

# PREA Facility Audit Report: Final

**Name of Facility:** Stanislaus County Sheriff's Department Detention Center West

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 10/22/2018

**Date Final Report Submitted:** 05/02/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Alberto Caton	<b>Date of Signature:</b> 05/02/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Caton, Alberto
<b>Address:</b>	
<b>Email:</b>	alberto.caton@stsvcs.com
<b>Telephone number:</b>	916-714-9570
<b>Start Date of On-Site Audit:</b>	09/10/2018
<b>End Date of On-Site Audit:</b>	09/12/2018

FACILITY INFORMATION	
<b>Facility name:</b>	Stanislaus County Sheriff's Department Detention Center West
<b>Facility physical address:</b>	200 E. Hackett Rd., Modesto, California - 95358
<b>Facility Phone</b>	
<b>Facility mailing address:</b>	
<b>The facility is:</b>	<input checked="" type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit
<b>Facility Type:</b>	<input type="radio"/> Prison <input checked="" type="radio"/> Jail

Primary Contact			
<b>Name:</b>	Marc Johnson	<b>Title:</b>	Sergeant
<b>Email Address:</b>	mjohnson@stanislaussheriff.com	<b>Telephone Number:</b>	209-525-5602

Warden/Superintendent			
<b>Name:</b>	Tim Kirk	<b>Title:</b>	Lieutenant/ Facility Commander
<b>Email Address:</b>	tkirk@stanislaussheriff.com	<b>Telephone Number:</b>	209-525-5664

Facility PREA Compliance Manager			
<b>Name:</b>		<b>Email Address:</b>	
<b>Name:</b>	Marc Johnson	<b>Email Address:</b>	mjohnson@stanislaussheriff.com

Facility Health Service Administrator			
<b>Name:</b>	Lisa Larranga	<b>Title:</b>	Medical Programs Director
<b>Email Address:</b>	lisa.larranga@cmgcos.com	<b>Telephone Number:</b>	209-525-5667

Facility Characteristics		
<b>Designed facility capacity:</b>	536	
<b>Current population of facility:</b>	479	
<b>Age Range</b>	Adults: 18-70	Youthful Residents: 0
<b>Facility security level/inmate custody levels:</b>	High	
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	53	

AGENCY INFORMATION	
<b>Name of agency:</b>	Stanislaus County Sheriff's Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	200 E. Hackett Rd, Modesto, California - 95358
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

Agency Chief Executive Officer Information:			
<b>Name:</b>		<b>Title:</b>	
<b>Email Address:</b>		<b>Telephone Number:</b>	

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	Frank Martinez	<b>Email Address:</b>	fmartinez@stansheriff.com



## AUDIT FINDINGS

### **Narrative:**

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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 Stanislaus County Sheriff's Department (Agency), located at 200 E. Hackett Road, Modesto, CA, requested Prison Rape Elimination Act (PREA) audit services for two of its jail facilities from Synergy Technology Services, (Contractor) located at 9706 Rim Rock Circle, Loomis, CA 95650. The contractor provided United States Department of Justice (USDOJ) – Certified PREA AUDITOR, Alberto F Caton to conduct the audit. The terms and scope of the audit have been memorialized in a written agreement between the County of Stanislaus and the contractor.

During the week of September 10, 2018, the AUDITOR conducted PREA audits at the Public Safety Center - West (PSC-W) and the Public Safety Center - Minimum Housing Units 1 & 2 (MHU), located at 200 E. Hackett Road, Modesto, CA 95358. The AUDITOR used the DOJ PREA Auditor Compliance Tool for Adult Prisons and Jails and both the agency and the AUDITOR agreed to use the PREA Resource Center's Online Audit System to maximize efficiencies.

### **PRE-AUDIT PHASE**

On August 8, 2018, the AUDITOR received notice from PREA Coordinator Deputy Eric Pearson that the audit contract had been approved; the same day, AUDITOR provided the audit notice and an audit notice posting confirmation form to Deputy Pearson and requested posting as soon as possible because the six-week mark for posting before the onsite audit had passed. On August 13, 2018, Deputy Pearson provided signed audit notice posting confirmation forms from both PREA Compliance Managers (PCMs) certifying that the notice was posted on August 9, 2018, in housing units, dayrooms, booking, education areas, hallways and inmate recreation areas. On August 28, 2018, the AUDITOR received letters from two inmates, one alleged sexual harassment and the other only said "Thanks for listening" with horizontal lines drawn across the rest of the page. The AUDITOR informed Deputy Pearson about the letters and emailed copies for appropriate staff response. On August 31, 2018, the AUDITOR provided the PREA Audit Process Map and Checklist of Policies/Procedures and Other Documents to Deputy Pearson. On September 3, 2018, the AUDITOR mailed a letter responding to the inmate who alleged sexual harassment and provided a detailed schedule of activities to Deputy Pearson. Two days later the AUDITOR held a kick-off telephonic conference call with Deputy Pearson, Facility Commander Lieutenant Tim Kirk, Administration Commander Lieutenant Frank Martinez, MHU PCM Sergeant Ken Sargent and Programs Coordinator Sergeant Pedro Beltran. The AUDITOR discussed the schedule of activities, requested input from staff and made changes accordingly. The AUDITOR also explained the audit process and expectations, responded to questions from participants in the call and provided the "Targeted Inmate Listing" form to Deputy Pearson. The form asks facility staff to identify inmates in the following PREA targeted categories:

- Inmates with a physical or cognitive disability
- Inmates with limited English proficiency (LEP)
- Inmates identified as transgender or intersex
- Inmates identified as lesbian, gay, or bisexual

- Inmates placed in segregated housing due to risk of sexual victimization
- Inmates who reported sexual abuse
- Inmates who disclosed prior sexual victimization during risk screening
- Youthful inmates (if housed at the facility)

On September 6, 2018, the AUDITOR interviewed a representative from Havens Women's Center of Stanislaus County, a rape crisis center identified by Deputy Pearson as the community-based victim advocate under contract with the agency; the representative confirmed that her organization provides victim advocate services to inmates in the Sheriff's custody. On the same day, the AUDITOR received notice that the Pre-Audit Questionnaire (PAQ) for PSC-W had been finalized and was ready for review. With that notice, the AUDITOR initiated the review of the PAQ and documents provided, as well as completion of the pre-audit portion of the auditor compliance tool.

#### ONSITE AUDIT PHASE

On September 10, 2018, the AUDITOR arrived at the facility and was greeted by Deputy Pearson; following greetings and introductions, the AUDITOR held an entrance briefing with Deputy Pearson, Detention Captain Bill Duncan, Lieutenant Martinez, Lieutenant Kirk, Sergeant Beltran and Operations Sergeant and PCM Mark Johnson. The AUDITOR explained the audit process and expectations and answered a few questions from attendees. Before the briefing, Deputy Pearson provided inmate rosters, the targeted inmate listing and reported the current facility inmate count of 484.

#### Site Review

The AUDITOR requested to start the site review at the vehicle sally-port and the intake area. The sally-port is an outdoor area adjacent to intake processing with no visible blind spots; this is where transportation vehicles deliver arrestees and inmates to the facility. The review moved back inside to intake and booking; this area has 28 holding cells, including a safety cell, and is staffed by one sergeant and four deputies; there are 15 surveillance cameras monitored from Central Control. The AUDITOR spoke with a nurse assigned to the area about procedures when an inmate discloses prior sexual victimization during intake; the nurse provided a blank medical screening form and explained that in such instance, the inmate would be seen by a mental health practitioner the next day. As the tour continued, Deputy Pearson pointed out the audit notice, the agency's PREA poster and introduced a classification deputy assigned to intake processing who helps with inmate risk-screenings (assessments). The AUDITOR asked about completed risk-screening forms and Deputy Pearson proceeded to the booking clerks' station where completed forms are held temporarily until collected by classification officers for housing consideration. Deputy Pearson and the AUDITOR toured all holding cells, including six sobering cells, six suicide cells, a shower, a classification interview room, the property room and three dress-out rooms for inmates being released from custody. At several holding cells, the toilet is visible from the corridor through the cell door window; deputies use a magnetic sheet as window cover to provide privacy for the occupant; however, this system may not be reliable because deputies do not always know when an inmate will use the toilet. The same system is used to provide privacy if an inmate disrobes in the medical examination room; a nurse explained that a deputy present must be the same gender as the inmate.

The site review continued with Central Control where assigned deputies explained the facility's video surveillance capabilities; there are three video monitoring stations where deputies monitor video feed from more than 600 cameras throughout the facility; however, there are no cameras inside housing units. The AUDITOR was able to observe video feed of deputies conducting a pat-down search of a newly arrived inmate. The AUDITOR visited the classification office, spoke with a classification officer about the

risk-screening process and arranged to observe two risk-screenings.

The review proceeded to the facility's six housing units; in each housing unit, the AUDITOR identified PREA posters, the audit notice, tested the telephones, inspected the showers and inmate visiting, reviewed security logs and spoke with inmates about sexual safety concerns, reporting sexual abuse, access to the grievance process, cross-gender viewing concerns and supervisor rounds. Housing Unit B is used for male and female temporary housing, administrative segregation and other specialty housing. There is an indoor exercise area occupied at the time by a male inmate; the toilet in the exercise area is clearly visible through the glass that separates it from the inside tier where female inmates are allowed out-of-cell time. The AUDITOR asked a female inmate about cross-gender viewing of inmates on the exercise yard and she stated that she is subject to disciplinary action if she stares out to the yard. A male inmate was housed on the side of the tier that houses female inmates; the housing deputy stated the male inmate was there temporarily for medical reasons and female inmates return to their cell while the male inmate is escorted to or from his cell. There were no issues of concern in Housing Units D, E, F, and G, which are male general population, protective custody and mental health housing. Housing Unit-I is designated for female general population inmates; the AUDITOR spoke with inmates and they expressed concern about cross-gender viewing when a male deputy is in the housing unit and an inmate is in the shower. The AUDITOR asked Deputy Pearson to stand in the shower to test the inmates' claim and the test confirmed that the top half of a person in the shower is visible from a specific point on the stairs and from the upper tier. There was a construction crew in the housing unit replacing the shower doors to address the viewing concern. The AUDITOR re-inspected the housing unit after the new doors had been installed and the viewing concern had not been resolved. The AUDITOR discussed the female shower viewing concern with the facility commander and identified a viable solution; the commander later reported that the proposed solution is expected to resolve the viewing concern, and that the proposed modification will be completed within a few days; the commander agreed to send pictures taken from the viewing points of concern to the AUDITOR. Showers in all housing units are single-person use and the inmate phones include a recorded announcement with dialing instructions in English and in Spanish for inmates who wish to report sexual abuse. In some housing units, the PREA poster has been torn and need to be replaced; Deputy Pearson took note of this and indicated that he will have them replaced promptly.

The final leg of the site review consisted of the visitor side of the inmate visiting complex; visitor suites are located on the second floor above the main corridor that leads to all housing units. All suites are non-contact-style visiting and the AUDITOR inspected each visitor suite to identify potential cross-gender viewing concerns as there are lines of sight into some housing units from the visitor suites. Deputy Pearson pointed-out that inmate showers are not visible from visitor suites.

#### Document Reviews

The AUDITOR sat down with Deputy Pearson and reviewed employee training records, inmate risk-screening records and inmate PREA education records. Deputy Pearson presented a binder with signed training acknowledgment forms for deputies and medical and reported that all were trained with the agency's PREA PowerPoint presentation; however, last January the agency switched to an online training program provided by the National Institute of Corrections' (NIC's) PREA Public Law. Deputy Pearson stated that volunteers received the online training which produces a certificate for the participant; however, there is no signed training acknowledgment form for volunteers.

The AUDITOR randomly selected a sample of 15 inmate records from the files of inmates received in the past 12 months. The records reflect that risk-screening was completed on the day of arrival for all and

that PREA education was provided within 30 days for all who remained at the facility for 30 days or more. The records do not reflect whether inmates were advised upon intake of the zero-tolerance policy and how to report sexual abuse; this would be accomplished if all inmates are issued the agency's PREA pamphlet titled "Unlock the Silence" during intake processing.

Deputy Pearson escorted the AUDITOR to the human resources office; the AUDITOR explained the information needed to the Administration Captain. The captain arranged for two sergeants in the office to assist with file reviews. The AUDITOR requested a sample of 15 files including a combination of sworn, non-sworn and contractors hired or promoted in the past 12 months. In all cases, the files reflect that a background investigation was completed before the employee was hired. The captain stated that background investigation updates are not conducted for promotions; instead, the agency reviews existing employee records.

#### Staff Interviews

The AUDITOR selected deputies from every housing unit and from both shifts, as well as sergeants from both shifts and conducted a total of 12 interviews using the "Random Staff" interview protocol. In each case, the AUDITOR provided the introductory script before proceeding with the interview. On the second day, the AUDITOR completed all remaining random deputy interviews and, over the next two days, interviewed the following individuals using the corresponding specialized staff interview protocols:

- Agency Head Designee (Detention Captain)
- Facility Commander
- PREA Coordinator
- PREA Compliance Manager
- Medical and Mental Health Staff
- Administrative Captain and Human Resources Manager
- Intermediate Level Facility Staff (Sergeant)
- Investigative Staff - Administrative
- Facility-level investigator (Deputy Pearson)
- Staff who Perform Screening for Risk of Victimization (classification deputy)
- Staff who Supervise Inmates in Segregated Housing
- Incident Review Team (Deputy Pearson)
- Volunteer who has contact with inmates
- Staff charged with Monitoring Retaliation (Deputy Pearson)
- Intake Deputy
- Two Security First Responders (two different allegations)

#### Inmate Interviews

On the third day, the AUDITOR selected inmates for interviews from the inmate housing roster provided by Deputy Pearson. All inmates on the targeted listing except three who declined and one who was no longer at the facility were selected; the AUDITOR randomly selected names from all housing units as needed to satisfy the 26 inmate interviews required by the PREA Auditor Handbook based upon the facility's inmate population on the first day. During random interviews, some inmates self-identified as members of targeted categories and were interviewed accordingly. The AUDITOR interviewed a total of 13 inmates who met 18 targeted categories as follows:

- 5 - With a disability (on psychotropic medication, cannot read or hearing impaired)
- 4 - LEP (Spanish)
- 2 - Transgender or Gay
- 3 - Reported Sexual Abuse at the facility

- 4 - Disclosed prior sexual victimization during intake screening

Two inmates were interviewed for three categories each and one was interviewed for two categories. In addition to the 13 inmates in targeted categories, the AUDITOR interviewed another 13 selected randomly from all six housing units. The 26 inmates interviewed included five females. The inmate who reported sexual harassment by way of a letter to the AUDITOR stated during the interview that he had not received the AUDITOR's written response. The AUDITOR allowed the inmate to read the saved version of the written response and checked with him again on the last day of the audit, at which time the inmate reported that he had recently received the letter.

#### EVIDENCE REVIEW AND INTERIM REPORT PHASE

Following the onsite phase, the AUDITOR organized all interview questionnaires, the site review notes and documents received onsite, and initiated the completion of the audit narrative, facility characteristics and compliance determination for each standard. Per the AUDITOR's request, Deputy Pearson interviewed the inmate who reported sexual harassment to determine if the AUDITOR's letter was sealed when he received it and the inmate reported that it had been opened. The PREA audit process allows inmates to correspond confidentially with the AUDITOR; the envelope in question listed the AUDITOR's name and title as a Certified PREA Auditor and was conspicuously labeled "CONFIDENTIAL CORRESPONDENCE;" therefore, it should not have been opened for inspection and should have been delivered unopened to the inmate.

Using a spreadsheet provided by Deputy Pearson with sworn and medical staff training information, the AUDITOR used all deputies and sergeants on the A-Squad day and graveyard watch report as a review sample; training records reflect that all, except two deputies, received either In-Service Training or PREA CORE training in the past 12 months. Medical services are provided pursuant to a contract with California Forensic Medical Group or CFMG; Training records also reflect that all CFMG employees received training in the past 12 months.

On September 19, 2018, the AUDITOR conducted a telephone interview of a detective from the Crimes Against People (CAP) unit who investigates allegations of sex abuse and on September 27, 2018, the AUDITOR conducted a telephone interview of the Sexual Assault Nurse Examiner or SANE identified by medical practitioners during the onsite review. These were the only outstanding interviews. On October 20, 2018, the AUDITOR received a letter from an inmate at the facility; the letter did not raise a PREA issue and the AUDITOR forwarded the letter and envelope to Deputy Pearson. During this phase, the AUDITOR requested additional documents from Deputy Pearson as needed to make audit determinations and finalize the interim audit report. On October 22, 2018, the AUDITOR submitted the interim audit report to the Detention Captain, the Facility Commander and the PREA Coordinator; thus, initiating the 180-day corrective action period.

#### CORRECTIVE ACTION PHASE

Following submittal of the interim audit report, the AUDITOR provided a corrective action plan template to Deputy Pearson; the template was used to submit proposed corrective actions to the AUDITOR for review. The AUDITOR provided feedback and recommendations as needed and worked with Deputy Pearson on the development of the corrective actions through approval. On April 1, 2019, with approval remaining for only a few corrective actions the AUDITOR returned to the facility for re-inspection to verify certain corrective measures. During the re-inspection, Deputy Pearson escorted the AUDITOR through all housing units and through the intake and booking facility. The AUDITOR verified that the revised PREA information poster was posted in all inmate housing and program areas. Ten inmates (about two

from each housing unit) were selected at random for interviews; all inmates selected arrived at the facility within the previous two months. The AUDITOR displayed the PREA Pamphlet and asked the inmates if they received it on the day of arrival, whether they were asked the risk-assessment questions within 72 hours of arrival, whether they were asked the reassessment questions within 30 days of arrival, and whether they received the comprehensive education within 30 days of arrival. Two inmates with LEP were asked about receiving the comprehensive education in their language, which was confirmed. No inmates with disabilities were identified for interviews regarding the comprehensive education in accessible formats. The AUDITOR re-inspected the shower in Unit-I (female housing) and verified that the shower door modifications resolved the cross-gender viewing concern. The AUDITOR reviewed inmate records with Deputy Pearson and for all inmates who reported not receiving the pamphlet, not being asked the risk-assessment or reassessment questions, or not receiving the comprehensive education, Deputy Pearson provided documentation with their signatures acknowledging each event in question taking place within the required time-frame. On April 17, 2019, after approving the last corrective action, the AUDITOR gave written notice to agency officials that the facility's complete corrective action plan had been approved and the final audit report is due within 30 days of the corrective action plan approval.

## AUDIT FINDINGS

### Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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 Public Safety Center is a jail complex operated by the Stanislaus County Sheriff's Department; it was activated in 1992 and currently consists four jail facilities. The West facility has a design capacity of 536 beds with an average daily population of 484 for the first ten days of September 2018; the facility admitted 9,337 inmates in the past 12 months, 4,630 of whom remained for 72 hours or more and 1,027 for 30 days or more. Inmate ages range between 18 and 70 and youthful inmates are not housed at any of the jails. The facility is classified as high security and operates under the leadership of the commander with five sergeants, 47 deputies and five trainees. Security coverage is provided by way of two 12-hour shifts with two squads per shift. Day Shift runs 0600-1800 hours and Graveyard Shift runs 1800-0600 hours and each shift has one sergeant and 11 deputies per squad. The physical plant includes only one building with six multiple-occupancy cell housing units, one of which has 24 segregated housing cells. Surveillance cameras covering the exterior of the building have pan/tilt/zoom capability but cameras covering the interior do not. There is no video surveillance of the interior of housing units, video feed is monitored in the Central Control and recordings are stored on a digital video recorder for 13 months. The physical layout can be described as a corridor that runs in a north to south direction with Housing Units B, E, F and I on the east side of the corridor and with Booking and Units D and G on the west side of the corridor. Booking and Unit B are at the north end of the corridor and Unit-I is at the south end. Unit B has male and female temporary housing, administrative segregation and specialty housing; Units D and G house male general population; Unit E houses protective custody; Unit F, protective custody and mental health; and Unit-I houses female general population. All units, except Unit B, have a dayroom on the ground level with mezzanine-style tiers on the second level; there are three single-person-use showers on each level and a recreation area adjacent to the dayroom on the ground level. Inmates do not leave their housing unit for programs or activities; each unit includes an inmate visiting complex on the second level and prepared meals are delivered to a small food service area in each housing unit and served to inmates on site. Each unit has a medical consultation room and a room for religious services and other volunteer programs. The facility does not operate a laundry, kitchen, central dining hall, warehouse, industries, vocational education or other centralized programs; laundry and meals are delivered from another facility at the jail complex. This design and operation limit opportunities for sexual abuse at the facility to housing units only.

## AUDIT FINDINGS

### 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

From September 10 – 12, 2018, a PREA audit of Stanislaus County Sheriff's Public Safety Center – West found that the facility is generally not in compliance with the PREA standards. Of the 45 standards in the adult prisons and jails audit tool, the facility did not exceed any standards, met 23 standards and did not meet 22 standards. The facility met 51% of the 45 standards. Below is a summary of the standards exceeded, standards met, and standards not met.

#### \*\*\*\*Standards Exceeded\*\*\*\*

- None

#### \*\*\*\*Standards Met\*\*\*\*

### PREVENTION PLANNING

- 115.12 - Contracting with other entities for the confinement of inmates.
- 115.14 - Youthful inmates.
- 115.18 - Upgrades to facilities and technologies.

