. Additionally, there were no manual medical forms in any language available on the housing units. Officers referred inmates to the kiosk for all inputting medical requests.



I had the opportunity to observe a nurse during medication pass. The medication cart did not carry any manual medical requests in any language, but did have a copy of the older medical grievance form, no longer in use. This medical grievance form would be submitted outside the newly established grievance process, thereby bypassing internal CCCC controls of all grievances, which is the ultimate goal for response and tracking purposes.

Compliance Level: Not Compliant (Until I have reviewed the signage in place in the housing unit plans)

Engage a qualified medical professional to audit, monitor, and report on services provided by MetroHealth or another medical provider.

Date Reviewed: 11/06/2024

Finding:As stated previously, Ms. Julia Gron has been hired to monitor the medical services contract. In addition to Ms. Grono, Dr. Donald Kern, MD, has been contracted with to provide the medical expertise monitoring and auditing of the medical services contract. Dr. Kern is a widely recognized correctional medical physician with extensive experience in supervising and monitoring contracted medical services in the correctional environment.

Compliance Level: Fully Compliant

Findings: Mental Health

Adopt a Reception Policy substantially similar to Exhibit E.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Reception," Number 0023 effective 10/23/2024 that is similar to Exhibit E.

Compliance Level: Fully Compliant

Dedicate a trained, core group of officers to the mental health housing areas.

Date Reviewed: Not reviewed

Finding: I did not review the training, and training materials, provided to staff regarding a trained group dedicated to the mental health housing area.

Compliance Level: Not Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training)

Construct a private examination and interview room in the intake area so that inmates can receive a medical assessment in private.

Date Reviewed: 11/06/2024

Finding: There was a dedicated space in the intake area for the initial intake assessment of all arrestees. At the time of the site visit, I observed a registered nurse conducting the medical intake of arrestees. Additionally, she was a Spanish speaker.

Compliance Level: Fully Compliant

Adopt a Suicide Prevention Policy similar to Exhibit F

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Suicide Prevention Response," Number 0026 effective 03/25/2024 that is similar to Exhibit F

Compliance Level: Fully Compliant

Work with Metro or other medical provider to revise medical policy J-E-05 to clarify that Inmates identified as a suicide risk by staff, or self-report suicidal ideations, must be seen immediately once such inmates are referred.

Date Reviewed: 11/06/2024

Finding: Inmates identified as suicide risks will be seen immediately is specified in the revised policy, "Suicide Prevention Response," Number 0026 , page 2:

- 4. Inmates found to be actively suicidal, who have suicidal ideations, or who have a history of a recent suicide attempt(s) within the past thirty (30) days will be seen immediately by a qualified Mental Health Professional.*



Double bunked cell with safety blankets



Supply of safety blankets

a. *If a Qualified Mental Health Professional is not immediately available, the inmate will be kept under constant one-on-one supervision until seen by the Qualified Mental Health Professional.*

Further delineation of custody staff response if contain in the policy under Section D. "Response" on pages 4-6

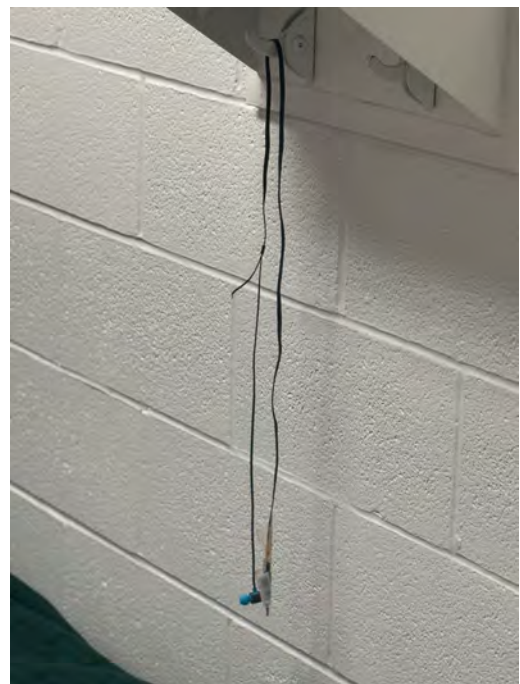
Compliance Level: Fully Compliant

Advise Corrections Staff of the content of the policies identified in attached Exhibits E through F and enforce compliance with these policies.