### RESPONSIVE PLANNING

- 115.21 - Evidence protocol and forensic medical examinations.
- 115.22 - Policies to ensure referrals of allegations for investigations.

### TRAINING AND EDUCATION

- 115.34 - Specialized training: Investigations.
- 115.35 - Specialized training: Medical and mental health care.

### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.42 - Use of screening information.
- 115.43 - Protective custody.

## REPORTING

- 115.52 - Exhaustion of administrative remedies.

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.63 - Reporting to other confinement facilities.
- 115.65 - Coordinated response.
- 115.66 - Preservation of ability to protect inmates from contact with abusers.
- 115.68 - Post-allegation protective custody.

## INVESTIGATIONS

- 115.71 - Criminal and administrative agency investigations.
- 115.72 - Evidentiary standard for administrative investigations.
- 115.73 - Reporting to inmates.

## DISCIPLINE

- 115.76 - Disciplinary sanctions for staff.
- 115.77 - Corrective action for contractors and volunteers.

## MEDICAL AND MENTAL CARE

- 115.81 - Medical and mental health screenings; history of sexual abuse.
- 115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.

## DATA COLLECTION AND REVIEW

- 115.86 - Sexual abuse incident reviews.

## AUDITING AND CORRECTIVE ACTION

- 115.403 – Audit contents and finding

\*\*\*\*Standards Not Met\*\*\*\*

## PREVENTION PLANNING

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- 115.13 - Supervision and monitoring.
- 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.

## TRAINING AND EDUCATION

- 115.31 - Employee training.
- 115.32 - Volunteer and contractor training.
- 115.33 - Inmate education.

#### SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.41 - Screening for risk of victimization and abusiveness.

#### REPORTING

- 115.51 - Inmate reporting.
- 115.53 - Inmate access to outside confidential support services.
- 115.54 - Third party reporting.

#### OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.61 - Staff and agency reporting duties.
- 115.62 - Agency protection duties.
- 115.64 - Staff first responder duties.
- 115.67 - Agency protection against retaliation.

#### DISCIPLINE

- 115.78 - Disciplinary sanctions for inmates.

#### MEDICAL AND MENTAL CARE

- 115.82 - Access to emergency medical and mental health services.

#### DATA COLLECTION AND REVIEW

- 115.87 - Data collection.
- 115.88 - Data review for corrective action.
- 115.89 - Data storage, publication, and destruction.

#### AUDITING AND CORRECTIVE ACTION

- 115.401 - Frequency and scope of audits

Pursuant to PREA Standard 115.404, the submission of the interim audit report on October 22, 2018, triggered the start of the 180-day corrective action period which ended on April 22, 2019. The AUDITOR and the agency worked jointly on the development of a corrective action plan to achieve compliance where standards were not met. The agency/facility designated an employee to work with the AUDITOR on the development of the corrective action plan. The AUDITOR reviewed updated policies, procedures and other documentation, and re-inspected relevant areas of the facility, as needed, to verify implementation of corrective action plan measures that were not reasonably verifiable with documentation, pictures, video or other media. Within 30 days of the end of the 180-day corrective action period, the AUDITOR issued a final determination indicating that the facility achieved compliance where

standards were not met. During the “Corrective Action phase,” the facility and the AUDITOR worked collaboratively in the development of corrective actions for every standard not met. On April 17, 2019, the AUDITOR approved the facility’s entire corrective action plan and gave written notice to agency officials. With the approval of the corrective action plan, the AUDITOR documented all “corrective actions taken” below each corresponding “recommended corrective action” and changed the audit findings for all standards not met from “Does not meet standard” to “Meets standard.” The AUDITOR updated the audit report with new information as needed before completing and submitting the final audit report to the agency. Under PREA Standard 115.405, the agency may lodge an appeal with the USDOJ regarding any specific audit finding it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor’s final determination. Under PREA Standard 115.403, the agency shall ensure the final audit report is published on its website. The report must be published within 90 days of receipt of the final audit report.

## **Standards**

### **Auditor Overall Determination Definitions**

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

### **Auditor Discussion Instructions**

Auditor discussion, including 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 standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01, Sexual Misconduct and Abuse (PREA Policy)</li> <li>- Agency organizational chart</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- PREA Coordinator (Deputy Pearson)</li> <li>- PREA Compliance Manager</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.11(a)</p> <p>The standard provision requires the agency to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The PAQ reflects that the agency has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment; that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; that the policy includes definitions of prohibited behaviors, sanctions for violating the policy, as well as strategies and responses for preventing the prohibited behaviors. PREA Policy 3.09.01 specifies the agency's zero-tolerance policy towards all forms of sexual abuse and sexual harassment, calls for investigating all allegations, specifies sanctions for violating the policy, calls for protecting inmates who are at risk of imminent sexual abuse, requires staff training, and specifies reporting requirements.</p> <p>The PREA Policy supports a determination of compliance with the standard provision.</p> <p>115.11(b)</p> <p>The standard provision requires the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ reflects that an upper-level, agency-wide PREA Coordinator with sufficient time and authority to oversee the agency's efforts to comply with the PREA standards has been designated but does not appear on the agency's organizational chart. The PREA Coordinator stated that PREA coordination is his only responsibility and that he has not had a lot of interaction with the PCMs at each of the agency's four facilities, but he got involved and coordinated placement of telephone stickers with two new PCMs. The PREA Coordinator reports to Administration Commander Lieutenant Martinez, whose position appears on the agency's organizational</p>	

structure but the PREA Coordinator's does not.

The rank of the PREA Coordinator and the absence of the position on the agency's organizational structure do not support a determination of compliance with the standard provision. The PREA Coordinator is not an upper-level employee as required by the standard provision, in fact the agency designated a rank-and-file employee as PREA Coordinator. Considering that the PREA Coordinator is an agency-wide position and the incumbent should be an upper-level manager with sufficient authority to coordinate and direct PREA implementation and compliance at all agency facilities, designating a deputy to serve in this capacity over facility commanders and PCMs who out-rank him could be challenging for the deputy. During the exit briefing, the AUDITOR pointed-out this concern to the lieutenants in attendance and they appeared inclined to reconsider the rank of the person serving as PREA Coordinator. The PREA Coordinator's position should appear on the agency's organizational structure at an organizational level above all facility commanders.

115.11(c)

The standard provision states that where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ reflects that the facility designated a PCM that does not appear on the organizational structure, reports to the facility commander and serves full-time as the Operations Sergeant for the facility. The PCM stated that he relied on the PREA Coordinator to guide him when he first assumed the role about a year-and-a-half ago and that his efforts to coordinate facility compliance are more on the policy development side, for which he will issue a memorandum when necessary. To correct PREA compliance issues, he consults with the facility commander and Deputy Pearson and makes appropriate policy changes where necessary.

The interview with the PCM supports a determination of compliance with the standard provision. If not identified on the facility's organizational structure, the facility should consider including the PCM on its organizational structure.

#### RECOMMENDED CORRECTIVE ACTIONS

115.11(a) – No corrective action required.

115.11(b) – The agency shall designate an upper-level employee to serve as PREA Coordinator and the position should appear on the agency's organizational structure at an organizational level above all facility commanders.

115.11(c) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.11(b) – The agency designated Bureau of Administrative Services (BAS) Lieutenant Frank Martinez as agency-wide PREA Coordinator; the new designation appears on the organizational chart on the agency's website. Deputy Pearson has been designated as the PREA Deputy and he will assist Lt. Martinez with PREA responsibilities.



115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED - PAQ</p> <p>PEOPLE INTERVIEWED - None</p> <p>SITE REVIEW OBSERVATIONS - None required</p> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.12(a) The standard provision states that a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The PAQ reflects that the agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012 and that the standard provision does not apply. The policy does not include provisions related to this standard.</p> <p>The standard provision does not apply because the agency does not contract with private agencies or other entities for the confinement of inmates.</p> <p>115.12(b) The standard provision states that any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The PAQ reflects that the standard provision does not apply.</p> <p>The standard provision does not apply because the agency does not contract with private agencies or other entities for the confinement of inmates.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.12(a) – No corrective action required.</p> <p>115.12(b) – No corrective action required.</p>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- Facility Characteristics (with PAQ)</li> <li>- PREA Policy</li> <li>- Staffing plan</li> <li>- Unit log books</li> <li>- Staff roster</li> <li>- Watch Reports</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> <li>- PREA Compliance Manager</li> <li>- PREA Coordinator</li> <li>- Shift sergeant</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Tour of housing units</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.13(a)</p> <p>The standard provision requires the agency to ensure that each facility it operates develops, documents, and makes its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol style="list-style-type: none"> <li>(1) Generally accepted detention and correctional practices;</li> <li>(2) Any judicial findings of inadequacy;</li> <li>(3) Any findings of inadequacy from Federal investigative agencies;</li> <li>(4) Any findings of inadequacy from internal or external oversight bodies;</li> <li>(5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated);</li> <li>(6) The composition of the inmate population;</li> <li>(7) The number and placement of supervisory staff;</li> <li>(8) Institution programs occurring on a particular shift;</li> <li>(9) Any applicable State or local laws, regulations, or standards;</li> <li>(10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and</li> <li>(11) Any other relevant factors.</li> </ol> <p>The PAQ reflects that the agency requires the facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring to protect inmates from sexual abuse; and that</p>

the plan is predicated upon an average daily population of 432 inmates. The Facility Characteristics reflect that the facility has a design capacity of 536 beds with a current population of 479 and average daily population of 484 for the first ten days of September 2018; the facility admitted 9,337 inmates in the past 12 months, 1,027 of whom remained for 30 days or more and 4,630 for 72 hours or more. Inmate ages range between 18 and 70 and youthful inmates are not housed. The facility operates with 53 sworn employees; the security level is classified as high; there is only one building with six multiple-occupancy-cell housing units including one with 24 segregated housing cells. Surveillance cameras covering the exterior of the building have pan/tilt/zoom capability but cameras covering the interior do not. Video feed is monitored in the Central Control and recording is stored on a digital video recorder for 13 months. The PREA Policy calls for each facility to have a staffing plan and make its best effort to comply on a regular basis with the plan. As the staffing plan, the facility provided its staff roster, which reflects that security coverage is provided by way of two 12-hour shifts; Day Shift runs 0600-1800 hours and Graveyard Shift runs 1800-0600 hours; there are two squads per shift and each squad runs with one sergeant and 11 deputies. During the site review tour, the AUDITOR noted the staffing in each housing unit and learned that there are no cameras inside the housing units. The facility commander reported that the staffing plan is maintained by BAS and identifies all allocated positions; the plan considers staff and inmate safety; the facility was not designed with video monitoring, but there are architectural designs in progress for a new camera system to ensure inmate sexual safety. He stated that the staffing plan is documented twice a day on the watch reports, the facility considers general detention practices by ensuring adequate staffing in each housing unit; the Grand Jury recommended video monitoring about three years ago; there have been no findings of inadequacy by any agencies or bodies; there is additional staffing in Unit B due to the composition of the inmates and the sophistication of their offenses. He added that the plan ensures there is a supervisor on duty at all times and a field training officer (FTOs) fills behind sergeants when necessary; the facility does not run a lot of programs but available programs are provided in each housing unit; California Code of Regulations, Title 15, and the Board of State and Community Corrections (BSCC) standards are considered and employees may be reassigned or staffing levels changed in response to sexual abuse incident review findings. The PCM explained that staffing levels were established at one deputy per housing unit and video surveillance redesign is in progress to address a grand jury recommendation; there are no findings of inadequacy from any of the bodies specified in the standard provision; he tries to use what he learned from the design and construction of the newest housing unit (Unit 2) to inform the design of the incoming video monitoring system; currently the composition of the inmate population is not given much weight in the design of the new video surveillance system because the inmate classification keeps changing; supervisory staff consists of one sergeant per shift and most inmate programs take place during the day shift; most allegations originate out of Unit B where most cells are double occupancy except for the specialty housing unit cells, which are single occupancy.

The PREA Policy and the interviews with the facility commander and the PCM tend to support a determination of compliance with the standard provision; however, the facility's staffing plan does not. The standard provision calls for the facility to take the ten factors listed above into consideration in calculating adequate levels of staffing and the need for video monitoring. The facility's staffing plan does not specify how each of the ten factors prescribed are taken into consideration, including using FTOs to fill behind sergeants, closing programs to address staffing shortages, the prospect of one classification deputy and one inmate in the isolated

interview room in booking, how the facility compensates for the absence of video surveillance in housing units, the requirement to review watch reports on a daily basis to ensure compliance with authorized staffing levels, the requirement to document any deviations, the requirement for unannounced supervisory rounds to deter staff sexual abuse and sexual harassment, the prohibition for staff alerting other staff of the unannounced rounds, etc. The facility may consult the Moss Group's white paper on developing a PREA-compliant staffing plan; this could be a valuable resource for staffing plan development going forward. The Moss Group's white paper can be found at:

[https://www.prearesourcecenter.org/sites/default/files/content/staffing\\_plan\\_final\\_w\\_bja\\_logo\\_submt.pdf](https://www.prearesourcecenter.org/sites/default/files/content/staffing_plan_final_w_bja_logo_submt.pdf). The facility should also consider viewing PREA Resource Center's September 24, 2015 webinar with the same title as the white paper; the webinar is available at [https://www.prearesourcecenter.org/training-and-technical-assistance/archived-webinars?field\\_web\\_keyword\\_search\\_value=&page=1](https://www.prearesourcecenter.org/training-and-technical-assistance/archived-webinars?field_web_keyword_search_value=&page=1).

#### 115.13(b)

The standard provision states that in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The PAQ reflects that the facility documents all deviations from the staffing plan with justifications and that the most common reason for deviations is no coverage available. The PREA Policy requires all deviations from the staffing plan to be documented with justifications. The facility provided a sample of completed watch reports for day and night shifts for August 20, 2017, March 20, 2018, September 4, 2018 and September 5, 2018. The watch reports reflect that the facility documents deviations from the staffing plan including who was absent, reason for the absence, who filled the post and justification for deviations are documented on the report as NCA or no coverage available. To check for compliance with the staffing plan, the facility commander stated that watch reports are reviewed daily, deviations are documented on watch reports and programs are suspended as needed in response to staffing shortages.

The PREA Policy, interview with the facility commander and the review of the watch reports provided support a determination of compliance with the standard provision. The PREA compliant staffing plan should require documentation of deviations from the staffing plan, documentation of justifications, daily checks of watch reports by upper management, etc.

#### 115.13(c)

The standard provision states that whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan established pursuant to paragraph (a) of this section;
  - (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
  - (3) The resources the facility has available to commit to ensure adherence to the staffing plan.
- The PAQ reflects that annual reviews of the staffing plan are not conducted. The PREA Policy requires the PREA Coordinator to conduct annual assessments of the staffing plan and document whether adjustments are needed. The PREA Coordinator stated that he is not consulted regarding assessments or adjustments to the facility's staffing plan and the facility did not provide documentation of any annual reviews of its staffing plan.

The interview with the PREA Coordinator and the absence of an annual review of the staffing plan do not support a determination of compliance with the standard provision. The BAS could consider including a review of all staffing plans on its calendar of annual activities and designate a person to coordinate these reviews. Developing a staffing plan review template could be valuable in ensuring all assessments, determinations and documentations prescribed by the standard provision are included in every staffing plan review. The staffing plan should require these annual reviews, specify how they are conducted and who should be involved.

#### 115.13(d)

The standard provision requires the agency to implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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. The PAQ reflects that supervisors are required to conduct and document unannounced rounds on all shifts and that alerting staff of the rounds is prohibited. The PREA Policy specifies the requirement for supervisory rounds on all shifts and forbids alerting staff when the rounds are in progress unless announcement is operationally required. The policy does not require documentation of the rounds. The AUDITOR reviewed a sample of 11 housing-unit-security-log pages from Housing Units B, D, E, F, G & I, documenting day and graveyard entries on dates ranging from August 26, 2018 to September 5, 2018. None of the log book pages include entries that reflect unannounced supervisory rounds. The PREA Coordinator stated that there is no video footage of supervisory rounds. The shift sergeant reported that he conducts unannounced rounds and documents those rounds in the security log. To prevent staff from alerting other staff when he is conducting the rounds, the sergeant stated that he just walks into the units unannounced at different times and on different days.

The PREA Policy and interview with the sergeant tends to support a determination of compliance with the standard provision; however, the security log pages reviewed do not. The standard provision requires unannounced supervisory rounds for a specific reason, that is to deter staff sexual abuse and sexual harassment of inmates. Supervisors should document these rounds as unannounced to reflect that they were conducted for the reason prescribed by the standard provision as opposed to rounds conducted for other reasons. The staffing plan should require unannounced supervisory rounds on all shifts and prohibit staff from alerting other staff when these rounds are in progress.

#### RECOMMENDED CORRECTIVE ACTIONS

115.13(a) – The facility shall document in its staffing plan how it takes each of the ten factors prescribed by the standard provision into consideration when calculating adequate staffing levels and determining the need for video monitoring.

115.13(b) – No corrective action required.

115.13(c) – The agency shall, whenever necessary, but no less frequently than once each year for each facility it operates, in consultation with the PREA Coordinator, assess, determine, and document whether adjustments are needed to:

- (1) The staffing plan,
- (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (3) The resources the facility has available to commit to ensuring adherence to the staffing plan.

115.13(d) – Supervisors shall conduct and document unannounced rounds on all shifts to identify and deter staff sexual abuse and sexual harassment of inmates. Staff shall not alert other staff that these rounds are occurring.

#### CORRECTIVE ACTION TAKEN

115.13(a) – The facility documented in its staffing plan how it takes each of the ten factors prescribed by the standard provision into consideration when calculating adequate staffing levels and determining the need for video monitoring.

115.13(c) – The agency produced a new staffing plan for the facility that includes the assessments and determinations prescribed by the standard provision. The new staffing plan was developed by the PREA Compliance Manager, PREA Coordinator and BAS; it was signed by the agency head and implemented on February 28, 2019. The plan lists the staffing for each housing unit under three distinct scenarios: normal, limited and restricted operations. It includes definitions for each of the three scenarios, a description of the inmates assigned and operations in each housing unit, as well as an explanation of other facility operational areas.

115.13(d) – The new staffing plan calls for supervisors to conduct unannounced rounds during each 12-hour shift to deter staff sexual abuse and sexual harassment of inmates and stamp the Unit Security Log indicating "PREA Unannounced Round." The plan specifically prohibits staff from alerting other staff that these rounds are occurring. During an April 1, 2019 re-inspection of the facility, the AUDITOR reviewed unit log books in all housing units and verified the use of the PREA Unannounced Rounds stamp to document supervisory rounds on both shifts.

The agency must commit to reviewing the staffing plan whenever necessary, but no less frequently than once per year and conducting the assessments and determinations prescribed by the standard provision.

#### CORRECTIVE ACTION APPROVED

115.14	<b>Youthful inmates</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED - PAQ</p> <p>PEOPLE INTERVIEWED - None</p> <p>SITE REVIEW OBSERVATIONS - Housing unit tour</p> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.14(a) The standard provision states that a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The PAQ reflects that the facility has not housed youthful inmates in the past 12 months. The PREA Policy specifies the protections prescribed by the standard provision for youthful inmates. During the site review the AUDITOR did not see any evidence of youthful inmates at the facility.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(b) The standard provision states that in areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(c) The standard provision requires the agency to make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p><b>AUDITOR RECOMMENDATION:</b> The agency should consider specifying in relevant policy provisions that the agency does not</p>	

accept or house juveniles or youthful inmates.

RECOMMENDED CORRECTIVE ACTIONS

115.14(a) – No corrective action required.

115.14(b) – No corrective action required.

115.14(c) – No corrective action required.

115.15	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy</li> <li>- Policy 900, Custodial Searches</li> <li>- Policy 9-03.03, Searches by Stage of Custody - Strip Searches</li> <li>- Academy training lesson plan "Handcuff and Searching Inmates"</li> <li>- CORE academy training records</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Deputies and sergeants</li> <li>- Random sample of inmates (male and female)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Statements from staff</li> <li>- Statements from inmates</li> <li>- Housing unit tours</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.15(a)</p> <p>The standard provision states that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The PAQ reflects that the facility has not conducted any cross-gender strip or visual body cavity searches in the past 12 months. Policy 900, Custodial Searches, specifies that all members involved in the strip search shall be the same gender as the individual being searched unless the search is conducted by a medical practitioner. During the site review staff confirmed that cross-gender strip or visual body cavity searches are not conducted.</p> <p>Policy 900 and statements from staff during the site review support a determination of compliance with the standard provision.</p> <p>115.15(b)</p> <p>The standard provision states that as of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ reflects that the searches in question are not allowed absent exigent circumstances, that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision, and that there have been no such searches in the past 12</p>

months. Policy 900, Custodial Searches, states that unless there are exigent circumstances, all searches shall be conducted by a member of the same gender as the individual being searched. Interviews of deputies and female inmates reflect that such searches are not conducted, and that the facility does not restrict a female inmate's access to available out-of-cell opportunities in order to comply with this provision.

Policy 900 and interviews with deputies and female inmates support a determination of compliance with the standard provision.

#### 115.15(c)

The standard provision requires the facility to document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates. The PAQ reflects that the facility requires documentation of the searches in question. PREA Policy 3.09.01 requires documentation of cross-gender strip and visual body cavity searches and cross-gender pat-down searches of female inmates. The facility did not conduct any of the searches in question; therefore, the facility did not have any documentation of such searches.

The PREA Policy and the facility's practice with regard to these searches support a determination of compliance with the standard provision.

#### 115.15(d)

The standard provision requires the facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ reflects that the facility implemented the policies and procedures prescribed by the standard provision and PREA Policy 3.09.01 specifies these procedures. During the tour of Unit-I (female housing), inmates expressed concern about potential cross-gender viewing of inmates using the lower level shower from the stairs and from the upper tier. The AUDITOR confirmed the validity of the inmates' concern by asking Deputy Pearson to stand in the shower while the AUDITOR observed from the viewing points of concern. A construction crew was in the process of replacing the shower doors with taller doors to address this viewing concern; however, a follow-up inspection revealed that the viewing concern had not been resolved with the new shower doors. During the exit briefing, the AUDITOR and the facility commander agreed on a proposed solution and the commander later reported that the proposed solution would correct the viewing concern and the modification will be completed within a few days; he agreed to submit photos of the showers taken from the viewing points of concern after the modification is completed. Deputies reported that they announce their presence upon entering a housing unit with inmates of the opposite gender and that inmates are able to perform bodily functions without being viewed by non-medical staff of the opposite gender. Two of 26 inmates interviewed reported staff cross-gender viewing, one alleged that such viewing occurred while she was on suicide watch and the other said it may happen while he is using the toilet in his cell. The standard provision recognizes the possibility of these occurrences during the course of regular operations. Eighteen of 26 inmates reported never hearing announcements to alert them when a person of the opposite gender enters their housing unit. The AUDITOR's observations during the site

review reflect that a person of the opposite gender entering the housing unit would have to approach and look into the showers or the cells to see inmates performing bodily functions or changing clothes, or inmates would have to be unclothed in the day-room or exercise area, which is not allowed. There was no announcement when the AUDITOR and Deputy Pearson entered the female housing unit because male workers were already in the housing unit replacing the shower doors.

The PREA Policy and deputy interviews support a determination of compliance with the standard provision; however, inmate interviews suggest that the announcements in question are not made on a consistent basis. Because the failure to make these announcements on a consistent basis is not likely to result in cross-gender viewing, the audit determination will stand. The AUDITOR recommends, however, that staff make these announcements on a consistent basis because they are required by the standard provision.

#### 115.15(e)

The standard provision states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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. The PAQ reflects that the facility has a procedure that prohibits the searches in question and that no such searches were conducted in the past 12 months. Policy 900 prohibits these searches. Deputy interviews reflect that staff are aware of the policy that prohibits these searches. Interviews of one inmate who identifies as gay and one who identifies as transgender reflect that neither inmate believes a strip search was conducted for the reason prohibited by the standard provision.

Policy 900 and the two inmate interviews support a determination of compliance with the standard provision.

#### 115.15(f)

The standard provision requires the facility to train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The PAQ points to the CORE Academy roster and the facility provided an academy training lesson plan titled "Handcuff and Searching Inmates." The lesson plan provides training on searching suspects during an arrest and although it includes searching a suspect of the opposite gender, it does not address searching transgender and intersex inmates. The rosters provided reflect that several deputies completed the Corrections Officer CORE Academy between 2013 and 2018; however, there are no specific training lesson plans reflecting that the training prescribed by the standard provision is included. A review of deputy training records verified the aforementioned cross-gender searches of a suspect during an arrest, but not the prescribed training. Seven of 12 deputies interviewed reported receiving the training, two indicated they would make sure the inmate does not feel uncomfortable with the search and three reported that they would have a male deputy search the bottom half and a female deputy search the top half of a transgender woman. The AUDITOR informed these deputies that the PREA Resource Center's frequently asked questions strongly discourages this practice and calls for transgender inmates to be allowed to choose the gender of the

officer to conduct the pat-down search. The other five deputies reported not receiving the training and one was not sure.

Not the lesson plans provided, nor the deputy training records, nor the deputy interviews support a determination of compliance with the standard provision. Training on cross-gender pat-down searches is not the same as training on pat-down searches of transgender and intersex inmates; that is why the standard provision makes a distinction in specifying these training requirements.

#### RECOMMENDED CORRECTIVE ACTIONS

115.15(a) – No corrective action required.

115.15(b) – No corrective action required.

115.15(c) – No corrective action required.

115.15(d) – No corrective action required.

115.15(e) – No corrective action required.

115.15(f) – The facility shall ensure security staff is trained on conducting pat-down searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The facility shall provide the lesson plan used for this training and signed employee acknowledgement of understanding the training received.

#### CORRECTIVE ACTION TAKEN

115.15(f) – The agency provided Policy 03-09 with new language reflecting special considerations when searching inmates identified as transgender or intersex. Deputy Pearson produced a lesson plan and reported that he provided a 30-minute training session to staff on the various shifts, then allowed each employee to demonstrate the search techniques on another employee; he also provided a list dated February 12, 2019 with 71 employee signatures acknowledging that they received and understood the training on searching transgender and intersex inmates.

#### CORRECTIVE ACTION APPROVED

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Language Line Services Agreement</li> <li>- Contract for American sign language (ASL) interpreter services</li> <li>- Inmate Rule Book (English)</li> <li>- PREA Poster</li> <li>- PREA Pamphlet</li> <li>- Transparent PREA Poster</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Detention Captain (Agency Head designee)</li> <li>- Deputies and sergeants</li> <li>- Inmates with disabilities</li> <li>- Inmates with LEP</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Housing unit tours</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.16(a)</p> <p>The standard provision requires the agency to take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The PAQ reflects that the agency takes appropriate steps to ensure inmates with the specified 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. The PREA Policy calls for inmate PREA education to be provided in formats accessible to inmates with hearing, vision and other disabilities as well</p>

as those with limited reading skills; it does not specify any other forms of reasonable accommodation. The agency provided a contract with Lola O'Brien, ASL interpreting services; in the contract, Lola O'Brien agrees to provide ASL interpreter services for clients of the County of Stanislaus; the contract is valid through the end of the current fiscal year and is renewed annually. The contract does not specifically include or exclude inmates in the Sheriff's custody and Deputy Pearson is not aware of any instance in which these services were employed for inmates. The Detention Captain identified five mental health deputies and a jail-based competency program among resources available to accommodate inmates with disabilities. The five inmates with disabilities interviewed, included inmates on psychotropic medication, one who identified as hard-of-hearing and two with limited reading ability. The interviews reflect that these inmates are more likely to request assistance with written materials from another inmate than from a deputy; one stated that he felt ashamed about his limited reading ability and did not disclose it during intake processing and that a deputy promised to help him with written materials but got busy with housing unit duties and did not get back to him. During the site review, the AUDITOR asked about written materials in alternative formats and the PREA Coordinator did not identify any. The PREA poster, in particular the transparent poster, is written in relatively small text and could be difficult to read for inmates with limited visual acuity. The facility does not use a video for PREA education, and the inmate handbook does not include the required PREA education; only the PREA poster and the information pamphlet provide PREA information to inmates and neither of these documents are available in large print. The facility has not identified a methodology for providing PREA information to inmates with intellectual disabilities or limited reading ability.

The PREA Policy, the ASL contract and the interview with the Detention Captain appear to support a determination of compliance; however, the interview with inmates with disabilities and the written materials used to provide PREA information to inmates do not. The AUDITOR followed-up on the use of the mental health deputies and the jail-based competency program and learned that the deputies are used to escort mental health inmates and mental health nurses to appointments; there was no indication that these deputies perform any duties that support a determination of compliance with the standard provision. The facility has not provided written materials in alternative formats or explained how staff would accommodate an inmate with blindness, or intellectual disabilities, or limited reading ability to ensure 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. There is a panoply of resources available to accommodate people with the disabilities in question; many of these resources are available through local community advocacy organizations and relevant state and federal agencies.

#### 115.16(b)

The standard provision requires the agency to 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The PAQ reflects that the agency takes the reasonable steps to ensure meaningful access for inmates with LEP to the agency's efforts specified by the standard provision. The PREA Policy calls for inmate PREA education to be provided in formats accessible to inmates with LEP but does not specify how staff will establish communication with these inmates. The Language Line agreement reflects

that the services include over-the-phone interpretation, onsite services, translation and localization services, video services, and other services. The contract was established on May 1, 2015 and is renewed automatically every year. The Inmate Rule Book informs inmates about the zero-tolerance policy and filing a grievance to report sexual abuse; it also reflects that there is a Spanish version which was not provided to the AUDITOR. The PREA Pamphlet is available in Spanish and the information poster includes information in Spanish, but the facility does not use an education video in Spanish and has not provided written materials in other languages. The Detention Captain stated that procedures are available in English and Spanish and the agency/facility is able to establish contact with consulates as needed. The interviews with four inmates with LEP reflect that some have a limited ability to read English and that they gather limited PREA information from the posters or from other inmates who speak their language; one has not spoken to any staff member since arriving to the housing unit and one was able to communicate with a deputy who speaks his language.

The PREA policy, the information pamphlet, the information poster, the interview with the Detention Captain and the Language Line agreement support a determination of compliance with the standard provision; however, the agency/facility could do more to ensure inmates with LEP have meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Examples include playing an education video in Spanish and providing the PREA poster and other written materials in other languages represented in the inmate populace. Inmates with LEP should be informed of the availability of Language Line to communicate with deputies regarding a PREA matter; this resource should be available for the benefit of inmates as much as it is for the benefit of staff.

#### 115.16(c)

The standard provision states that the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations. The PAQ reflects that agency policy prohibits the use of inmate interpreters except under the limited circumstances specified by the standard provision; that the facility documents the limited circumstances whenever such inmate assistance is used; and that in the past 12 months, there has been no use of inmate assistance where the limited circumstances did not apply. The PREA Policy specifies the language of the standard provision and requires documentation whenever an inmate interpreter is used under the circumstances in question. Interviews with deputies reflect that they are aware that inmate interpreters, readers or other types of assistants should not be used in matters related to PREA reporting; however, none of the deputies interviewed were aware of the three limited circumstances, specified by the standard provision, in which an inmate may be used as interpreter, reader or other assistant in matters related to PREA. None of the inmates with disabilities or LEP interviewed reported sexual abuse or other PREA -related matter; thus, there was not an incident in which application of this provision was required.

The PREA Policy and deputy interviews support a determination of compliance with the standard provision. While the deputies may not be aware of the limited circumstances in question, there is no incident reported in which the limited circumstances should have been invoked and were not. The AUDITOR recommends the facility provide training on the applicability of the limited circumstances to prepare staff in the event of an incident in which

these exceptions should be invoked.

#### RECOMMENDED CORRECTIVE ACTIONS

115.16(a) – The agency/facility shall take appropriate steps to ensure inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, blind or have low vision, or have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. In addition, the agency/facility shall ensure written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including intellectual disabilities, limited reading skills, and blindness or low vision.

115.16(b) – No corrective action required.

115.16(c) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.16(a) – The agency provided a revised PREA information poster in large print (Times New Roman 14) with white text on a dark blue page for adequate contrast. This satisfies the requirement to accommodate inmates with low vision. The agency still needs to address the other accommodations specified in the recommended corrective action. In addition to the aforementioned information poster, the agency provided the information pamphlet and the initial assessment form reflecting that inmates with mental health concerns or developmental disabilities will be referred to medical and/or mental health. Referral to medical and mental health staff is not, in-and-of-itself, a reasonable accommodation for inmates with blindness, limited reading ability, a speech disability or intellectual disabilities. The agency should explain how medical and mental health staff will provide the accommodation needed for inmates with the aforementioned disabilities to receive the PREA information provided to other inmates via the information poster and the pamphlet. Is there a written policy or directive for medical and mental health staff to provide accommodation needed for inmates with disabilities to 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? The AUDITOR provided the PREA Resource Center’s Standard in Focus for 115.16 and the “Ending the Silence” comic book series which could be used for educating inmates with limited reading skill and intellectual disabilities as specified in the 115.16 Standard in Focus. The agency reported that the Information Technology department is working on incorporating the PREA Resource Center’s video into the TV programming in the centralized booking area. Use of a video to provide PREA information is an excellent improvement in the agency’s ability to accommodate inmates with disabilities; however, the video must be played in an area where it can be viewed and heard by inmates in holding cells. The video accommodates inmates with blindness and should include subtitles to accommodate inmates with deafness. The agency still needs to specify how inmates with intellectual disabilities will be accommodated. Deputy Pearson reported that a sign language interpreter will be provided if necessary, for effective communication during interviews with inmates and that interviews will be slowed down with use of simplified vocabulary and prompts to assess comprehension. Deputy Pearson provided a script to be used for comprehensive PREA education which will be used as needed to

accommodate inmates with disabilities.

CORRECTIVE ACTION APPROVED

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- Policy 1000, Recruitment and Selection</li> <li>- Policy 1010, Reporting Employee Convictions</li> <li>- PREA Policy 3.09.01</li> <li>- Employee files</li> <li>- Contractor files</li> <li>- DOJ Notice of subsequent arrest notification</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Human Resources (HR) Manager</li> <li>- Administrative Services Captain (Background Investigations)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.17(a)</p> <p>The standard provision states that the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:</p> <ol style="list-style-type: none"> <li>(1) 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);</li> <li>(2) 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; or</li> <li>(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</li> </ol> <p>The PAQ reflects that agency policy prohibits hiring or promoting anyone (or enlisting the services of any contractor) who may have contact with inmates who has engaged in the specified sexual misconduct. The PREA Policy requires a background investigation before hiring or promoting employees or enlisting the services of contractors, who may have contact with inmates, who have engaged in the specified sexual misconduct. Policy 1010 explains how convictions for certain offenses may restrict or prohibit an employee from performing official duties or carrying a firearm and how people with felony convictions are barred from employment as peace officers under California law. Policy 1000 explains the agency's requirement for a background investigation to verify a candidate's personal integrity and high ethical standards. A review of the files of 15 employees, sworn, non-sworn and contractor, reflects that the agency conducts thorough background investigations before hiring employees who may have contact with inmates or enlisting the services of contractors who may have</p>

contact with inmates.

The PREA Policy, Policy 1000, Policy 1010 and the file reviews support a determination of compliance with the standard provision.

115.17(b)

The standard provision requires the agency to 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. The PAQ reflects that agency policy requires consideration of incidents of sexual harassment before hiring or promoting anyone or enlisting the services of any contractor who may have contact with inmates. The PREA Policy calls for considering incidents of sexual harassment in making the decisions in question. The Administrative Captain explained that his office contacts prior employers to inquire about any allegations of sexual harassment against the prospective employee and if it is a current employee, his office checks with Internal Affairs. He pointed out that the same background investigation is conducted for contractors as for sworn employees.

The PREA Policy and the interview with the administrative captain support a determination of compliance with the standard provision.

115.17(c)

The standard provision states that before hiring new employees who may have contact with inmates, the agency shall:

- (1) Perform a criminal background records check; and
- (2) 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.

The PAQ reflects that agency policy requires the criminal background records checks prescribed by the standard provision before hiring new employees who may have contact with inmates and that seven of these checks were conducted on new hires in the past 12 months. The PREA Policy requires a background investigation before hiring employees who may have contact with inmates but does not specify the types of inquiries involved. The Captain stated that the background investigation includes a fingerprint check, check with prior employers, neighbors, family, friends and coworkers and a stress analyzer (equivalent to a polygraph).

The PREA Policy and the interview with the administrative captain support a determination of compliance with the standard provision.

115.17(d)

The standard provision requires the agency to also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The PAQ reflects that agency policy requires the prescribed criminal records check before enlisting the services of contractors who may have contact with inmates and that in the past 12 months these checks were conducted for two contracts for services in which staff would have contact with inmates. The PREA Policy requires a background investigation before enlisting the services of contractors who may have contact with inmates. The Captain stated that the same background investigation conducted for sworn employees is conducted for contractors and the review of contractor files confirm that practice.

The PREA Policy, the contractor file reviews and the interview with the Captain support a determination of compliance with the standard provision.

115.17(e)

The standard provision requires the agency to 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. The PAQ reflects that agency policy either requires quinquennial criminal background records checks or that the agency have a system in place for capturing such information for current employees. Neither of the three policies reviewed specify quinquennial background checks or a system for capturing such information for current employees. The Captain reported that the agency has a system in place where the California DOJ provides subsequent arrest notifications for employees and he provided a redacted notice from the DOJ reflecting that the agency requested or is statutorily mandated to receive subsequent arrest notification service from the DOJ.

The interview with the Captain and the DOJ notice support a determination of compliance with the standard provision.

115.17(f)

The standard provision requires the agency to ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Policy 1010 requires all members of the department to report in writing to their supervisor any arrests, convictions, court orders or outstanding warrants; however, neither of the three policies include the requirement to ask applicants and employees about the specified sexual misconduct during the personnel events in question. The HR Manager reported that the three questions are not asked as part of any of the personnel events in question and agreed to revise the electronic application process to include the three questions. She explained that performance reviews do not include a written self-evaluation, interviews are not required but are optional, the agency imposes upon employees a continuing affirmative duty to disclose any history of such misconduct, and employees are informed of that continuing affirmative duty to disclose any such misconduct when the agency provides policy updates annually. The AUDITOR provided a copy of the standard on Hiring and Promotions to the HR Manager and the Captain to ensure accuracy in their changes.

Neither the policy nor the interview with the Captain and HR Manager support a determination of compliance with the standard provision. The agency does not ask all applicants and employees who may have contact with inmates directly about sexual misconduct in written applications or interviews for hiring or promotions and in any interviews conducted as part of reviews of current employees.

115.17(g)

The standard provision states that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The PAQ reflects that

agency policy includes this standard provision; however, neither of the three policies provided include the provisions in question. The HR Manager confirmed that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination and that employees are informed of this standard.

The interview with the HR Manager supports a determination of compliance with the standard provision.

#### 115.17(h)

The standard provision states that unless prohibited by law, the agency shall 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. Neither of the three policies provided include the provisions in question. The HR Manager reported that the agency provides 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.

The interview with the HR Manager supports a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.17(a) – No corrective action required.

115.17(b) – No corrective action required.

115.17(c) – No corrective action required.

115.17(d) – No corrective action required.

115.17(e) – No corrective action required.

115.17(f) – The agency shall ask all applicants and employees who may have contact with inmates directly about previous misconduct specified in Standard 115.17(a) in written applications or interviews for hiring or promotions and in any interviews conducted as part of performance reviews of current employees.

115.17(g) – No corrective action required.

115.17(h) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.17(f) - The agency provided a “Pre-Background Interview Questions” questionnaire that all applicants for employment must complete. The questionnaire includes the three sexual misconduct question prescribed by the standard provision and asks about prior sexual harassment accusations. The HR Manager stated that performance reviews do not include a written self-evaluation and interviews are optional. If interviews are optional, the agency must

specify how it will implement the requirement for the three questions to be asked if an interview is conducted. The agency must provide evidence that it implemented a process in which applicants for promotions (who may have contact with inmates) are asked the three sexual misconduct questions in written applications or hiring interviews and that the three questions are asked as part of performance appraisal interviews. The BAS Captain provided the Pre-Background Interview Questions, the PREA annual acknowledgement questions, and the PREA promotions questions and reported in writing that the latter two were implemented effective April 16, 2019. The latter two are official agency stationary documents and require employees to answer the three sexual misconduct questions by initialing next to each. Each document informs employees that they have a continuing affirmative duty to disclose any such misconduct and that material omissions regarding such misconduct or materially false information is grounds for termination. The Captain stated that the PREA questions will be an attachment to employee annual evaluations and promotional packets, and that all contractors and volunteers who may have contact with inmates will be required to complete the PREA annual questions.

CORRECTIVE ACTION APPROVED

115.18	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Detention Captain</li> <li>- Facility commander</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Video monitoring system</li> <li>- Housing unit tours</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.18(a)</p> <p>The standard provision states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. The Detention Captain stated that any modifications undertaken by the agency requires approval by the BSCC and their approval includes PREA considerations. The Facility Commander reported that the only modification at the facility was the installation of taller shower doors in Unit-I to provide more privacy for female inmates. During the site review, the AUDITOR did not see any evidence of a new facility or expansion to the existing facility.</p> <p>The interviews with the Detention Captain and the Facility Commander and the AUDITOR's observations during the site review support a determination of compliance with the standard provision.</p> <p>115.18(b)</p> <p>The standard provision states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The Detention Captain stated that the facility has limited video surveillance capabilities and the agency is in the process of updating that capability. The AUDITOR recommended maintaining documentation of the agency's consideration of how such technology may enhance the agency's ability to protect inmates from sexual abuse. The Facility Commander reported that the agency is in the process of designing a new video surveillance system for the facility. The</p>

AUDITOR reiterated same recommendation given to the Detention Captain. During the site review, the AUDITOR did not see any evidence of a new video surveillance system.

The interviews with the Detention Captain and the Facility Commander and the AUDITOR's observations during the site review support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.18(a) – No corrective action required.