Date Reviewed: Not reviewed

Finding: The policy on "Suicide Prevention Response," Number 0026, has been promulgated. I have not reviewed the training provided to staff regarding the policy. Also, I have not reviewed any documents indicating that staff have failed to follow either the prior policy of the current policy.

Compliance Level: Partially Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training)



Ear bud ligature in the manner in which the ligature would be used.

Train Corrections Staff on red flags and risk factors for suicidal inmates.

Date Reviewed: 11/06/2024

Finding: The policy on "Suicide Prevention Response," Number 0026, has been promulgated. I have not reviewed the training provided to staff regarding the use of "red flags" or "risk factors."

Compliance Level: Fully Compliant

Either employ or contract for the services of at least one full time recreation specialist or therapy aide.

Date Reviewed: Not reviewed

Finding: I did not verify the employment of a recreation specialist.

Compliance Level: Not Compliant (Until I have reviewed hiring of the designated staff member)

Findings: Restrictive Housing

Adopt a Disciplinary Segregation Policy that is substantially similar to the specimen policy attached as Exhibit H.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Disciplinary Segregation Guideline," Number 0065 effective 03/25/2024 that is similar to Exhibit H.

Compliance Level: Fully Compliant

Adopt an Inmate Discipline Policy that is substantially similar to the specimen policy attached as Exhibit I.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Inmate Discipline," Number 0011 effective 10/25/2024 that is similar to Exhibit I.

Compliance Level: Fully Compliant

Require the warden or one of the Assistant Wardens to inspect the restrictive housing units on a weekly basis to determine whether the housing unit is operating in compliance with CCCC policies and state standard. Warden or Assistant Warden should document this inspection, and indicate what, if any corrective measures need to be taken.

Date Reviewed: 11/05/2024

Finding: I observed Warden Wilcox making rounds through the restricted housing areas of Jail I, Housing Unit 10A2 on 11/05/2024. I did not review any documentation of rounds being conducted.

Compliance Level: Partially Compliant (Until I have reviewed the documentation of the rounds)

Within the existing mental health unit, make separate provisions for inmates with severe mental illnesses.

Date Reviewed: 11/05/2024

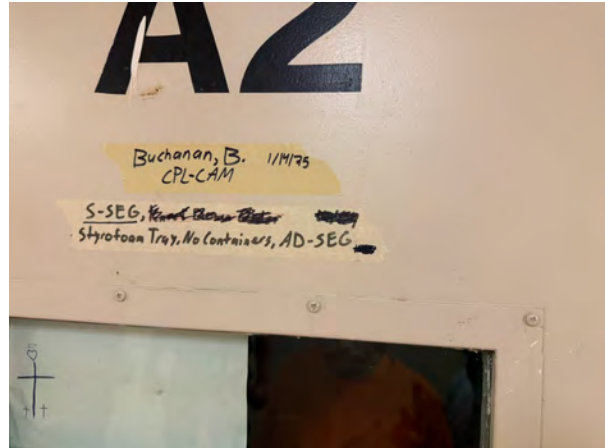
Finding: I reviewed the conditions of Jail I, Housing Unit 10A2 being used to house severely mentally ill inmates. The conditions of the individual



Warden Wilcox conducting a tour of restricted housing unit 10A2-Mental Health housing

cells were acceptable and sanitary. As can be seen in the pictures below, the housing unit is maintained in an orderly and sanitary manner. Restrictions related to the inmate in a particular cell are notated on on the door to the cell along with the inmate's name.