115.18(b) – No corrective action required.

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- Policy 602, Sexual Assault Investigations</li> <li>- Memorandum of Understanding (MOU) with the District Attorney and Memorial Medical Center (three-party agreement)</li> <li>- MOU with Haven Women’s Center of Stanislaus County</li> <li>- Incident reports (2)</li> <li>- USDOJ Publication “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents”</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- PREA Compliance Manager</li> <li>- Deputies and sergeants</li> <li>- Representative from Haven Women's Center</li> <li>- SANE</li> <li>- Inmates who reported sexual abuse (3)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>NOTE: the response protocols under review in this standard apply to the agency as a whole; therefore, incidents from other facilities are considered in making compliance determinations.</p> <p>115.21(a)</p> <p>The standard provision states that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PAQ reflects that the agency is responsible for all sexual abuse investigations and that it follows a uniform evidence protocol. Policy 602 specifies the agency's evidence protocol for maximizing the potential for obtaining usable evidence; the policy includes among other topics, investigator qualifications and training, interviewing victims, collecting and testing biological evidence and case disposition and review. The policy calls for involvement of a Sexual Assault Response Team or SART in the agency's response to a case of sexual assault. Although the protocol appears to be written primarily for response to sexual assault in the community, it is still applicable to confinement settings. The agency provided its three-party agreement with the District Attorney and Memorial Medical Center for SART services. The agreement lists each party's responsibilities, where applicable, in responding to an incident of sexual assault. Deputy interviews reflect that they are generally aware of the requirement to protect the crime scene, collect evidence, transport inmates</p>

involved to the hospital for a "rape kit" or forensic medical examination; some even described conventional methods for bagging evidence with bodily fluids. When asked who is responsible for sexual abuse investigations, all but one identified the PREA Deputy (Deputy Pearson); some included the patrol division in the response protocol and responsibility for investigations.

Policy 602, the three-party SART agreement and the deputy interviews support a determination of compliance with the standard provision.

#### 115.21(b)

The standard provision states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The PAQ reflects that the protocol is developmentally appropriate for youth and based upon the most recent edition of the specified publication or similarly comprehensive and authoritative protocols developed after 2011. The protocol specified in Policy 602 includes procedures for youthful victims and is based upon relevant sections of the California Penal Code; those relevant sections of the penal code are cited as reference in the protocol. After reviewing the publication referenced in the standard provision, the AUDITOR finds the agency's protocol to be consistent with the protocol outlined in the publication.

Policy 602 and the review of the USDOJ publication support a determination of compliance with the standard provision.

#### 115.21(c)

The standard provision requires the agency to 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. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or SANEs where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ reflects that the agency offers victims of sexual abuse access to forensic medical examinations performed by a SAFE or SANE at an outside facility free of charge; the facility documents its efforts to provide a SAFE or SANE and there was one forensic examination performed by a SAFE or SANE during the previous 12 months. In the three-party agreement, Memorial Medical Center agrees to provide forensic examinations and waive the fees. A SANE from Memorial Medical Center confirmed that the hospital conducts forensic medical examinations of inmates in the Sheriff's custody and reported that there is a team of 16 SANEs and if there is not one on duty, one would be called-in and the hospital would schedule the examination for a later time (usually within 12 hours) pending the arrival of a SANE. She also confirmed that inmates in the Sheriff's custody have been brought to the clinic for examination and treatment and that victim advocate services were provided by Haven Women's Center.

The three-party agreement and the interview with the SANE support a determination of compliance with the standard provision.

#### 115.21(d)

The standard provision requires the agency to attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The PAQ reflects that the agency attempts to make available a victim advocate from a rape crisis center and documents such efforts but does not provide any of the specified alternatives if a rape crisis center is not available. In the MOU Haven Women's Center agrees to provide the services prescribed by the standard provision and during a telephone interview, a representative from Haven Women's Center confirmed that her organization provides those services to inmate victims of sexual abuse at the facility pursuant to an MOU with the Sheriff Department. The PCM identified the agreement with Haven Women's Center and explained that a sergeant would contact them in the event of a case of sexual abuse. The AUDITOR interviewed three inmates who reported sexual abuse; only one of the three accepted victim advocate services and he confirmed that a representative from Haven provided the services while he was at the hospital. In both incidents (one at PSC-W and one at MHU) that required forensic medical examination, the incident reports reflect that the inmate victim received victim advocate services from Haven.

The MOU with Haven, the incident reports, and the interviews with the representative from Haven, the PCM and the inmate who received victim advocate services from Haven support a determination of compliance with the standard provision.

#### 115.21(e)

The standard provision states that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The PAQ reflects that if requested by the victim, the agency provides qualified resources for the events in question. The representative from Haven confirmed that the services provided include those prescribed by the standard provision and the PCM stated that such services would be provided if requested by the victim. The inmate who received victim advocate services from Haven stated that the representative from Haven kept him calm and told him where the office was located; however, he does not have a mailing address and has not been able to reach her by phone during his out of cell time. The AUDITOR asked Deputy Pearson to ensure this inmate receives the information pamphlet and recommended facilitating a phone call to Haven.

The interviews with the representative from Haven, the PCM and the inmate who received victim advocate services support a determination of compliance with the standard provision.

#### 115.21(f)

The standard provision states that to the extent the agency itself is not responsible for

investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section. The PAQ reflects that the standard provision does not apply because the agency/facility is responsible for conducting sexual abuse investigations. The agency is responsible for administrative and criminal investigations.

The standard provision does not apply.

115.21(g)

The AUDITOR is not required to audit this provision.

115.21(h)

The standard provision states that for the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The PAQ reflects that the facility does not provide a qualified agency staff member and the representative from Haven is not aware of any agency employee who provides the services in question. The agency/facility makes available a victim advocate from a rape crisis center.

The standard provision does not apply.

#### RECOMMENDED CORRECTIVE ACTIONS

115.21(a) – No corrective action required.

115.21(b) – No corrective action required.

115.21(c) – No corrective action required.

115.21(d) – No corrective action required.

115.21(e) – No corrective action required.

115.21(f) – No corrective action required.

115.21(g) – No corrective action required.

115.21(h) – No corrective action required

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Agency website</li> <li>- Incident reports</li> <li>- Investigative reports (9)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Detention Captain</li> <li>- Investigative staff (3)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>NOTE: The protocols under review apply to the agency as whole; therefore, incidents from other facilities are considered in making compliance determinations.</p> <p>115.22(a)</p> <p>The standard provision requires the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ reflects that the agency ensures the specified investigations are completed and that in the past 12 months, the facility received nine allegations, all leading to administrative investigations, one was referred for criminal investigation and three cases are ongoing. The PREA Policy calls for all allegations of sexual abuse to be thoroughly investigated when warranted by evidence. The Detention Captain stated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; he added that the PREA Coordinator contacts detectives from the Crimes Against People or CAP team, that they provide an investigator, and that they determine whether referral for criminal prosecution is warranted. The nine investigative reports confirm that allegations of sexual abuse are in fact investigated.</p> <p>The PREA Policy, the interview with the Detention Captain and the investigative reports reviewed support a determination of compliance with the standard provision.</p> <p>115.22(b)</p> <p>The standard provision requires the agency to have in place a policy 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. The agency publishes such policy on its website or, if it does not</p>

have one, makes the policy available through other means. The agency documents all such referrals. The PAQ reflects that the agency has the policy in question, that all referrals for investigation are documented, and that the policy is published on the agency's website. The PREA Policy calls for all allegations of sexual abuse to be thoroughly investigated when warranted by evidence and the AUDITOR verified that the policy is published on the agency's website at <https://www.scsdonline.com/ad/detention-facilities.html>. Incident reports reflect that referrals for investigation are documented and three investigators interviewed confirmed that agency policy requires all allegations of sexual abuse to be referred for investigation as specified by the standard provision.

The PREA Policy, the agency's website, the incident reports and the interviews with investigators support a determination of compliance with the standard provision.

115.22(c)

The standard provision states that if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The agency/facility is responsible for criminal investigations.

The standard provision does not apply.

115.22(d)

The AUDITOR is not required to audit this provision.

115.22(e)

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.22(a) – No corrective action required.

115.22(b) – No corrective action required.

115.22(c) – No corrective action required.

115.22(d) – No corrective action required.

115.22(e) – No corrective action required

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Employee training records</li> <li>- PowerPoint presentation (PREA)</li> <li>- Binder with training acknowledgement forms (deputies and medical)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Deputies and sergeants</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Tour of housing units</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.31(a)</p> <p>The standard provision requires the agency to train all employees who may have contact with inmates on:</p> <ol style="list-style-type: none"> <li>(1) Its zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>(2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> <li>(3) Inmates' rights to be free from sexual abuse and sexual harassment;</li> <li>(4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</li> <li>(5) The dynamics of sexual abuse and sexual harassment in confinement;</li> <li>(6) The common reactions of sexual abuse and sexual harassment victims;</li> <li>(7) How to detect and respond to signs of threatened and actual sexual abuse;</li> <li>(8) How to avoid inappropriate relationships with inmates;</li> <li>(9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and</li> <li>(10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</li> </ol> <p>The PAQ reflects that the agency trains all employees who may have contact with inmates on all ten topics prescribed by the standard provision. The PREA Policy requires training for all employees who may have contact with inmates; only the first two training topics prescribed by the standard provision are listed in the policy. The training is to be provided during employee orientation and included in the correctional core academy curriculum. The PowerPoint used for staff training includes seven of the ten topics prescribed by the standard provision; missing are items (4), (9) and (10) above. Deputy Pearson stated that the video included in the PowerPoint presentation does not include the missing topics either. The AUDITOR reviewed employee training records and used all deputies and sergeants on the A-Squad day and</p>

graveyard watch report as a sample and training records reflect that all but two deputies received either In-Service Training or PREA CORE training within the past 12 months. Training records also reflect that all CFMG employees (medical) received training in the past 12 months. Deputy Pearson presented a binder with signed training acknowledgment forms for deputies and medical and reported that all were trained with the agency's PREA PowerPoint presentation; however, last January, the agency switched to an online training program provided by the NIC's PREA Public Law. During the interviews deputies generally reported receiving training on the ten topics prescribed by the standard provision and were asked to elaborate on specific topics; two or three were not sure about a topic or two and the AUDITOR either used hypothetical scenarios or provided additional information to test the deputy's knowledge on specific topics.

The PowerPoint presentation used to train staff does not support a determination of compliance with the standard provision. Three topics prescribed by the standard provision are not included in the PowerPoint and there was no indication from the facility that it is included in the online training.

#### 115.31(b)

The standard provision states that such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. The PAQ reflects that training is tailored as prescribed and provided to employees who are reassigned as specified by the standard provision. The PREA Policy does not specify the requirements of the standard provision. Training records reflect that employees received PREA training in the past 12 months, the PowerPoint presentation identifies the differences in social dynamics between men in confinement settings versus women in confinement settings, and during the site review the AUDITOR verified that the facility houses both male and female inmates.

The training records reviewed, the PowerPoint presentation and the AUDITOR's observations during the site review support a determination of compliance with the standard provision.

#### 115.31(c)

The standard provision states that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. 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. The PAQ reflects that refresher training on PREA requirements is provided annually and the PREA Policy calls for in-service refresher training no less frequent than biennially. The training records reflect that staff training dates to October 2013 and that the training is provided annually as In-Service Training.

The PREA Policy and employee training records support a determination of compliance with the standard provision.

#### 115.31(d)

The standard provision requires the agency to document, through employee signature or

electronic verification, that employees understand the training they have received. The PAQ reflects that the agency documents employee training through signature or electronic verification, but the PREA Policy does not specify this requirement. Deputy Pearson presented a binder with signed training acknowledgment forms for deputies and for medical.

The binder with signed acknowledgement forms support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.31(a) – The agency/facility shall ensure all employees, including CFMG, who may have contact with inmates receive training on all ten topics prescribed by the standard provision. The facility shall provide the course description or PowerPoint presentation used and signed employee acknowledgment that they understood the training received.

115.31(b) – No corrective action required.

115.31(c) – No corrective action required.

115.31(d) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.31(a) – The agency/facility provided its revised Power/Point presentation and the AUDITOR verified that it includes the topics specified in items 4, 9 and 10 above. The agency/facility also provided sign-in sheets reflecting that over 400 employees received two hours of PREA training between October 10 and 16, 2018. Participants included security, medical and other non-sworn staff. Deputy Pearson reported that staff were trained using the revised PowerPoint presentation. The agency, however, did not provide signed employee acknowledgement that they understood the training received. Deputy Pearson provided signed employee acknowledgments for sworn, non-sworn and medical staff who attended the training; the sample included employees from each of the training sessions.

#### CORRECTIVE ACTION APPROVED

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- PowerPoint presentation (PREA)</li> <li>- NIC website for “PREA: Your Role Responding to Sexual Abuse”</li> <li>- Volunteer and contractor training certificates</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Volunteer who has contact with inmates</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.32(a)</p> <p>The standard provision requires the agency to ensure 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. The PAQ reflects that 100% of volunteers and contractors who may have contact with inmates have been trained on the prescribed topics and that an NIC online course titled “PREA: Your Role Responding to Sexual Abuse” was used. The PREA Policy calls for volunteers and contractors to be notified of the zero-tolerance policy and their responsibilities regarding prevention, detection and response, and charges the PREA Coordinator with providing orientation training at regular intervals. The NIC website reflects that the aforementioned course provides a comprehensive overview of PREA and is designed to increase awareness of the dynamics of sexual abuse in corrections and teaches participants how to respond to allegations of sexual abuse in confinement facilities. Deputy Pearson stated that volunteers and contractors were trained initially with the PREA PowerPoint and then with the NIC online course. He provided training certificates for contractors and volunteers who completed the online training. During an interview a volunteer acknowledged receiving training on the prescribed topics.</p> <p>The PREA Policy, the PowerPoint, the NIC online course, the training certificates, and the interview with a volunteer support a determination of compliance with the standard provision.</p> <p>115.32(b)</p> <p>The standard provision states that 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and</p>

informed how to report such incidents. The PAQ reflects that the training is based upon the services provided and the level of contact with inmates, and that volunteers and contractors have been notified of the zero-tolerance policy and how to report sexual abuse. The PREA Policy calls for volunteers and contractors to be notified of the zero-tolerance policy and their responsibilities regarding prevention, detection and response. The PowerPoint presentation distinguishes between the responsibilities of contractors and volunteers and those of sworn staff. The volunteer stated that the training included the zero-tolerance policy and taught them about sexual harassment, how to report and how to respond.

The PREA Policy, the PowerPoint presentation, the training certificates and the interview with a volunteer support a determination of compliance with the standard provision.

#### 115.32(c)

The standard provision requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received. The PAQ reflects that the agency maintains the specified documentation and the PREA Policy requires contractors and volunteers to read and sign the PREA general guidelines before accessing the facility. The online training certificates received by contractors and volunteers do not include any acknowledgment of understanding of the training received.

The online training certificates do not support a determination of compliance with the standard provision. Contractors and volunteers who completed the online training could be asked to sign forms acknowledging that they understood the training received.

#### RECOMMENDED CORRECTIVE ACTIONS

115.32(a) – No corrective action required.

115.32(b) – No corrective action required.

115.32(c) – The agency/facility shall maintain and provide documentation confirming that volunteers and contractors understand the training they have received.

#### CORRECTIVE ACTION TAKEN

The agency/facility provided four signed acknowledgement forms in which contractors and volunteers acknowledged understanding training received on “PREA Your Role Responding to Sexual Abuse.”

#### CORRECTIVE ACTION APPROVED

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Information pamphlet</li> <li>- PREA information poster</li> <li>- Contract for ASL interpreter services</li> <li>- Inmate Rule Book</li> <li>- Acknowledgement of receipt of PREA guidelines</li> <li>- Acknowledgement of receipt of PREA training</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Intake staff</li> <li>- Random sample of inmates</li> <li>- Inmates with disabilities (5)</li> <li>- Inmates with LEP (4)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Housing units tour</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.33(a)</p> <p>The standard provision states that during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The PAQ reflects that inmates receive the specified information during intake and that 6378 or 68.3% of the 9337 inmates admitted to the facility during the past 12 months received the information. The PREA Policy calls for all inmates to be informed of the zero-tolerance policy and how to report during the intake process either in writing or by viewing the video. The PREA information pamphlet, the transparent information poster and the inmate rule book inform inmates of the zero-tolerance policy and how to report. Inmates are asked to sign two PREA acknowledgement forms; on one form, inmates acknowledge attending PREA training, reading and understanding the PREA policy, familiarity with the responsibilities, and receiving a copy for their review and records; on the other form, inmates acknowledge receiving the PREA general guidelines, reading and understanding the guidelines, familiarity with the responsibilities, and receiving a copy for their review and records. The intake officer reported that the information pamphlet with the zero-tolerance policy and how to report is provided to inmates during intake processing. Twelve of 26 inmates interviewed (46%) reported receiving the pamphlet or a speech from deputies about sexual abuse, only three reported receiving the speech. Some reported having to sign an acknowledgment form; of those, some received the pamphlet, and some did not and only one reported receiving the rule book.</p>

The PREA Policy and the interview with the intake officer support a determination of compliance with the standard provision; however, the percentage of inmates reported in the PAQ as receiving the information and the inmate interviews do not, because they are not high enough to support a determination of compliance with the standard provision.

#### 115.33(b)

The standard provision states that within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ reflects that during the past 12 months, 1027 inmates remained at the facility for 30 days or more and Deputy Pearson reported that 1027 or 100% received the comprehensive education within 30 days of intake. The PREA Policy calls for all inmates to receive the education in person or through video on the topics prescribed by the standard provision within 30 days of intake. A random sample of 15 inmate PREA education files maintained by Deputy Pearson reflect that PREA education was provided within 30 days of arrival in all cases in which the inmate remained at the facility for 30 days or more. The intake officer identified the information pamphlet as the tool used for comprehensive PREA education. The pamphlet provides definitions for sexual assault, tells inmates why they should report it, how to report sexual abuse and to whom, and includes limited detail about what happens after a report is made; it does not tell inmates about their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents or cooperating with an investigation. The percentage documented for inmate interviews in (a) above applies for this provision as well because the pamphlet is the tool the facility uses for comprehensive education.

The PREA Policy, the intake officer interview and Deputy Pearson's records tend to support a determination of compliance with the standard provision; however, the inmate interviews do not. Even if 100% of inmates who remained at the facility for 30 days or more received the comprehensive education as reported by the PAQ, there are still two issues that do not support a determination of compliance:

- (1) The pamphlet does not provide all education topics prescribed by the standard provision
- (2) The standard requires the comprehensive education to be provided in person or through a video and neither of these two methods are used. Providing the pamphlet and requiring inmates to sign an acknowledgment form does not satisfy the requirement of the standard provision.

#### 115.33(c)

The standard provision states that current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall 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. The PAQ reflects that due to releases and transfers, the specified education has not been provided to all inmates who did not receive it within 30 days of intake; the number of inmates who are past due and have not received the education was not provided. It also reflects that agency policy requires education on policy differences at facilities inmates are transferred to as specified by the standard provision. The PREA Policy does not specify this requirement and the intake

officer stated that this catch-up education is not provided.

The PAQ and intake officer interview do not support a determination of compliance with the standard provision. The information gathered so far from the facility and from inmate interviews does not indicate that the agency/facility may have provided the comprehensive education prescribed by the standard provision at any point since starting its inmate PREA education program. Although the standard provision calls for providing the comprehensive education to current inmates who have not received such education and to provide it within one year of implementation of the standards, that is by August 19, 2013, a requirement to provide the education to all inmates, who have not received it, at any point beyond the specified date is not supported by the PREA Final Rule or by the PREA FAQs. The best option for educating inmates who have not received the education would be the methods specified in (f) below, particularly if the facility plays an education video in all housing units on a regular basis. The agency/facility did not provide evidence of inmates receiving education upon transfer about differences in policies and procedures between the sending facility and the receiving facility.

#### 115.33(d)

The standard provision requires the agency to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ reflects that PREA education is provided in formats accessible to all inmates including those with disabilities and limitations specified by the standard provision. The PREA Policy calls for education to be provided in formats accessible to inmates with LEP, as well as those with visual, hearing and other disabilities. The facility provided a contract for ASL services with Lola O'Brien; it is not clear if the services would be available to provide the comprehensive PREA education to an inmate who relies on ASL for communication. The facility provided the Spanish version of the information pamphlet; however, three of four inmates with LEP reported not receiving the pamphlet or any form of comprehensive education and the fourth reported receiving the English version of the pamphlet and having to sign an English version of the acknowledgment form. Four of five inmates with disabilities reported not receiving the pamphlet or comprehensive education and the fifth signed the acknowledgement form and claims to have mental retardation, attention deficit hyperactivity disorder and limited reading ability.

The PREA policy supports a determination of compliance with the standard provision; however, interviews with inmates with disabilities and with LEP do not. The facility has not demonstrated a capability to provide comprehensive inmate education in alternative formats or explained how staff would accommodate an inmate who relies on sign language for communication, or an inmate with blindness, or intellectual disability, or limited reading ability to ensure 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 by way of the comprehensive PREA education. There is a panoply of resources available to accommodate people with the disabilities in question; many of these resources are available through local community advocacy organizations and relevant state and federal agencies. With regard to inmates with LEP, the agency/facility could consider preparing a written summary of the comprehensive education program and reading it to inmates who are LEP using a language line interpreter, or having it translated into the most prevalent non-English languages in the

inmate populace. In any event, the importance of maintaining accurate records of inmate participation in the comprehensive PREA education cannot be overstated.

#### 115.33(e)

The standard provision requires the agency to maintain documentation of inmate participation in these education sessions. The PAQ reflects that the agency maintains the specified documentation and the PREA Policy calls for inmate participation to be documented. The facility employs two forms to document inmates' signed acknowledgement and receipt of PREA information, one acknowledges receipt of PREA guidelines and the other acknowledges receipt of PREA training.

The PREA Policy and the two acknowledgement forms support a determination of compliance with the standard provision.

#### 115.33(f)

The standard provision states that in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The PAQ reflects that the agency ensures key PREA information is available to inmates as specified by the standard provision. The PREA Policy calls for posters with reporting and other key information to be posted in designated locations throughout the facility, such as housing units and other inmate access areas. Several inmates reported learning about PREA from the information posters and the AUDITOR verified that the posters were displayed in all housing units visited during the site review.

The PREA Policy, the statement from inmates and the AUDITOR's observations during the site review support a determination of compliance with the standard provision. The AUDITOR notes that the posters are not available in large print and could be difficult to read for inmates with low vision, and that the posters in some housing units were torn and should be replaced.

### RECOMMENDED CORRECTIVE ACTIONS

115.33(a) – The facility shall ensure all inmates are informed of the zero-tolerance policy and how to report sexual abuse during intake. Providing the information pamphlet to every inmate satisfies this requirement.

115.33(b) – The agency/facility shall ensure all inmates who remain at the facility for 30 days or more receive comprehensive education, either in person or through video, regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency's policies and procedures for responding to such incidents. The comprehensive education shall be provided within 30 days of intake. The facility should be prepared to provide documented evidence that the comprehensive PREA education program has been institutionalized.

115.33(c) – The comprehensive education cannot be provided retroactively; however, the agency/facility shall ensure inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the receiving facility differ from those of the sending facility.

115.33(d) – The facility shall ensure the comprehensive PREA education specified in (b) above is available in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled (intellectual disabilities), as well as to inmates who have limited reading skills. The agency/facility should be prepared to provide documentary evidence of the availability of the comprehensive PREA education in formats accessible to inmates with disabilities and inmates with LEP.

115.33(e) – No corrective action required.

115.33(f) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.33(a) – The agency reports that deputies from the BAS will provide PREA education to inmates and that deputies will complete a new form when they interview inmates. The agency provided 17 completed reassessment forms; each form informs inmates of the zero-tolerance policy and how to report, among other information. If the reassessment form is provided as evidence of compliance, it does not satisfy the requirement of the standard provision. The standard provision requires all inmates to be informed of the zero-tolerance policy and how to report during intake; reassessments are completed within 30 days of intake, not during intake. The agency could meet the requirement of the standard provision by providing the information pamphlet to all inmates during intake and having each inmate sign a document acknowledging receipt of the pamphlet. The agency revised the initial assessment form to include a statement, above the inmate's signature line, in which the inmate acknowledges receiving the PREA Pamphlet and knowing how to report sexual abuse. This satisfies the requirement of the standard provision; however, while the agency has 72 hours to complete the initial assessment, the PREA Pamphlet must always be provided to inmates during intake processing. During re-inspection of the facility on April 1, 2019, the AUDITOR interviewed ten inmates received within the previous two to three months, most of whom acknowledged receiving the pamphlet the day they arrived at the facility. For those who reported not receiving the pamphlet, Deputy Pearson later provided their signed acknowledgement of receipt during intake.

115.33(b) - The agency reports that comprehensive education will be provided in person and inmates will sign a form acknowledging that they understood the information provided. The education will include the zero-tolerance policy, inmates' rights to be free from sexual abuse and retaliation and the agency's response to such incidents. The Inmate Comprehensive Education Acknowledgement form only provides minimal information about the prescribed topics; the AUDITOR still needs to review a script or other material used to provide the comprehensive education. Deputy Pearson provided a script with comprehensive PREA information and it includes the topics prescribed by the standard provision. A PREA Resource Center video will be played in the centralized intake area and in housing units that have such capability. Inmates in holding cells must be able to see and hear the video where it is played in a centralized intake area. The Information Technology department is currently working on getting the video to be compatible with the agency's system and the new process started January 7, 2019. During the re-inspection, some inmates reported not receiving the comprehensive education and Deputy Pearson later provided their signed acknowledgement

of receiving the education. The AUDITOR viewed the televisions in Booking where the video is played with subtitles in English and in Spanish; however, the video can only be viewed and heard by someone sitting in the waiting area; it is not visible or audible from any holding cell. The facility is providing the comprehensive education in person as opposed to using a video and in all ten cases sampled, the education was provided within 30 days of arrival.

115.33(c) – The agency should specify whether policy and procedures differ enough from one facility to the next to the extent that inmates will require PREA education when transferred from one facility to another. The comprehensive education acknowledgement form informs inmates that the PREA policy is the same at all agency adult detention facilities.

115.33(d) – The agency reported that comprehensive education will be provided in person using the script, that no handout will be provided to inmates, and that an interpreter will be used for inmates with LEP. The PREA Education video should be played with subtitles and in English and in Spanish. Deputy Pearson stated that he would take more time, use simple English and check frequently for comprehension when providing the comprehensive education to inmates with intellectual disabilities. He also stated that he would use a sign language interpreter if an inmate relies on that form of communication. During the re-inspection, two inmates with LEP reported not receiving the comprehensive education; Deputy Pearson later provided their signed acknowledgement forms and the deputy who interpreted while he provided the education is identified on the form.

CORRECTIVE ACTION APPROVED

115.34	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Investigator certificates of completion</li> <li>- 40-hour course schedule</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Investigative staff (Administrative, Criminal and Deputy Pearson)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.34(a)</p> <p>The standard provision states that in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The PAQ reflects that agency policy requires the specified training for sexual abuse investigators. The PREA Policy does not include this training requirement. Investigative staff reported that they received the prescribed specialized training as it applies to the scope of investigations they are responsible for, e.g.: administrative investigator did not receive training on the use of the Miranda warning or the criminal investigator did not receive training on the use of the Garrity warning.</p> <p>The investigator interviews support a determination of compliance with the standard provision.</p> <p>115.34(b)</p> <p>The standard provision states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The PREA Policy does not include this training requirement. Investigators described how investigations are initiated, specific tasks performed in the course of conducting an investigation, examples of what constitutes direct evidence versus circumstantial evidence and techniques used for interviewing victims, suspects and witnesses. The criminal (CAP) investigator provided the schedule for the 40-hour course she attended as proof that the prescribed topics were included, and Deputy Pearson provided three certificates, PREA Investigator for Allegations of Inmate Sexual Abuse, Preventing Sexual Misconduct Against Offenders and Technique of Investigative Interviewing and Positive Persuasion.</p>

The interview with investigators, the training certificates and the course outline support a determination of compliance with the standard provision.

115.34(c)

The standard provision requires the agency to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The PAQ reflects that the agency maintains documentation reflecting that investigators completed the mandated training and that all four sexual abuse investigators at the facility completed the training. Investigators provided certificates of completion for the specialized training received. Certificates include PREA Investigator Training for Inmate Allegations of Sexual Abuse issued by the Public Agency Training Counsel and Sexual Assault Investigations issued by the Institute of Criminal Investigations.

The certificates of completion support a determination of compliance with the standard provision.

115.34(d)

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.34(a) – No corrective action required.

115.34(b) – No corrective action required.

115.34(c) – No corrective action required.

115.34(d) – No corrective action required.

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Medical and Mental Health training records</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Medical and Mental Health staff</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.35(a)</p> <p>The standard provision requires the agency to ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> <li>(1) How to detect and assess signs of sexual abuse and sexual harassment;</li> <li>(2) How to preserve physical evidence of sexual abuse;</li> <li>(3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and</li> <li>(4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</li> </ol> <p>The PAQ reflects that agency policy includes provisions on training for medical and mental health practitioners and that 100 or 100% of practitioners who work regularly at the facility received the mandated training. The PREA Policy does not include this training requirement. The AUDITOR randomly selected a sample of 15 CFMG employee training records and 13 were current on training. Training records reflect that a substantial majority of CFMG employees at the agency received training in October 2017. Medical and mental health practitioners reported that they received training via a webinar, by participating in training with security staff, and that they receive annual refresher training on PREA. During the interview, CFMG staff confirmed that their training includes the four topics prescribed by the standard provision.</p> <p>The CFMG training records and the interview with CFMG medical and mental health practitioners support a determination of compliance with the standard provision.</p> <p>115.35(b)</p> <p>The standard provision states that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The PAQ reflects that medical staff at the facility do not conduct forensic medical examinations and the CFMG interviews confirmed this fact; CFMG staff provided</p>

contact information for the forensic medical examiner at Memorial Medical Center.

The standard provision does not apply.

115.35(c)

The standard provision requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The PAQ reflects that the agency maintains the documentation showing that practitioners received the mandated training. The training records maintained by Deputy Pearson confirm that the agency maintains documentation of medical and mental health practitioner training.

The CFMG training records reviewed support a determination of compliance with the standard provision.

115.35(d)

The standard provision states that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. Deputy Pearson reported that CFMG staff received training with the PowerPoint presentation and medical and mental health staff stated that they participated in training with security staff.

The interview with CFMG staff and the statement from Deputy Pearson support a determination of compliance with the standard provision. The AUDITOR notes that the annual training period for CFMG staff coincides with that of security staff.

RECOMMENDED CORRECTIVE ACTIONS

115.35(a) – No corrective action required.

115.35(b) – No corrective action required.

115.35(c) – No corrective action required.

115.35(d) – No corrective action required.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Initial PREA Assessment form</li> <li>- Transfer - PREA Assessment form</li> <li>- Inmate risk assessments</li> <li>- Inmate rule book</li> <li>- Incident reports</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- PREA Coordinator</li> <li>- PREA Compliance Manager</li> <li>- Staff responsible for risk screening</li> <li>- Random sample of inmates</li> <li>- Inmates who reported sexual abuse (3)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Actual risk-screenings in booking (2)</li> <li>- Conversation with classification officer</li> <li>- Visit to classification office</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.41(a)</p> <p>The standard provision states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The PAQ reflects that the agency has a policy that requires the prescribed screening upon admission to the facility or transfer to another facility. The PREA Policy requires inmate risk assessment, during intake or initial classification, for risk of being sexually abused or being abusive towards other inmates and re-screening upon transfer to another facility. A classification officer provided a blank Transfer - PREA Assessment form [see upload 115.41(a)] used to ask inmates about sexual safety at the facility before being transferred to another facility but did not provide any completed forms to demonstrate that the practice is in place. A classification officer who conducts risk-screenings reported that inmates are screened upon admission for risk of victimization or abusiveness towards other inmates and that they are screened for these risks before transferring to another facility. Of the 26 inmates interviewed, four arrived at the facility more than 12 months ago; therefore, they were not included in the compliance determination for this standard provision. Of the 22 inmates that arrived in the past 12 months, 13 (or 59%) reported being asked the risk-screening questions. Four inmates reported that they were only asked about their sexual orientation, (whether they like men or women); these were not counted as</p>

properly screened. The AUDITOR observed two risk-screenings and the classification officer asked all risk-screening questions on the form.

The PREA Policy, the blank transfer assessment form, the interview with the classification officer, and the two risk-screenings observed support a determination of compliance with the standard provision; however, inmate interviews do not. If classification officers are asking inmates only about their sexual orientation or whether they like men or women, that does not constitute risk-screening under the PREA standards or the agency's PREA Policy. The AUDITOR notes that four inmates from different housing units, selected randomly and who likely do not know each other, provided the same account of the question asked during intake processing.

#### 115.41(b)

The standard provision states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reflects that the policy requires the risk screening within 72 hours of intake and that 4630 inmates admitted in the past 12 months remained at the facility for 72 hours or more; Deputy Pearson reported that 4630 or 100% of those inmates were screened for risk of victimization or abusiveness within 72 hours of intake. The classification officer reported that all inmates are screened for risk of victimization and abusiveness within 72 hours of intake. The sample of 22 inmates that arrived in the past 12 months reflect that 13 (or 59%) reported being asked the risk-screening questions in booking, or during intake processing.

The interview with the classification officer and the two risk-screenings observed in booking support a determination of compliance with the standard provision; however, nine (or 41%) of the 22 inmates sampled reported that they were not asked the risk-screening questions. Since the evidence reflect that inmates were not assessed under subsection (a) above, that means they were not assessed within 72 hours either.

#### 115.41(c)

The standard provision states that such assessments shall be conducted using an objective screening instrument. The PAQ reflects that an objective instrument is used for risk assessments. The agency's initial PREA Assessment form does not seem to include any subjective questions and it is designed for asking the same questions of all inmates.

The initial PREA Assessment form supports a determination of compliance with the standard provision.

#### 115.41(d)

The standard provision states that the intake screening shall 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;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex,

or gender nonconforming;

(8) Whether the inmate has previously experienced sexual victimization;

(9) The inmate's own perception of vulnerability; and

(10) Whether the inmate is detained solely for civil immigration purposes.

The form asks 12 questions to assess an inmate's risk of victimization; however, questions (5) and (6) above are not asked. The form asks the following questions not prescribed by the standard provision:

- History of correctional facility consensual sex (adult/juvenile)?
- History or protective custody (adult/juvenile)?

After observing the two risk-screenings, the AUDITOR asked the classification officer about the two missing criteria and whether they are considered in assessing an inmate's risk of victimization or abusiveness and the officer confirmed that the missing criteria is obtained from a review of the inmate's criminal history.

The PREA assessment form, the two risk-screenings and the conversation with the classification officer support a determination of compliance with the standard provision. The AUDITOR recommends having all ten prescribed criteria on the same form to ensure all ten are considered every time and none is overlooked.

#### 115.41(e)

The standard provision states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The form asks five questions to assess an inmate for predatory factors and all three questions prescribed by the standard provision are included. The following questions not prescribed by the standard provision are included:

- Current gang affiliation or security threat group?
- History of correctional facility consensual sex?

One of the two inmates screened in the AUDITOR's presence disclosed criminal history meeting one of the three criteria in question; after the screening, the AUDITOR asked the classification officer how the disclosed criminal history will be considered, and the officer stated that the inmate is likely to be assigned to protective custody.

The PREA assessment form, the two risk-screenings and the conversation with the classification officer support a determination of compliance with the standard provision.

#### 115.41(f)

The standard provision states that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ reflects that the policy requires the reassessments prescribed by the standard provision and that 1027 inmates admitted to the facility in the past 12 months remained for 30 days or more; Deputy Pearson reported that all 1027 inmates were reassessed within 30 days of intake. The PREA Policy calls for the reassessment prescribed by the standard provision. Of the 22 inmates sampled, zero reported being asked the risk-screening questions again after their arrival and the classification officer reported that inmates are not reassessed as prescribed by this provision.

The PREA policy and the statement from the PREA Coordinator tend to support a determination of compliance with the standard provision; however, the interviews with the classification officer and the inmates do not.

115.41(g)

The standard provision states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PAQ reflects that the policy requires the reassessments prescribed by the standard provision. The classification officer reported that the reassessments in question are conducted and are normally the result of reports from other deputies, medical or mental health practitioners or inmate kites. Interviews with the three inmates who reported sexual abuse reflect that two were rehoused following their report and two reported potential retaliation to the AUDITOR. Incident reports reflect that inmates involved are often reclassified and rehoused. After the onsite audit, the AUDITOR requested reassessments completed for inmates who reported sexual abuse and for their alleged abusers, and the facility did not respond.

The PREA Policy and the interview with the classification officer tend to support a determination of compliance with the standard provision. However, the interviews with the two inmates who reported retaliation and the facility's non-responsiveness to the request for reassessments do not. The retaliation alleged by two inmates who reported sexual abuse should have been detected if proper reassessment had been completed. While reclassification may be completed based upon review of an incident report and review of the Integrated Criminal Justice Information System or ICJIS, a proper reassessment cannot be completed without the inmate's response to applicable risk-screening questions.

115.41(h)

The standard provision states that inmates may not be 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. The PAQ reflects that the policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information regarding the questions specified by the standard provision. Neither the PREA Policy nor the inmate rule book include a reference to inmate discipline for the reasons in question. The classification officer stated that inmates are not disciplined for the reasons specified by the standard provision.

The PREA Policy, the inmate rule book and the interview with the classification officer support a determination of compliance with the standard provision.

115.41(i)

The standard provision requires the agency to implement 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. The PREA Policy does not include a reference to this standard provision. The PREA Coordinator, the PCM, and the classification officer reported that the agency outlined who can have access to inmate risk-assessments and explained that only classification officers and sergeants are allowed access and that the information is available on a need to know basis. During the site review, the AUDITOR inquired about access to inmate risk-

assessments and classification officers provided the same response.

The interviews with the PREA Coordinator, the PCM, the classification officer, and the visit to the classification office support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.41(a) – The facility shall ensure all inmates are assessed during intake and upon transfer to another facility for their risk of being sexually abused by other inmates or being sexually abusive towards other inmates. Classification officers shall ensure the assessment collects information necessary to ensure the ten risk factors in Subsection (d) and the three risk factors in Subsection (e) are considered in making assessment of an inmate's risk of victimization and risk of abusiveness towards other inmates.

115.41(b) – The facility shall ensure the risk-assessment specified in Subsection (a) above is completed within 72 hours of intake for all inmates who remain at the facility for 72 hours or more.

115.41(c) – No corrective action required.

115.41(d) – No corrective action required.

115.41(e) – No corrective action required.

115.41(f) – The facility shall reassess all inmates for risk of victimization and abusiveness within a time period not to exceed 30 days from intake. These reassessments should include an interview with the inmate being reassessed.

115.41(g) – The facility shall ensure an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. These reassessments shall be completed for inmates who report sexual abuse as well as for abusers substantiated or unsubstantiated by investigative findings.

115.41(h) – No corrective action required.

115.41(i) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.41(a) – The agency reports that it has been assessing inmates during the intake process and upon transfer to another facility and provided 17 completed PREA reassessment forms; these reassessment forms do not constitute evidence of compliance with the standard provision, which calls for assessing inmates during intake screening. This audit finding is based upon interviews in which inmates reported that they were either not asked the risk-assessment questions during intake or were only asked about their "sexual preference." During re-inspection of the facility on April 1, 2019, the AUDITOR interviewed ten inmates received within the past two to three months; a few inmates did not recall being asked the risk-

assessment questions and Deputy Pearson later provided completed risk-assessment forms with their signatures.

115.41(b) – The agency provided its written procedure, which calls for risk-assessments within 72 hours and during intake or initial classification. A compliance determination cannot be based solely upon review of written procedure; the PREA audit process also require review of intake files to determine compliance. The standard provision requires risk-assessment within 72 hours of arrival at the facility. The agency must provide the date and time of arrival at the facility and the date and time of the initial assessment to allow calculation of the number of hours from arrival to initial assessment. The agency revised its Initial PREA Assessment form to include date and time of arrival, and date and time of the assessment. The agency provided 12 assessment forms for inmates who arrived on January 22, 2019, and in each case, the initial assessment was completed within 72 hours of arrival. During the re-inspection, all inmates who recalled the risk-assessment questions reported that the questions were asked during intake.

115.41(f) – The agency provided 17 completed PREA reassessment forms and reported that deputies from the BAS started conducting 30-day reassessments on January 7, 2019; however, the reassessment form does not include the intake date; thus, there is not enough information to establish that the reassessments were completed within 30 days of intake. The form should include the arrival date for the inmate being reassessed. The PREA reassessment form has been revised to show not only the date of the re-assessment, but also the date of the initial assessment. The standard provision requires reassessment within 30 days of arrival at the facility. Because of the 72-hour window for completing the initial assessment, a compliance determination cannot be based upon the date of initial assessment; it must be based upon the date of arrival at the facility. The PREA Re-Assessment form should be revised to reflect the date of arrival at the facility instead of the date of initial assessment. The agency revised its PREA Re-Assessment form to include the date and time of arrival, date and time of initial assessment and date and time of reassessment. The agency provided ten 30-day reassessments completed on January 23, 2019, eight of the ten were completed within 30 days of arrival and two were completed after 30 days. During the re-inspection, most inmates recalled being asked reassessment questions within 30 days of arrival. Deputy Pearson provided completed reassessment forms with the signatures of those who did not recall their reassessment interview.

115.41(g) – The forms provided do not specify whether the reassessment is a 30-day reassessment or completed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The reassessment form should specify the reason for the reassessment; this is needed to show compliance with 115.41(f) and (g). The PREA Re-Assessment form has been revised to reflect one of the following reasons for reassessment: 30 Day Review, Referral/Request, or Incident of Sexual Abuse. During the re-inspection, classification officers reported that no reassessments under this standard provision were completed because there were no events that required such reassessment.