Compliance Level: Fully Compliant



Jail I, Housing Unit 10A2 with secure food traps and cell door signage



Fully eaten food trays from cells in Jail I, Housing Unit 10A2

Adopt a step-down approach for transitioning inmates in restrictive housing to a less restrictive housing setting.

Date Reviewed: Not reviewed

Finding: I had not reviewed an active step-down plan for transitioning inmates from restrictive housing to a general population unit.

Compliance Level: Not Compliant (Until I have reviewed the transition plan)

Advise Corrections Staff of the content of the policies identified in attached Exhibits H through I and enforce compliance with these policies.

Date Reviewed: Not reviewed

Finding: I did not review the training, and training materials, provided to staff regarding the revised segregation housing policies.

Compliance Level: Partially Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training)

Findings: Religion

Adopt and Amend Recreation and Programs Policy that is substantially similar to the specimen policy attached as Exhibit J.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Recreation/Programs" Number 0010 effective 03/25/2024 that is similar to Exhibit J.

Compliance Level: Fully Compliant

Adopt a Religious Program Ramadan Policy that is substantially similar to the specimen policy attached as Exhibit K.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Religious Programming: Ramadan" Number 0053 effective 10/25/2024 that is similar to Exhibit J.

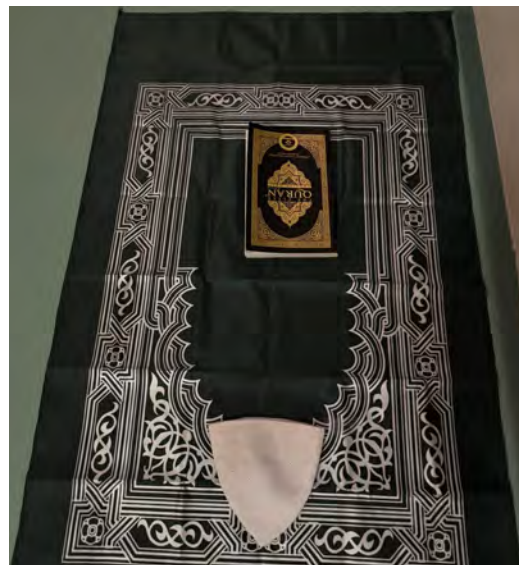
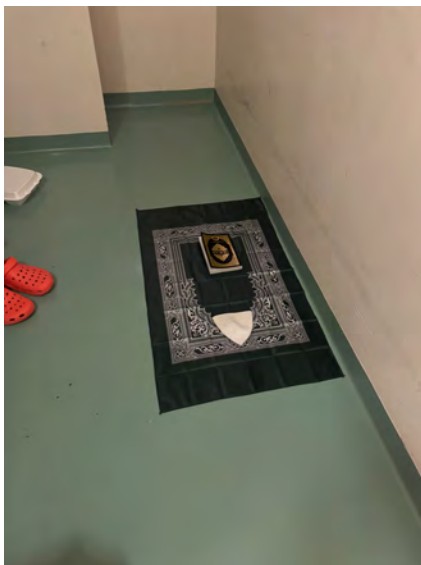
Compliance Level: Fully Compliant

Provide space and equipment adequate for conducting and administering religious programs on an equivalent basis for all faiths.

Date Reviewed: 11/06/2024

Finding: Inmates were provided upon request religious items such as kufi, headscarves and prayer rugs. Ms. Julia Gron maintained a supply of sufis and headscarves in her office. Below is picture of a prayer rug in an inmate's cell. There were no restrictions on the inmate's ability to practice their religious beliefs in their individual cells. I did not observe a centralized location for the conduct of religious services.

Compliance Level: Fully Compliant



Employ, contract with, or engage the services of an Imam on at least a part-time basis.

Date Reviewed: 11/06/2024

Finding: As of the visit date, an Imam had not been engaged.