CORRECTIVE ACTION APPROVED

115.42	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Classification Update memorandum</li> <li>- PCM's documentation of decisions made regarding a transgender inmate [115.42(c)]</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- PREA Compliance Manager</li> <li>- PREA Coordinator</li> <li>- Staff responsible for risk screening</li> <li>- Inmate identified as transgender</li> <li>- Inmate identified as gay</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Housing unit tours</li> <li>- Inmate showers</li> <li>- Actual risk-screenings in booking (2)</li> <li>- Conversation with classification officer</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.42(a)</p> <p>The standard provision requires the agency to 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. The PAQ reflects that the agency/facility uses information from the risk screening required by § 115.41 as prescribed by the standard provision. The PREA Policy does not include this requirement. An October 9, 2017, Classification Update memorandum [see upload 115.42(a)] tells staff that criminal history, criminal sophistication and behavior will dictate inmate housing. The PCM stated that classification officers use risk-screening information from intake processing and from medical to inform inmate housing. The classification officer stated that information may not always be relevant but is weighed (when relevant) in making housing determinations. After observing two risk-screenings in booking, the classification officer explained how the relevant criminal history disclosed by one inmate could inform housing and program assignments.</p> <p>The classification update memorandum, the interviews with the PCM and the classification officer, and the explanation relative to housing for the inmate who disclosed relevant criminal history during risk-screening support a determination of compliance with the standard provision.</p>

115.42(b)

The standard provision requires the agency to make individualized determinations about how to ensure the safety of each inmate. The PAQ reflects that the agency/facility makes the determinations prescribed by the standard provision. The PREA Policy does not include this requirement. The classification officer explained how risk-screening informs housing and program assignments for each inmate and discussed how relevant arrest history provided by one inmate would be used in making individualized determinations to ensure the safety of that inmate.

The interview with the classification officer and her explanation of how an inmate's disclosure of relevant information will inform the individualized determination about his housing to ensure his safety and that of other inmates, support a determination of compliance with the standard provision.

115.42(c)

The standard provision states that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The PAQ reflects that the agency/facility makes housing and program assignments for transgender or intersex inmates on a case-by-case basis. The PREA Policy does not include this requirement. The PCM reported that the decisions in question are made on a case-by-case basis; that identification as transgender does not automatically result in placement in segregated housing; that the classification process considers, on a case-by-case basis, whether placement ensures the inmate's health and safety and whether it presents a management or security problem for the facility. The PCM stated that he checks-in with a transgender inmate (Inmate 1) on a regular basis and provided documentation of decisions made regarding that inmate's program per the AUDITOR's request [see upload 115.42(c)]. Inmate 1 declined an interview with the AUDITOR; however, another transgender inmate (Inmate 2) reported that she was not asked questions about her safety as it relates to housing and program assignments.

The PCM interview and the PCM's documentation support a determination of compliance with the standard provision. Although Inmate 2 reported that no questions about her safety were asked, the AUDITOR finds the PCM's documentation more compelling. The AUDITOR notes that the facility listed Inmate 2 as gay but not as transgender on the "targeted inmates listing," and that Inmate 2 self-identified as a woman during the interview; therefore, facility staff may not be aware of this self-identification.

115.42(d)

The standard provision states that 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. The PCM spoke about weekly informal classification reviews and stated that any concerns identified are reported to him. He referenced his regular check-ins with Inmate 1, which are not formally documented and stated he was not aware of any other regular reviews of transgender inmates. The classification officer stated that placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year and cited a transgender inmate who speaks with

classification officers regularly and was moved to a different housing unit after reporting a PREA allegation.

The interviews with the PCM and the classification officer support a determination of compliance with the standard provision. These interviews reflect that the PCM and classification officers speak with transgender inmates on a regular basis and make housing and program changes as needed to address safety concerns. These regular check-ins with transgender inmates are commendable and should be documented to establish a record of staff's actions to protect these inmates from sexual abuse and sexual harassment. Documentation not only shows compliance during an audit; it also minimizes legal exposure in the event of litigation.

#### 115.42(e)

The standard provision states that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. The PCM and the classification officer reported that a transgender inmate's own views are given the consideration prescribed by the standard provision. Inmate 1 declined an interview and Inmate 2 is not tracked as transgender by the facility.

The interviews with the PCM and the classification officer and their willingness to make program and housing changes for transgender inmates support a determination of compliance with the standard provision.

#### 115.42(f)

The standard provision states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PCM and the classification officer reported that all showers are single-person use and Inmate 2 and an inmate identified as gay confirmed that they shower separately from other inmates. During the site review, the AUDITOR verified that all showers are single-person use.

The interviews with the PCM, the classification officer and the two inmates, as well as the AUDITOR's observations during the site review support a determination of compliance with the standard provision.

#### 115.42(g)

The standard provision states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates. The PREA Coordinator stated that agency policy prohibits segregating inmates on the basis of gender identity, sexual orientation and other protected categories and the PCM stated that the facility is not subject to any of the legal settlements specified by the standard provision and that the inmates in question are not housed solely on the basis of their gender identity or sexual orientation. Interviews with Inmate 2 and the inmate identified as gay reflect that they have not been placed in a housing unit solely on the basis of gender identity or sexual orientation. During the site review, the AUDITOR did not see any evidence of the types of housing specified by the standard provision.

The interviews with the PREA Coordinator, the PCM and the two inmates, as well as the AUDITOR's observations during the site review support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.42(a) – No corrective action required.

115.42(b) – No corrective action required.

115.42(c) – No corrective action required.

115.42(d) – No corrective action required.

115.42(e) – No corrective action required.

115.42(f) – No corrective action required.

115.42(g) – No corrective action required.

115.43	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> <li>- Deputy who supervises inmates in segregated housing</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.43(a)</p> <p>The standard provision states that 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. The PAQ reflects that the agency does not have a policy regarding the placement of inmates at high risk of sexual victimization in segregated housing. The facility commander reported that classification officers may temporarily place an inmate in segregated housing involuntarily but will find alternative housing in short order. With regard to not being able to conduct an assessment immediately, the commander stated that there are always classification officers on duty to conduct housing assessments when needed and that the inmates would be separated and restricted to their cells in the housing unit until the assessment of available housing is completed. The facility did not identify any inmates placed in segregated housing involuntarily due to risk of sexual victimization.</p> <p>The explanation by the commander supports a determination of compliance with the standard provision. The AUDITOR recommends a written policy or procedure on involuntary placement in segregated housing to ensure consistency in application in the event such placement is needed.</p> <p>115.43(b)</p> <p>The standard provision states that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p> <ol style="list-style-type: none"> <li>(1) The opportunities that have been limited;</li> <li>(2) The duration of the limitation; and</li> <li>(3) The reasons for such limitations.</li> </ol>

The deputy who supervises inmates in segregated housing reported that an inmate so housed due to high risk of sexual victimization would not be restricted from access to the opportunities in question.

The interview with the deputy who supervises inmates in segregated housing supports a determination of compliance with the standard provision.

#### 115.43(c)

The standard provision requires the facility to 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. The PAQ reflects no response on number of inmates assigned longer than 30 days. The facility commander stated that such placement would only be for a short period of less than 12 hours until classification officers complete bed moves to free-up alternative housing. The deputy who supervises inmates in segregated housing stated that classification officers would re-interview and reclassify an inmate placed in segregated housing involuntarily to identify viable housing alternatives.

The interviews with the facility commander and the deputy who supervises inmates in segregated housing support a determination of compliance with the standard provision.

#### 115.43(d)

The standard provision states that if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

- (1) The basis for the facility's concern for the inmate's safety; and
- (2) The reason why no alternative means of separation can be arranged.

The PAQ reflects no response and the facility did not identify any inmates placed in segregated housing for the reason in question. Neither of the three inmates who alleged sexual abuse reported being placed in segregated housing involuntarily.

The ability to manage all allegations received without having to place an inmate in segregated housing involuntarily for protection from likely abusers is commendable and supports a determination of compliance with the standard provision.

#### 115.43(e)

The standard provision states that 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. The PAQ reflects the facility does not afford the inmate a review every 30 days for the reasons specified by the standard provision. The deputy who supervises inmates in segregated housing stated that classification officers conduct reviews every 30 days for the reason specified by the standard provision.

The interview with the deputy who supervises inmates in segregated housing supports a determination of compliance with the standard provision.

### RECOMMENDED CORRECTIVE ACTIONS

115.43(a) – No corrective action required.

115.43(b) – No corrective action required.

115.43(c) – No corrective action required.

115.43(d) – No corrective action required.

115.43(e) – No corrective action required.

115.51	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- PREA Information pamphlet</li> <li>- PREA Information poster</li> <li>- Transparent PREA poster</li> <li>- Inmate rule book</li> <li>- Haven Women’s Center Memorandum of Understanding (MOU)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Deputies and sergeants</li> <li>- Representative from Haven Women's Center</li> <li>- Random sample of inmates</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Statements from inmates</li> <li>- Housing unit posters</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.51(a)</p> <p>The standard provision requires the agency to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The PAQ reflects that the agency established procedures that allow multiple ways for inmates to report sexual abuse as specified by the standard provision. The PREA Policy reflects that posters contain sexual abuse reporting phone numbers and are posted throughout the facility in inmate access areas. The PREA information poster, the transparent poster and the pamphlet provide multiple reporting methods, including sending a request form, telling a deputy and reporting confidentially by calling the posted hotline number. Deputies reported several methods for inmates to report sexual abuse including telling a deputy, a sergeant, medical staff, sending a kite or request form, or calling the hotline number on the information poster. Inmates reported several methods as well, including telling a deputy or medical staff, sending a kite, send a kite to classification, report by phone, or telling a friend; female inmates were partial towards telling a female deputy.</p> <p>The PREA Policy, the PREA information poster, the transparent poster, the pamphlet, and interviews with deputies and inmates support a determination of compliance with the standard provision.</p>

115.51(b)

The standard provision requires the agency to also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The PAQ reflects that the agency provides at least one way for inmates to report sexual abuse as specified by the standard provision and has a policy that requires inmates detained solely on immigration holds to be provided information on how to contact the consulate of their choice or the Department of Homeland Security (DHS). The PAQ points to the MOU in which Haven Women's Center agrees to respond to calls from inmates in the Sheriff's custody. However, in the MOU Haven does not agree to immediately forwarding inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The representative from Haven stated that communications with inmates are confidential and that the organization does not report back to agency officials. The PREA information poster provides phone numbers for Haven and for the California Attorney General's (AG) Public Inquiry Unit but does not identify either as an outside entity that would receive reports of sexual abuse from inmates and forward those reports back to agency officials allowing the inmate to remain anonymous upon request. Neither the pamphlet nor the inmate rule book provides the information in question. The PREA Coordinator reported that the agency is not allowed to detain inmates solely for immigration purposes. The PCM reported that inmates have access to phone calls and written correspondence with outside entities and are able to contact Haven Women's Center to report sexual abuse; he stated that he receives emails and phone calls from family members and attorneys asking him to look-into specific allegations, but he is not sure about procedures that allow an outside entity to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Six of 26 inmates interviewed, or 23%, know about Haven as an outside entity to which they can report sexual abuse and five, or 19%, know they can remain anonymous.

The MOU, the information posters, the pamphlet, the inmate rule book and the interview with the Haven representative do not support a determination of compliance with the standard provision. Not the information poster, nor the pamphlet nor the inmate rule book tell inmates about an outside entity that will receive reports of sexual abuse and report it back to agency officials allowing the inmate to remain anonymous. Usually organizations like Haven are not a good choice for this function because they are concerned with their mandate to keep their communications with clients confidential where mandatory reporting requirements do not apply. The AG could be a good choice; however, inmates must be informed that the AG is not part of the Sheriff's department and that the AG would receive reports of sexual abuse from inmates and forward those reports back to the Sheriff's department allowing callers to remain anonymous upon request.

115.51(c)

The standard provision requires staff to accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. The PAQ reflects that the agency has a policy mandating staff to accept reports of sexual abuse as prescribed by the standard provision and immediately document verbal reports in ICJIS. The PREA Policy

requires staff to immediately report all allegations of sexual abuse to the appropriate supervisor and document it. During interviews, deputies and sergeants confirmed that staff is required to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. Inmate interviews reflect that inmates are generally not aware of any methods of reporting sexual abuse or harassment.

The PREA Policy and the deputy interviews support a determination of compliance with the standard provision. Clearly, the agency/facility could do more to educate inmates on the various reporting methods; a well-informed inmate will be able to choose the reporting method that best suits his or her situation.

#### 115.51(d)

The standard provision requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ reflects that the agency established procedures for staff to privately report sexual abuse and that staff are informed of the procedure during training. The PREA Policy allows staff to bypass the chain of command and report sexual abuse to any supervisor or manager. Six of 12 deputies and sergeants interviewed, or 50%, stated they would use a PREA button in ICJIS that reports directly to the sergeant or to Deputy Pearson; the other six deputies would report to the sergeant or to the next person in the chain of command.

The PREA Policy and staff interviews support a determination of compliance with the standard provision.

### RECOMMENDED CORRECTIVE ACTIONS

115.51(a) – No corrective action required.

115.51(b) – The agency shall identify an outside entity, that is not part of the agency, that will receive reports of sexual abuse and sexual harassment from inmates and forward those reports to agency officials allowing the inmate to remain anonymous upon request. The agency shall ensure inmates are informed that the identified entity is not part of the agency and it will receive reports of sexual abuse or sexual harassment and forward those reports back to agency officials allowing the inmate to remain anonymous upon request.

115.51(c) – No corrective action required.

115.51(d) – No corrective action required.

### CORRECTIVE ACTION TAKEN

115.51(b) – The facility provided a revised PREA information poster that identifies Haven and the AG's Public Inquiry Unit as entities to whom inmate can report sexual abuse; informs inmates that communications with a victim advocate is confidential and that they won't report what inmates tell them unless the inmate explicitly asks them to. The poster also tells inmates that reports to the AG will be forwarded to Sheriff's investigators, that they can report anonymously and that all reports will be investigated. The poster does not tell inmates that the AG's Public Inquiry Unit is not part of the Sheriff's Department. To avoid confusion, the

AUDITOR recommends telling inmates about the reporting methodology under 115.51(b) in one paragraph and the emotional support services under 115.53 in a separate paragraph. The auditor recommends the following language: "If you wish to report sexual abuse or sexual harassment to an entity that is not part of the Sheriff's Department, you can contact either of the two entities identified below and remain anonymous if you wish. Reports to the Attorney General's Public Inquiry Unit will be forwarded to Sheriff's investigators; Haven Women's Center will report allegations to Sheriff's investigators only if the inmate explicitly asks them to." SPANISH "Si quieres reportar un caso de abuso sexual o acoso sexual a una entidad que no sea parte del departamento del alguacil, puedes llamar o escribirle a cualquiera de las dos entidades indicadas por debajo sin dar tu nombre. Denuncias al California Attorney General's Public Inquiry Unit (Oficina del fiscal general) serán reenviadas a los investigadores del departamento del alguacil; Haven Women's Center reenviara denuncias a los investigadores del alguacil solamente si lo exige el recluso." The agency revised the PREA information poster with the recommended language and created a Spanish version of the poster with the recommended language. Deputy Pearson reported that he hung the new poster at each of the facilities on November 27, 2018. During the April 1, 2019 re-inspection, the AUDITOR identified the new information posters in all housing units and other inmate access areas.

CORRECTIVE ACTION APPROVED

115.52	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- PREA Policy 902</li> <li>- Inmate grievance form</li> <li>- Inmate Rule Book</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- None</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.52(a)</p> <p>The standard provision states that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The PAQ reflects that the agency has administrative procedures to address inmate grievances regarding sexual abuse. The PREA Policy reflects that inmates may report sexual abuse by submitting a PREA grievance on an inmate request form as either standard or emergency filing.</p> <p>The facility is not exempt from the standard.</p> <p>115.52(b)</p> <p>The standard provision states that:</p> <ol style="list-style-type: none"> <li>(1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.</li> <li>(2) The agency may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.</li> <li>(3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</li> <li>(4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the grounds that the applicable statute of limitations has expired.</li> </ol> <p>The PAQ reflects that agency policy allows inmates to file a grievance regarding an allegation of sexual abuse at any time and that they are not required to use an informal grievance process or otherwise attempt to resolve with staff. PREA Policy 3.09.01 and the inmate handbook reflect that inmates may submit a formal PREA grievance at any time to the operations sergeant and there is no requirement to resolve informally with staff.</p>

The PREA Policy and the inmate rule book support a determination of compliance with the standard provision.

115.52(c)

The standard provision requires the agency to ensure that:

- (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
- (2) Such grievance is not referred to a staff member who is the subject of the complaint.

The PAQ reflects that agency policy allows inmates to file a grievance without having to submit it to the staff member who is the subject of the complaint and ensures the grievance is not submitted to that staff member for response. PREA Policy 3.09.01 includes this provision. The inmate rule book requires the grievance to be submitted to the operations sergeant and informs inmates of the specified provisions.

The PREA Policy and the rule book support a determination of compliance with the standard provision.

115.52(d)

The standard provision states that:

- (1) The agency issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance.
- (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.
- (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made.
- (4) 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, the inmate may consider the absence of a response to be a denial at that level.

The PAQ reflects that agency policy and procedure requires a decision on the merits of a grievance alleging sexual abuse within the time frame prescribed by the standard provision; that in the past 12 months, there have been no grievances filed alleging sexual abuse; and that the agency always notifies an inmate in writing when it files for an extension and includes the date by which a decision will be made.

PREA Policy 3.09.01 and the inmate rule book include this provision but does not include Item (4) above. The grievance form does not specify the response time period and the facility did not identify any inmates who filed grievances related to allegations of sexual abuse.

The PREA Policy and the inmate handbook support a determination of compliance with the standard provision. The handbook should be revised to inform inmates about Item 4 above. The agency should consider revising the grievance form to include applicable timelines related to submitting a grievance and receiving a response at each level of review.

115.52(e)

The standard provision states that:

- (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such

requests on behalf of inmates.

(2) 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.

(3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

The PAQ reflects that agency policy allows third parties specified in the standard provision to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and file such requests on behalf of inmates, and that no grievances alleging sexual abuse have been filed in the past 12 months. PREA Policy 3.09.01 includes a general summary of this provision but does not include Items (2) and (3) above and the inmate handbook does not include this provision; Item (2) is permissive under the standard provision.

The PREA Policy tends to support a determination of compliance with the standard provision. The inmate handbook should be revised to inform inmates about this provision. If inmates are not informed by the handbook or other method, they would not know this valuable resource is available to them.

#### 115.52(f)

The standard provision states that:

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. The PAQ reflects that the agency has a procedure for filing an emergency grievance alleging substantial risk of imminent sexual abuse, that the procedure includes the timelines specified by the standard provision and that no such grievance has been received in the past 12 months. PREA Policy 3.09.01 includes this provision and calls for the shift supervisor or classification officer to review the grievance and determine if there are safety concerns that require immediate housing change. The policy includes all timelines specified in the standard provision. The inmate handbook informs inmates about the option to file an emergency grievance alleging a substantial risk of imminent sexual abuse but does not inform them of the required response timelines.

The PREA Policy supports a determination of compliance with the standard provision; however, the inmate handbook should be revised to inform inmates about the required response time-frame at each level of review.

#### 115.52(g)

The standard provision states that the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ reflects that the agency has a written policy that limits its

ability to discipline and inmate for filing a grievance alleging sexual abuse to cases in which the grievance is filed in bad faith. PREA Policy 3.09.01 includes this provision but specifies frivolous grievance or where no emergency exists. The handbook tells inmates that the grievance will be processed under the normal time-frame if it is determined that there is not an emergency.

The PREA Policy and the inmate handbook support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.52(a) – No corrective action required.

115.52(b) – No corrective action required.

115.52(c) – No corrective action required.

115.52(d) – No corrective action required.

115.52(e) – No corrective action required.

115.52(f) – No corrective action required.

115.52(g) – No corrective action required.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- PREA Information Poster</li> <li>- PREA Information Pamphlet</li> <li>- Inmate handbook</li> <li>- MOU with Haven Women’s Center</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Random sample of inmates</li> <li>- Inmates who reported sexual abuse</li> <li>- Representative from Haven Women’s Center</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.53(a)</p> <p>The standard provision requires the facility to 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The PAQ reflects that the facility provides the information and access specified by the standard provision. The PREA Policy specifies that inmates have a right to a victim advocate and support services related to medical examinations and investigatory interviews; however, the victim support services prescribed by standard provision refers to services for sexual assault survivors seeking support services for past sexual victimization, not to inmates being treated for a recent sexual assault. The PREA poster and the information pamphlet provide a hotline number for Haven Women’s Center and tells inmates that communications with a victim advocate is confidential; however, neither the poster nor the pamphlet clearly identify Haven as the entity that provides the victim advocacy services and do not provide a mailing address. The inmate handbook does not include information about this provision. Deputy Pearson reported that the agency does not hold immigration detainees solely for immigration purposes. Nine of 26 inmates interviewed, or 32%, know about the services in question; only two of those nine knew the services are available through Haven and one reported using the services while in the community. Only one of three inmates who reported sexual abuse knew about the services in question because he received services from Haven at the hospital. The MOU with Haven reflects that the</p>

services are provided and the representative from Haven confirmed that her organization provides the services to inmates in the Sheriff's custody.

The MOU with Haven and the interview with the representative support a determination of compliance with the standard provision; however, the written material reviewed, and the inmate interviews do not. Not the PREA Policy, nor the information poster, nor the information pamphlet, nor the inmate handbook provide clear information about the services available through Haven and do not provide a mailing address as required by the standard provision. The agency/facility should at least revise the information poster and the pamphlet to inform inmates that Haven provides the services prescribed by the standard provision and include a mailing address and the option for in-person visits with victim advocates if available.

#### 115.53(b)

The standard provision requires the facility to 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. The PAQ reflects that the facility informs inmates, prior to giving them access, of the extent to which communications with outside support services will be monitored and applicable mandatory reporting laws. The PREA poster and the pamphlet tell inmates that communications with a victim advocate is confidential, but it may not be clear if this applies to written communications and in-person visits, or the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The representative from Haven stated that communications with inmates are confidential but she does not know if phone calls are monitored by facility staff; the MOU reflects that communications with victim advocates are confidential. Four of the nine inmates who knew about the services also know their communications with providers are confidential, but do not know the extent to which a report of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws; the other five did not know and two of those five think the calls may be recorded.

The MOU with Haven and the interview with the representative support a determination of compliance with the standard provision; however, the information pamphlet, the information poster and the inmate interviews do not. The information poster and the pamphlet tell inmates that communications with victim advocates are confidential, but do not tell them the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Normally, reports of sexual abuse involving a minor or a vulnerable adult under state law, or danger to yourself or others require notification to authorities in accordance with mandatory reporting laws.

#### 115.53(c)

The standard provision requires the agency to 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. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The PAQ reflects that the agency/facility maintains an MOU for the services in question and points to the Haven Women's Center Agreement (MOU). The MOU is evidence that the agency maintains an agreement with Haven and reflects that Haven provides the confidential emotional support services prescribed by the standard provision; also, the representative from Haven confirmed the confidential emotional support services.

The MOU with Haven and the interview with their representative support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.53(a) – The agency/facility shall inform inmates that Haven Women’s Center (or any other applicable outside service provider) provides the services prescribed by the standard provision and how to communicate confidentially with service providers by telephone, by mail, or in person if such communication is available.

115.53(b) – The facility shall inform inmates, prior to giving them access to victim advocates, of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

115.53(c) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.53(a) – The facility provided a revised PREA information poster with address and phone numbers for Haven Women’s Center. The poster tells inmates that communications with a victim advocate are confidential but does not specify the services prescribed by the standard provision. The auditor recommends the following language:

“If you are interested in emotional support services related to sexual abuse you can contact a victim advocate at Haven Women’s Center using the contact information listed below. Phone calls are not monitored or recorded, and correspondence is confidential.” SPANISH “Si estas interesado en servicios de apoyo emocional relacionado al abuso sexual, puedes hacer contacto con un defensor de víctimas en Haven Women’s Center usando la información de contacto que vez abajo. Las llamadas telefónicas no serán monitoreadas ni gravadas y las correspondencias son confidenciales.”

115.53(b) – The auditor recommends the following language: “You should be aware of limitations to the confidentiality of communications with victim advocates; under California law, victim advocates may be required to report abuse involving a child, a vulnerable adult, or even domestic violence.” SPANISH “Hay limitaciones en la confidencialidad de las comunicaciones con los defensores; bajo las leyes de California, podrán estar obligados a denunciar abuso de menores, de adultos vulnerables, o de violencia doméstica.”

The agency revised the PREA information poster with the language recommended in (a) and in (b) above and created a Spanish version of the poster with the recommended language. Deputy Pearson reported that he hung the new poster at each of the facilities on November 27, 2018. During the April 1, 2019 re-inspection, the AUDITOR identified the new information posters in all housing units and other inmate access areas.

#### CORRECTIVE ACTION APPROVED

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- Agency's Website</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.54(a)</p> <p>The standard provision requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and to distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ reflects that the agency/facility provides a method to receive third-party reports as specified by the standard provision and points to reports from Haven Women's Center, the Inspector General and parents. Deputy Pearson pointed to a PREA third-party reporting form on the agency's website for members of the public to fill-out and mail to the facility; however, a review of the agency's website did not reveal the form in question or any other method for members of the public or a third-party to report sexual abuse or harassment of inmates in the Sheriff's custody to the Sheriff's department. Deputy Pearson later indicated that the system had not yet been completed.</p> <p>Neither the review of the agency's website nor the statement from Deputy Pearson support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.54(a) – The agency shall establish a method to receive reports of sexual abuse or sexual harassment of inmates in its custody from members of the public or from a third party and shall distribute publicly information on how those reports should be made.</p> <p>CORRECTIVE ACTION TAKEN</p> <p>Deputy Pearson reported that the agency's third-party notification form had been posted to the website for public use. The AUDITOR had some difficulty finding the form on the website and needed direction from Deputy Pearson to find it. The Adult Detention Division PREA Third-Party Report Form asks for the reporting party's name, victim information, suspect information, incident details and statement of reporting party. The form must be downloaded,</p>

printed, filled-out and mailed to the agency. The process could be made more user-friendly, such as making the form easier to find or placing a link to the form on the homepage. There should be instructions telling the user who to mail the form to, what to expect following their report and space for the reporting party's contact information for investigators to reach them if necessary. There are more efficient methods of facilitating this reporting process, such as a hotline, direct calls to a designated employee, emailing from the website, etc. that would get the information to agency officials much quicker and more reliably than using regular mail. A third-party wishing to report an inmate at substantial risk of imminent sexual abuse should be able to get that information to agency officials expeditiously. A revised version of the form still does not ask for the reporting person's contact information; even if the form is received with a return address, agency investigators would not have a phone number to reach the reporting party for a follow-up investigation. The form should include a field for the reporting party's phone number. The form has been revised to include a field for the reporting party's phone number, as well as mailing address and phone number for the PREA Coordinator.

CORRECTIVE ACTION APPROVED

115.61	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Policy 1008, Anti-Retaliation</li> <li>- Correctional Medical Group Companies (CMGC) PREA Acknowledgement of Mandatory Reporting and Consent form (2)</li> <li>- Incident/Investigative reports (9)</li> <li>- Incident report for PREA Incident 1096</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> <li>- PREA Coordinator</li> <li>- Deputies and sergeants</li> <li>- Medical and Mental Health staff</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.61(a)</p> <p>The standard provision states that the agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ reflects that the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment as specified by the standard, provision. The PREA Policy requires staff to report any allegation of sexual abuse and forbids retaliating against anyone for reporting or cooperating with an investigation. Policy 1008, Anti-Retaliation, also prohibits retaliation against employees. Deputy interviews reflect that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect or violation of responsibilities as specified by the standard provision.</p> <p>The PREA Policy, Policy 1008 and the deputy interviews support a determination of compliance with the standard provision.</p> <p>115.61(b)</p> <p>The standard provision states that apart from reporting to designated supervisors or officials,</p>

staff shall not reveal 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. The PAQ reflects that agency policy prohibits staff from revealing information related to a sexual abuse allegation except for the reasons specified by the standard provision. The PREA Policy includes the requirement of this standard provision. Interviews with the deputies reflect that they would not reveal any information related to an allegation of sexual abuse to anyone other than people who need to know.

The PREA Policy and the deputy interviews support a determination of compliance with the standard provision.

#### 115.61(c)

The standard provision states that 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. Medical and mental health practitioners reported that they inform inmates, at the initiation of services, of the limitations of confidentiality and their duty to report; that they are required to report immediately to their supervisor any knowledge, suspicion or information related to an incident of sexual abuse; and that such reports have been made by health care practitioners at the facility. Health care practitioners use the CMGC PREA Acknowledgement of Mandatory Reporting and Consent form to inform inmates at the beginning of services of the limitations to confidentiality and their duty to report and provided two completed forms to show compliance.

The completed acknowledgment and consent forms and the interview with medical and mental health practitioners support a determination of compliance with the standard provision.

#### 115.61(d)

The standard provision states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The PREA Policy does not include a reference to this provision. The facility commander indicated that such incidents are reported to Deputy Pearson who is responsible for all reporting to outside entities; Deputy Pearson stated that there have never been an allegation involving a vulnerable adult and that he is not sure about the reporting in question. The AUDITOR recommended contacting the county's adult protective services for guidance. The facility did not report any allegations involving a victim considered to be a vulnerable adult and the AUDITOR reviewed eight incident reports and there is no indication that any of the alleged victims were vulnerable adults; however, the incident report for PREA Incident 1096 states that both inmates involved have a history of mental health issues and that the victim appears to have an intellectual disability that makes him an easy target for manipulation.

The interviews with the facility commander and Deputy Pearson tend to support a determination of compliance with the standard provision. However, the incident report for PREA Incident 1096 suggests that the victim could be a vulnerable adult and there is no indication that the agency/facility reported the incident to the county's adult protective services or APS or asked if they were interested. The PREA Coordinator, the facility commander and

other relevant staff should be informed about the required notifications to State and local service agencies in the event of an allegation of sexual abuse involving a vulnerable adult. The PREA Coordinator should establish contact with the county's APS for guidance and provide training as needed to relevant staff and relevant procedures should be revised to require this notification.

115.61(e)

The standard provision requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. The PREA Policy calls for all allegations of sexual abuse to be investigated and the facility commander stated that all allegations are reported to Deputy Pearson and to designated agency investigators. The AUDITOR reviewed nine incident reports; in every case Deputy Pearson was notified and the allegation was investigated.

The PREA Policy, the incident reports and the interview with the facility commander support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.61(a) – No corrective action required.

115.61(b) – No corrective action required.

115.61(c) – No corrective action required.

115.61(d) – The agency shall report allegations of sexual abuse to the designated State or local services agency under applicable mandatory reporting laws in cases where the victim is considered a vulnerable adult under a State or local vulnerable persons statute. The agency should consider contacting the county's APS for guidance on the vulnerable adult statute and when cases of sexual abuse should be reported. The agency shall provide documentation of any policy and procedure changes implemented to comply with this standard provision.

During the corrective action period, Deputy Pearson reported that he contacted the county's APS and the shift supervisor stated that the Sheriff's Department had no obligation to report instances of sexual abuse within the jails to APS because APS forwards such reports to the Sheriff's Department. Since the Sheriff's Department investigates allegations of sexual abuse in its facilities, there is no need to report such cases to APS. Given the response from APS, the AUDITOR finds that there is no need for a policy or procedure requiring notification to APS. No corrective action required.

115.61(e) – No corrective action required.

115.62	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- PREA Incident reports (9)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Detention Captain</li> <li>- Facility commander</li> <li>- Deputies and sergeants</li> <li>- Inmate who reported sexual abuse</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.62(a)</p> <p>The standard provision states that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The PAQ reflects that the agency/facility responds as prescribed by the standard provision upon learning that an inmate is at substantial risk of imminent sexual abuse and that there was no such situation in the past 12 months. The PREA Policy specifies this standard provision. Interviews with the Detention Captain, the facility commander and 12 deputies and sergeants reflect that facility staff takes immediate action to protect an inmate who is subject to a substantial risk of imminent sexual abuse. Interviewees indicated that the inmate would be removed from danger and classification would be contacted to move the inmate to safe housing. The AUDITOR reviewed nine incident reports; in all but one case in which an inmate was facing substantial risk of imminent sexual abuse, staff acted immediately to remove the victim from the situation. In PREA Incident 1096, a deputy received a request form in which the victim reported that his cellmate had been trying to have sex with him every day. The deputy who received the request form consulted with his partner about the meaning of the request; the deputies informed classification and did not act to remove the alleged victim from the cell he shared with the alleged abuser until directed by classification to move him to a cell in another housing unit. It is not clear from the report how long it took the deputies to remove the alleged victim from the cell after receiving the request form, but the victim estimates it was about 30 minutes.</p> <p>The PREA Policy, the interviews with the Detention Captain, the facility commander and the deputies and sergeants appear to support a determination of compliance with the standard provision; however, the deputy's report for PREA Incident 1096 and the interview with the inmate who reported the situation do not. In the request form the victim informed the deputies</p>

that his cellmate had been trying, every day, to have sex with him and the deputies called classification and waited to get rehousing instructions before removing the victim from the cell. This was a clear case of the deputies learning that an inmate is at substantial risk of imminent sexual abuse and they did not act immediately to protect the inmate by removing him from danger.

**AUDITOR RECOMMENDATION:**

If not yet in place, the agency should consider developing a job-aid or other method of keeping staff who have contact with inmates continuously informed of their first responder duties. Listing the first responder steps on a laminated card and issuing that card to all staff could be a viable option to keep staff continuously informed of these duties. The facility could also display the first responder duties on posters at all security posts and workstations.

**RECOMMENDED CORRECTIVE ACTIONS**

115.62(a) – The agency/facility shall ensure security staff are properly trained on the security staff first responder duties prescribed by 115.64. The facility shall provide sign-in sheets and employee-signed acknowledgements that they received and understood the training received.

**CORRECTIVE ACTION TAKEN**

115.62 - The agency provided refresher PREA training to all employees in October 2018, the training included the security staff first responder duties in question and the PREA Coordinator issued laminated cards with the first responder duties to all employees. Deputy Pearson provided the PowerPoint presentation used for the training, sign-in sheets and signed employee acknowledgments that they understood the training.

**CORRECTIVE ACTION APPROVED**

115.63	<b>Reporting to other confinement facilities</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 912 360">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="252 371 625 533" style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- OTA Notification form letter</li> <li>- Agency website</li> </ul> <p data-bbox="252 584 571 618">PEOPLE INTERVIEWED</p> <ul data-bbox="252 629 523 701" style="list-style-type: none"> <li>- Detention Captain</li> <li>- Facility commander</li> </ul> <p data-bbox="252 752 671 786">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="252 797 459 831" style="list-style-type: none"> <li>- None required</li> </ul> <p data-bbox="252 882 1455 999">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="252 1055 379 1088">115.63(a)</p> <p data-bbox="252 1099 1481 1514">The standard provision states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ reflects that the agency has a policy requiring the notification prescribed by the standard provision and that in the previous 12 months, the facility has not received any such allegation. The PREA Policy requires the BAS Commander to notify the head of the other agency of the allegation in writing. The agency provided the OTA Notification, a form letter used to provide the notification in question; the form letter informs the head of the other agency that a report of the allegation is on file with the PREA Coordinator and provides a contact phone number.</p> <p data-bbox="252 1570 1455 1641">The PREA Policy and the OTA Notification form letter support a determination of compliance with the standard provision.</p> <p data-bbox="252 1697 379 1731">115.63(b)</p> <p data-bbox="252 1742 1481 1989">The standard provision states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ reflects that agency policy requires the notification as soon as possible but no later than 72 hours after receiving the allegation. The PREA Policy requires written notification as soon as possible, but not later than 72 hours after receiving the allegation. The OTA Notification form letter does not specify that the notification is provided within 72 hours of receiving the allegation.</p> <p data-bbox="252 2040 1455 2112">The PREA Policy and the OTA Notification form letter support a determination of compliance with the standard provision.</p>

**AUDITOR NOTE:**

The standard provision does not require the notification letter to state that the notification is provided within 72 hours; however, such inclusion would help to demonstrate compliance. Alternatively, the agency could include the date and time the allegation was received and the date and time the notification was provided to the other agency.

**115.63(c)**

The standard provision requires the agency to document that it has provided such notification. The PAQ reflects that agency policy requires documentation that the notification was provided within 72 hours. The PREA Policy requires written notification and the OTA Notification is the agency's method of documenting that it provided the notification.

The PREA Policy and the OTA Notification form letter support a determination of compliance with the standard provision.

**115.63(d)**

The standard provision states that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ reflects that agency policy requires all allegations received from other facilities to be investigated. The PREA Policy requires a thorough investigation of all allegations of sexual abuse and this is reflected on the agency's website. The Detention Captain and the facility commander stated that reports from another agency would be referred to Deputy Pearson for investigation and that no such reports have been received from another agency or facility.

The PREA Policy, the review of the agency's website and the interviews with the Detention Captain and the facility commander support a determination of compliance with the standard provision.

**RECOMMENDED CORRECTIVE ACTIONS**

115.63(a) – No corrective action required.

115.63(b) – No corrective action required.

115.63(c) – No corrective action required.

115.63(d) – No corrective action required.

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- PREA Incident reports (9)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Deputies who served as security first responders (2)</li> <li>- Inmates who Reported a Sexual Abuse</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.64(a)</p> <p>The standard provision states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> <li>(1) Separate the alleged victim and abuser;</li> <li>(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</li> <li>(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and</li> <li>(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.</li> </ol> <p>The PAQ reflects that the agency has a first responder policy for allegations of sexual abuse; that the policy requires the first security staff responder to take the actions prescribed by the standard provision; that there were seven allegations during the past 12 months and in all seven, the first security staff responder separated the victim and abuser; that in three allegations, staff were notified within a time period that allowed for collection of physical evidence; and that in three allegations the first security staff responder preserved and protected the crime scene and provided the prescribed instructions to the victim and to the perpetrator. The PREA Policy calls for the first security staff responder to perform the four steps in question. Interviews with two deputies who acted as first responders reflect that one performed only the first step and the other three steps were not required because there was no crime scene or evidence to preserve. The other was not an actual first responder; he arrived for his shift and Patrol investigators were on scene collecting evidence and the victim had been taken to the hospital for forensic examination. Only one of three interviews of</p>

inmates who reported sexual abuse involved a crime scene (PREA Incident 1096). The victim in this incident, told the AUDITOR that it took him about 24 hours to report the sexual abuse, then it took about 30 minutes before he was removed from the cell; staff collected his clothing, interviewed him and transported him to the hospital for a forensic examination. He could not report on actions taken with regard to the perpetrator, but he was placed in a different housing unit upon return from the hospital. The first responder's written report reflects that deputies received a request form from the victim alerting them that his cellmate had been trying, every day, to have sex with him. According to the report, the deputies notified classification and did not act to remove the victim from the cell he shared with the alleged abuser until told by classification to move him to a cell in another housing unit; the deputies then removed the victim from the cell and placed him in the visiting room. In another incident, the inmate who reported was immediately removed from the cell and interviewed. In the third case, the inmate wrote to the AUDITOR during the pre-audit phase alleging ongoing sexual harassment by another inmate; the AUDITOR notified Deputy Pearson and Deputy Pearson interviewed the alleged victim; he was allowed (per his request) to remain in his housing unit where the alleged perpetrator is also housed. In another incident the report reflects that the first responder intervened before there was any contact and immediately separated the victim from the abuser.

The PREA Policy and the interviews with security first responders appear to support a determination of compliance with the standard provision; however, the deputy's report for PREA Incident 1096 and the interview with the inmate victim do not. Upon learning of potential sexual abuse, the deputies notified classification staff and apparently waited until they were told to move the victim to a cell in another housing unit before acting to remove him from danger. The standard provision and the PREA Policy require the security first responder to immediately separate the victim from the abuser and this was not the first action taken by the deputies in this incident. The report does not reflect that the deputies acted to remove the perpetrator from the cell to protect the crime scene, asked the victim not to take any of the actions that would destroy physical evidence or that they instructed the alleged abuser not to take any of these actions even after he victim told them about the sexual abuse. Other reporting suggest that the shift sergeant notified the Patrol division and investigators were dispatched to secure the scene and collect physical evidence.

#### 115.64(b)

The standard provision states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reflects that agency policy requires a non-security first responder to take the two specified steps; and that in the past 12 months, the facility did not have any allegations where a non-security staff member was the first responder. The PREA Policy calls for a volunteer or contractor first responder to take the two specified steps. A review of the nine incident reports reveal that all first responders were security staff.

The PREA Policy and the review of the incident reports support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.64(a) – The agency/facility shall ensure security staff are properly trained and prepared to respond to allegations of sexual abuse by performing the security staff first responder duties specified by the standard provision. The facility shall provide sign-in sheets and signed-employee acknowledgments that they received and understood the training received.

115.64(b) – No corrective action required.

**CORRECTIVE ACTION TAKEN**

115.64(a) – The agency/facility provided sign-in sheets reflecting that over 400 employees received two hours of PREA training between October 10 and 16, 2018. Participants included security, medical and other non-sworn staff. Deputy Pearson reported that staff were trained using the revised PowerPoint presentation. The AUDITOR reviewed the revised PowerPoint and verified that it includes first responder duties. The agency also provided a laminated card with first responder duties that was issued to all employees. The agency, however, did not provide signed employee acknowledgement that they understood the training received. Deputy Pearson provided signed employee acknowledgments for sworn, non-sworn and medical staff who attended the training; the sample included employees from each of the training sessions.