Compliance Level: Not Compliant

Advise Corrections Staff of the content of the policies identified in attached exhibits J through K and enforce compliance with these policies.

Date Reviewed: Not reviewed

Finding: I did not review the training, and training materials, provided to staff regarding the revised segregation housing policies.

Compliance Level: Partially Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training)

Findings: Staffing/Training

Develop a plan to civilianize positions within the CCC to limit the number of corrections officers doing non-correctional functions.

Date Reviewed: 11/06/2024

Finding: Civilian staff were observed working the housing unit control post.

Compliance Level: Partial Compliant (Until I have reviewed the plan to civilianize additional positions)



Civilian staff working housing unit control

Develop a staffing plan utilizing National Institute of Corrections Staffing Analysis Workbook.

Date Reviewed: Not reviewed

Finding: I have not seen a staffing plan developed on the model used in the NIC Staffing analysis Workbook. Such a plan may be premature to develop as Cuyahoga County appears to be in the planning process for the construction of a new jail facility. A new facility would require a different staffing plan based upon operational modality (linear intermittent, podular remote or direct supervision), physical plant size, programming developments, transportation issues and operational security (such as the need for perimeter patrols in a less urban environment.)

Compliance Level: Partial Compliant (Until I have reviewed a staffing plan though this may be irrelevant if CCCC is moving forward on building a new facility)

Permanently assign a facilities management team to the CCCC to respond to maintenance emergencies (plumbing or electrical) identified by the Sheriff, Jail Administrator, Warden, or Associate Wardens.

Date Reviewed: 11/06/2024

Finding: Associate Warden Shemo Damara and Lieutenant James Toney were the primary points of contact for facilities management and maintenance. An item of particular note was Lieutenant Toney overseeing issues with the tray wash machine in the kitchen. Due to the need for critical new components, which were on back order from the manufacture, the tray wash machine had been down for a number of weeks. This necessitated the use of the Styrofoam trays throughout the facility as handwashing of the trays would not have met Health Department code for the cleansing of the trays.



Stacks of insulated trays which cannot be sanitized



Tray wash machine minus motor

Compliance Level: Fully Compliant

Implement a plan to perform weekly supervisor/management inspections of housing units to ensure Inmates are receiving personal hygiene items, bedding, and clothing consistent with the CCCC's policies or applicable State of Ohio Standards. Inspections shall be conducted by either the Warden, associate Wardens, or Lieutenants. As part of these inspections, the supervisor/management



Using styrofoam trays for all meals

staff person shall note deficiencies in the appropriate logbook and provide directives to the pod officers, Corporals, or Sergeants to correct any deficiencies.

Date Reviewed: Not reviewed

Finding: I have not seen a plan to perform weekly inspections within the CCCC as stated above, but in every housing unit visited the inmates were fully supplied with personal hygiene supplies, clothing and bedding.

Compliance Level: Partially Compliant (Until I have reviewed a plan)

Require Corporals to make two rounds per shift of the floor to which they are assigned.

Date Reviewed: Not reviewed

Finding: I have not reviewed any logs of the corporals making the rounds but did observe a sergeant conducting rounds in Jail I.

Compliance Level: Partial Compliant (Until I have conducted a random audit of the housing unit logbooks and the Corporals daily log)

Require Sergeants to make at least one round per shift of the area to which they are assigned.

Date Reviewed: 11/06/2024

Finding: As seen in the picture, a Sergeant is making a round in Jail I, Housing Unit 102A with Officer Rodriguez.

Compliance Level: Fully Compliant



Sergeant conducting rounds through the housing units

Require Lieutenants to make daily rounds of the area to which they are assigned.

Date Reviewed: Not reviewed

Finding: I have not reviewed any logs of the Lieutenants making the rounds.

Compliance Level: Not Compliant (Until I have conducted a random audit of the housing unit log books and the Lieutenants' daily log)

Require Associate Wardens or the Warden to visit Inmate living areas at least once per week.

Date Reviewed: 11/06/2024

Finding: As seen previously, Warden Wilcox was making rounds through the housing units, including the restricted housing areas. I had not reviewed any documentation that this task was being conducted weekly.

Compliance Level: Fully Compliant

Utilize a training database to record and track all training provided to corrections officers.

Date Reviewed: Not reviewed

Finding: I did not review a training database.

Compliance Level: Not Compliant (Until I have reviewed the training database.)

Findings: Use of Force

Adopt a Response to Resistance Policy that is substantially similar to Exhibit A.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Response to Resistance" Number 0002 effective 03/25/2024 that is similar to Exhibit A.

Compliance Level: Fully Compliant

Adopt a Planned Use of Force Policy that is substantially similar to Exhibit B.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Planned Use of Force" Number 0024 effective 03/25/2024 that is similar to Exhibit B.

Compliance Level: Fully Compliant

Adopt a Chemical Agents Policy that is substantially similar to Exhibit C.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Chemical Agents" Number 0028 effective 03/25/2024 that is similar to Exhibit C.

Compliance Level: Fully Compliant

Adopt a Restraint Chair Policy that is substantially similar to Exhibit D.

Date Reviewed: 11/06/2024

Finding: The CCCC has the accepted policy, "Use of Restraints Number 0002 effective 03/25/2024 that is similar to Exhibit D.

Compliance Level: Fully Compliant

Advise Corrections Staff of the content of the policies identified in attached Exhibits A through D and enforce compliance.

Date Reviewed: Not reviewed

Finding: I did not review the training, and training materials, provided to staff regarding the revised segregation housing policies.

I reviewed all of the response to resistance forms for the month of October, 2024 auditing the completeness of the document. The documents provided were for the uses of force involving:

- *Bellow, Adrian-there were no reviews of this use of force*
- *Harges, Ron-incident occurred on 09/202024, forwarded for administrative review on 10/02/2024, fully reviewed by administrator and signed on 10/18/2024*

- *Hardy, De'Lante-incident dated 09/27/2024, forwarded for administrative review on 10/14/2024, fully reviewed by administrator and signed on 11/01/2024*
- *Hill, Joseph-incident dated 09/28/2024, forwarded for administrative review on 09/28/2024, fully reviewed by administrator and signed on 10/18/2024*
- *Hunter, Hugh-incident dated 10/24/2024, forwarded for administrative review on 10/31/2024, fully reviewed by administrator and signed on 11/01/2024*
- *Jackson, Chamarius-incident dated 09/07/2024, forwarded for administrative review on 09/07/2024, fully reviewed by administrator and signed on 10/18/2024*
- *McMichael, Brian-incident dated 10/31/2024, forwarded for administrative review on 11/01/2024, fully reviewed by administrator and signed on 11/05/2024*
- *Rogers, Denzel-incident dated 09/25/2024, forwarded for administrative review on 09/25/2024, fully reviewed by administrator and signed on 10/30/2024*
- *Silver, Terrell-incident dated 09/30/2024, forwarded for administrative review on 09/30/2024, not fully reviewed by administrator and signed off*
- *Smith, Shard, incident dated 10/18/2024, forwarded for administrative review on 10/30/2024, fully reviewed by administrator and signed on 11/01/2024*

Other identified issues were that some of the forms were not fully completed, for example, check boxes left unchecked, and the use of a rubber stamp signature. These issues were discussed with Warden Michelle Henry who is the designated administrator tasked with reviewing and signing off on the appropriateness of the use of the force.

Compliance Level: Partially Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training.

Update training curricula and provide training on the policies contained in the attached Exhibits A through D.

Date Reviewed: Not reviewed

Finding: While I did not review the training, and training materials, provided to staff regarding the revised segregation housing policies, the reports viewed above indicate that staff were aware, at some level, of the policies.

Compliance Level: Partially Compliant (Until I have reviewed the lesson plans and sign in sheets indicating staff training.