**CORRECTIVE ACTION APPROVED**

115.65	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Incident report</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> <li>- Inmate who reported sexual abuse</li> <li>- Representative from Haven Women’s Center</li> <li>- SANE</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.65(a)</p> <p>The standard provision requires the facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PAQ reflects that the facility developed a written institutional plan to coordinate actions specified by the standard provision. The PREA Policy specifies the agency’s response plan in great detail and the plan identifies, in coordinated fashion, the actions to be taken by all responders identified by the standard provision as well as victim advocates and investigators. The facility commander reported that the institutional plan includes specific roles for medical, mental health, investigators and facility leadership; that everything is referred to Deputy Pearson; that medical and mental health practitioners are involved; and that inmates are transported to the hospital when necessary. The incident report and the interview with the inmate victim reflect that there was some coordination in the facility’s response to the incident. First responders included Deputy Pearson, Patrol, the CAP investigator and facility leadership was informed of the incident. Deputy Pearson asked the sergeant on scene to delay transporting the victim to the hospital until the preliminary interview with the CAP detective was completed. The inmate was transported to the hospital for a forensic medical examination and received emotional support services from a victim advocate from Haven Women’s Center. The SANE confirmed that her clinic performed forensic medical examinations on inmates in the Sheriff’s custody the past 12 months but could not specify which facilities the inmates originated from. The representative from Haven Women’s Center confirmed that her organization responded, and a victim advocate provided services to the victim at the hospital.</p> <p>The PREA Policy, the incident report, the interviews with the Facility commander, the representative from Haven, the SANE, and the inmate victim support a determination of</p>

compliance with the standard provision.

NOTE: The standard provision requires a facility-specific institutional plan; the plan detailed in the policy is an agency response plan. The agency operates four facilities that are connected to each other physically and, to some degree, operationally. PREA response coordination, health care services, investigations, classification and all other functions related to a coordinated response are centralized; thus, for the most part, responders will be the same people for any incident of sexual abuse at any facility. With that in mind, the AUDITOR accepts the plan detailed in the policy as the institutional plan for each facility.

#### RECOMMENDED CORRECTIVE ACTIONS

115.65(a) – No corrective action required.

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- MOU Between the County and the Deputy Sheriff's Association</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Detention Captain</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.66(a)</p> <p>The standard provision states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew 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. The PAQ reflects that the agency entered into or renewed collective bargaining agreement since the implementation of the PREA standards. The facility provided the most recent MOU Between the County and the Deputy Sheriff's Association; the MOU reflects that the County retains certain exclusive rights that include the right to direct the workforce and take appropriate personnel actions. The Detention Captain confirmed that the agreement permits the agency to remove alleged staff sexual abusers from contact with inmates pending an investigation or a determination of whether and to what extent discipline is warranted.</p> <p>The MOU with the deputy sheriff's association and the interview with the Detention Captain support a determination of compliance with the standard provision.</p> <p>115.66(b)</p> <p>The standard provision does not apply.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.66(a) – No corrective action required.</p> <p>115.66(b) – No corrective action required.</p>

115.67	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Policy 1008, Anti-Retaliation</li> <li>- Incident/Investigative report</li> <li>- PREA Final Rule</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Detention Captain</li> <li>- Facility commander</li> <li>- Staff member charged with monitoring retaliation (Deputy Pearson)</li> <li>- Inmates who reported sexual abuse</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.67(a)</p> <p>The standard provision requires the agency to establish 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 and shall designate which staff members or departments are charged with monitoring retaliation. The PAQ reflects that the agency has a policy to protect inmates and staff who report sexual abuse or cooperate with investigations from retaliation and identifies each facility commander as the person charged with monitoring for possible retaliation. The PREA Policy reflects that the agency does not tolerate retaliatory measures against employees or inmates who report sexual abuse, provides examples of retaliatory measures, and specifies that such measures shall result in disciplinary action and/or criminal prosecution. The policy calls for the facility commander to ensure the conduct and treatment of staff and inmates who report sexual abuse or cooperate with an investigation is monitored for signs of retaliation. Policy 1008, Anti-Retaliation, prohibits retaliation against employees, provides examples of actions that constitute retaliation, tells staff to report retaliation to any supervisor, and specifies responsibilities of supervisors and command staff in response to retaliation.</p> <p>The PREA Policy and Policy 1008 support a determination of compliance with the standard provision.</p> <p>115.67(b)</p> <p>The standard provision requires the agency to employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate</p>

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. The PREA Policy requires all cases involving sexual abuse or sexual harassment to be referred to Internal Affairs, all referrals shall be documented, and the facility commander shall act promptly to remedy any retaliation. The Detention Captain stated that the agency deals with retaliation the same way it deals with allegations of sexual abuse, that is by removing the employee or inmate suspected of retaliation and investigating the allegation. The facility commander reported that a staff member suspected of retaliation would be removed from the facility and an inmate would be rehoused as necessary. Deputy Pearson identified himself as the person who performs retaliation monitoring duties and requested to be interviewed as such; he explained that retaliation monitoring starts as soon as the report of sexual abuse is received, that he logs into ICJIS to monitor activities that could indicate retaliation, such as bed moves, etc. and that he informs inmates about support services through Haven Women' Center. The facility did not identify any inmates placed in segregated housing due to risk of sexual victimization; however, the AUDITOR interviewed three inmates who reported sexual abuse about safety concerns [Subsection (c) below].

The PREA Policy, the interviews with the Detention Captain, the facility commander and Deputy Pearson support a determination of compliance with the standard provision.

#### 115.67(c)

The standard provision states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ reflects that the agency/facility monitors the conduct or treatment of inmates or staff for 90 days; that the agency acts promptly to remedy such retaliation and continues monitoring beyond 90 days if needed; and that there have been no incidents of retaliation in the past 12 months. The PREA Policy requires monitoring for at least 90 days from the date of the reporting or cooperation, monitoring beyond 90 days if there are indications of a need to continue, and calls for the facility commander to act promptly to remedy any retaliation. Policy 1008 prohibits retaliation against employees, provides examples of actions that constitute retaliation, tells staff to report retaliation to any supervisor, and specifies responsibilities of supervisors and command staff in response to retaliation. The supervisory responsibilities include ensuring complaints are investigated, taking steps to mitigate any further violations of the policy, and performing specified monitoring activities. The facility commander stated that he would move the employee or the inmate and investigate any suspicion of retaliation. Deputy Pearson reported that he checks ICJIS for suspicious bed moves or write-ups, that he monitors for 90 days and for an additional 30 days if necessary. All three inmates who reported sexual abuse expressed potential safety concerns or retaliation; the first inmate stated that he requested to remain in single-cell housing because he does not want to get into trouble with another cellmate; the second inmate reported what he perceives as harassment a housing deputy who blows kisses at him and ignored his request to stop; and the third inmate (who remains in the same housing unit with the alleged perpetrator) informed the AUDITOR about harassment from the perpetrator and his friends

and indicated that his cellmate has been standing by his side, that he is not too concerned about the perpetrator and his friends, and assures that he can take care of himself. The AUDITOR informed Deputy Pearson and recommended interviewing the latter two inmates about their allegations of retaliation and performing closer monitoring that includes periodic check-ins with these inmates. The incident/investigative report in the case of the inmate who reported harassment by a housing deputy does not include any reference to retaliation monitoring and the investigative report for the latter case is not yet finalized.

The PREA Policy, Policy 1008 and the interviews with the facility commander and Deputy Pearson tend to support a determination of compliance with the standard provision. However, the interviews with two inmates who reported sexual abuse do not. Two inmates reported incidents that should have been identified by effective retaliation monitoring; however, they were not identified by the existing monitoring practices. Checking ICJIS for bed moves and disciplinary reports alone would not identify some of the most common and pervasive forms of retaliation at the hands of other inmates; and in this case, it did not identify the alleged harassment by a housing deputy. The standard provision requires the agency to act promptly to remedy any retaliation; however, because monitoring does not include periodic check-ins with inmates who report sexual abuse, these allegations went undetected until disclosed to the AUDITOR during inmate interviews. As a result, the facility did not investigate and did not act promptly to remedy the retaliation reported by these two inmates.

#### AUDITOR RECOMMENDATION:

The facility should consider developing a method of documenting all monitoring activities, examples include using a log, a monitoring form or other method of documentation. This will establish a defensible record that demonstrates due diligence and could limit legal exposure in the event of litigation alleging a failure to protect. Retaliation monitoring should include periodic conversations with inmates who report sexual abuse or cooperate with an investigation; this would facilitate gauging their level of concern about personal safety and provide a forum where they can report retaliation without having to worry about getting a kite or a grievance form out of the housing unit to report ongoing retaliation. To the extent an employee could be the victim or the perpetrator of retaliation, the agency should consider charging a supervisor with performing the monitoring activities.

#### 115.67(d)

The standard provision states that in the case of inmates, such monitoring shall also include periodic status checks. The PREA Policy does not specifically require check-ins with inmates being monitored for retaliation. Deputy Pearson stated that he checks ICJIS for suspicious bed moves and write-ups. The three inmates who reported sexual abuse identified safety concerns and/or potential retaliation.

The PREA Policy and the interview with Deputy Pearson tend to support a determination of compliance with the standard provision; however, the interviews with inmates who reported sexual abuse do not. These inmates reported safety concerns and/or potential retaliation and there is no evidence of periodic status checks in which these concerns and/or potential retaliation would have been identified. In the PREA Final Rule

<https://www.prearesourcecenter.org/sites/default/files/library/2012-12>

427.pdf, Page 65 of 128 (37169); in response to a recommendation that changes in treatment of inmates or staff be discussed with the inmate or staff as part of efforts to determine if

retaliation is occurring, the DOJ agreed that monitoring of inmates who reported sexual abuse or who are victim of sexual abuse should include periodic status checks. Thus, periodic checks to determine if retaliation is occurring should include a conversation with the inmate being monitored. The AUDITOR notes that periodic checks were not included in the measures taken to protect inmates from retaliation.

115.67(e)

The standard provision states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The PREA Policy does not include this requirement. The Detention Captain stated that the agency would follow-up and take steps to ensure any other individual who cooperates with an investigation is protected from retaliation. The facility commander reported that a staff member suspected of retaliation would be removed from the facility and an inmate would be rehoused as necessary.

The interviews with the Detention Captain and the facility commander support a determination of compliance with the standard provision.

115.67(f)

The standard provision states that an agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.67(a) – No corrective action required.

115.67(b) – No corrective action required.

115.67(c) – The agency shall monitor the conduct and treatment of inmates who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff and shall act promptly to remedy any such retaliation.

115.67(d) – The agency shall ensure retaliation monitoring includes periodic status checks of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse. Retaliation monitoring must include periodic conversations or check-ins with inmate-victims or inmates who reported sexual abuse, to gauge their level of concern about their personal safety and fear of retaliation.

115.67(e) – No corrective action required.

115.67(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.67(c) – Deputy Pearson provided a new form (Retaliation Monitoring Report) for documenting retaliation monitoring activities. The form includes fields for documenting

whether the inmate has been written-up, whether there have been housing changes since initial placement and whether the inmate detected retaliation since the incident. These monitoring activities are documented after 30 days, 60 days, 90 days and after 90 days if additional monitoring is required. Deputy Pearson provided a monitoring report for the inmate who alleged harassment by the perpetrator and his friends; the report documents retaliation monitoring on September 29 and October 29, 2018 with no evidence of changes that may suggest retaliation; Deputy Pearson reported that the inmate who claimed harassment by the housing deputy was released from the agency's custody before the monitoring form was developed. The agency provided evidence of ongoing retaliation monitoring in the case indicated above.

115.67(d) – The monitoring form includes documentation of check-ins and whether the inmate believes there have been retaliation since the incident. The standard provision does not prescribe the frequency of periodic status checks; however, the agency should consider whether 30-day intervals for check-ins offer adequate protection for an inmate who could be facing retaliation. Under this approach, an inmate could face several weeks of retaliation before the PREA Coordinator's check-in could provide an opportunity to remedy the situation. After reviewing the proposed 30-day interval between check-ins, the agency pointed-out that an inmate's ability to report retaliation is not limited to instances of PREA-Coordinator-check-ins because an inmate can submit a request to see the PREA Coordinator at any time. The agency decided to keep periodic check-ins at 30-day intervals. As indicated above, there is no basis under the standard provision for requiring more frequent check-ins and the agency reviewed its policy per the AUDITOR's request.

CORRECTIVE ACTION APPROVED

<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 912 360">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="252 371 331 405" style="list-style-type: none"> <li>- PAQ</li> </ul> <p data-bbox="252 456 571 490">PEOPLE INTERVIEWED</p> <ul data-bbox="252 501 935 580" style="list-style-type: none"> <li>- Facility commander</li> <li>- Staff who supervise inmates in segregated housing</li> </ul> <p data-bbox="252 629 671 663">SITE REVIEW OBSERVATIONS</p> <ul data-bbox="252 674 459 707" style="list-style-type: none"> <li>- None required</li> </ul> <p data-bbox="252 757 1455 875">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="252 925 379 958">115.68(a)</p> <p data-bbox="252 969 1477 1776">The standard provision states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. The PAQ reflects that the agency has a policy prohibiting the placement of inmates who allege sexual abuse in segregated housing without the assessments required under 115.43, and that no inmates have been placed in segregated housing for the reason in question in the past 12 months. The facility commander reported that there should be no reason why an assessment cannot be completed in less than 24 hours because there are always classification officers on duty to conduct housing assessments when needed and that the inmates would be separated and restricted to their cells in the housing unit until the assessment of available housing is completed. He stated that classification officers may temporarily place an inmate in segregated housing involuntarily for less than 12 hours until they complete bed moves to free-up alternative housing. The deputy who supervises inmates in segregated housing reported that an inmate who reported sexual abuse would not be restricted from access to out-of-cell programs and activities; that classification officers would re-interview and reclassify the inmate to identify viable housing alternatives, and that classification officers conduct reviews every 30 days to determine if there is a need for continued placement in segregated housing. The facility did not identify any inmates placed in segregated housing involuntarily after reporting sexual abuse; therefore, there were no relevant records and documentation of housing assignments and access to programs and privileges.</p> <p data-bbox="252 1825 1390 1904">The interviews with the facility commander and the deputy who supervises inmates in segregated housing support a determination of compliance with the standard provision.</p> <p data-bbox="252 1953 817 1986">RECOMMENDED CORRECTIVE ACTIONS</p> <p data-bbox="252 2036 799 2069">115.68(a) – No corrective action required.</p>



115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- Policy 600, Investigation and Prosecution</li> <li>- Policy 602, Sexual Assault Investigations</li> <li>- Investigative reports (9)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Investigative staff (Criminal, Administrative and facility investigator)</li> <li>- Facility commander</li> <li>- PREA Coordinator</li> <li>- PCM</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.71(a)</p> <p>The standard provision states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ reflects that the agency has a policy related to criminal and administrative investigations. Policy 600, Investigation and Prosecution, calls for crimes to be investigated thoroughly and with due diligence. Interviews with the criminal, administrative, and facility investigators reflect that investigations of sexual abuse allegations are initiated as soon as the allegations are received; investigators further asserted that anonymous reports are taken just as seriously and are handled the same as other reports. A review of nine investigative reports reflect that inmate victims are interviewed by investigators shortly after the allegation is received and there are no indications that the investigations are anything other than thorough and objective. In a case involving an inmate with mental illness, the report reflects that the investigators were serious about making sense of the inmate's statements and appeared to be persistent in trying to determine if there was a case of sexual abuse.</p> <p>Policy 600, the interviews with investigators and the review of the investigative reports support a determination of compliance with the standard provision.</p> <p>115.71(b)</p> <p>The standard provision states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. Policy 602, Sexual Assault Investigations, calls for specialized investigator training and for investigators to be available for sexual assault investigations. All three investigators</p>

reported receiving specialized training through different sources; the criminal and the facility investigators received formal training and the administrative investigator received on-the-job training from his predecessor. Each investigator received training on topics that are relevant to the scope of the investigations he or she is responsible for; for example, facility investigator received training on interviewing techniques and the criteria and evidence required to substantiate a case but did not receive training on the use of the Miranda and Garrity warnings because he does not conduct criminal or internal affairs investigations. The administrative investigator received formal training on the use of Miranda and Garrity but did not receive formal training on evidence collection or interviewing victims. The criminal investigator received training on all topics except the use of the Garrity warning because she does not conduct administrative investigations.

Policy 602 and the interviews with the investigators support a determination of compliance with the standard provision.

#### 115.71(c)

The standard provision requires investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy 602 specifies primary considerations of sexual assault investigators and those considerations include interviewing victims and alleged perpetrators and preserving evidence. The policy reflects that the victim has the right to be informed if there is a match between the assailant's deoxyribonucleic acid (DNA) profile and DNA contained in existing databases but does not specifically require reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator. Interview with investigators reflect that they perform the investigative tasks specified by the standard provision; sometimes the first security responder may conduct a preliminary investigation; investigators make an early determination of the need for a forensic medical examination, interview the victim and witnesses, gather evidence, review video footage where available and review prior complaints involving the alleged perpetrator. If a staff member is involved, the administrative investigator coordinates with the criminal investigator and arranges to have the employee removed from duties that involve inmate contact; the criminal investigator discusses the case with the district attorney (DA) and works in collaboration with the administrative investigator if necessary. Investigators provided examples of direct and circumstantial evidence and described their role in the investigative process. The investigative reports reflect that investigators have interviewed victims, witnesses, and alleged perpetrators; and that they collected physical evidence, reviewed video footage, written communications, inmate phone calls, inmate criminal history, and coordinated transportation for forensic medical examination. All three investigators reported that they review prior complaints and reports of sexual abuse involving the alleged perpetrator; the criminal and the administrative investigator said they document their reviews and the facility investigator said he does not. None of the investigative reports reviewed include documentation of such review.

The interview with the investigators and the review of the investigative reports support a determination of compliance with the standard provision. The standard provision does not require documentation of the review of prior complaints and reports involving the alleged perpetrator; however, investigators should document these reviews to establish a record that

shows compliance during an audit.

115.71(d)

The standard provision states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The criminal investigator stated that she does not conduct compelled interviews and pointed-out that she works with the DA. One investigative report reflects that the alleged perpetrator admitted to the alleged abuse after being advised of his Miranda rights and another report reflects that the perpetrator was advised of his Miranda rights and chose to remain silent.

The interview with the criminal investigator and the review of the investigative reports support a determination of compliance with the standard provision. The interview with the perpetrator would not have been compelled if he was advised of his right to remain silent under the Miranda decision.

115.71(e)

The standard provision states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. One investigator evaluates credibility based upon any apparent deception in statements and apparent state of mind; another investigator takes all witnesses seriously and makes credibility determinations based upon the evidence and the third investigator only gathers the evidence and tries not to make credibility determinations. All three investigators confirmed that under no circumstance would an inmate who alleges sexual abuse be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of that allegation. None of the investigative reports included documentation of any assessment of a witness' credibility or a requirement for any inmate to submit to a truth-telling device.

The interview with the investigators and the review of the investigative reports support a determination of compliance with the standard provision.

115.71(f)

The standard provision states that administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The administrative investigator explained that the investigative process includes a review of employee files and available resources are exhausted to reach an investigative finding. Administrative investigations are documented in written reports and include a determination of whether the employee violated agency policy; if there is a parallel criminal investigation, that report would be included with the administrative report and will reflect the finding relative to the allegation. None of the investigative reports reviewed included an internal affairs administrative investigation.

The interview with the administrative investigator and the investigative reports support a determination of compliance with the standard provision.

115.71(g)

The standard provision states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The criminal investigator reported that criminal investigations are documented in written reports and include surveillance camera footage, photographs, video recordings of interviews, etc. These reports must include the necessary evidence to support prosecution. A Patrol criminal investigative report for an allegation at MHU reflects that the perpetrator was booked on felony charges. The report included statements from the victim, a witness, the interview with the alleged perpetrator after Miranda warning, as well as the list of items submitted as evidence, including clothing, surveillance video recordings, DNA evidence, forensic medical report, etc.

The interview with the criminal investigator and the Patrol investigative report support a determination of compliance with the standard provision.

115.71(h)

The standard provision states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The PAQ reflects that substantiated allegations of conduct that appear to be criminal are referred for prosecution and that zero cases have been referred for prosecution since August 20, 2012. The criminal investigator stated that cases are referred for prosecution as soon all the evidence is received and reviewed; if the case is substantiated and the evidence is clear, the case is referred for prosecution immediately. Two investigative reports reflect that the case was referred for prosecution and the DA submitted a "letter of no complaint," indicating that the case was not accepted for prosecution.

The interview with the criminal investigator and the two investigative reports support a determination of compliance with the standard provision.

115.71(i)

The standard provision requires the agency to retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PAQ reflects that the agency retains the written reports in question for the prescribed period. The agency only provided investigative reports for allegations received during the audit period, the oldest of which is for an October 2017 allegation.

The investigative reports reviewed support a determination of compliance with the standard provision.

115.71(j)

The standard provision states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. All three investigators reported that investigations would continue to completion even in the situations specified by the standard provision. None of the investigative reports

reviewed reflect that the victim or alleged abuser was released from the agency's custody before the investigation was completed.

The interviews with the investigators and the investigative reports reviewed support a determination of compliance with the standard provision.

115.71(k)

The standard provision states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

The AUDITOR is not required to audit this standard provision.

115.71(l)

The standard provision states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. Interviews with the facility commander, the PREA Coordinator, the PCM and the three investigators revealed that an outside agency does not conduct administrative or criminal sexual abuse investigations.

The standard provision does not apply.

#### RECOMMENDED CORRECTIVE ACTIONS

115.71(a) – No corrective action required.

115.71(b) – No corrective action required.

115.71(c) – No corrective action required.

115.71(d) – No corrective action required.

115.71(e) – No corrective action required.

115.71(f) – No corrective action required.

115.71(g) – No corrective action required.

115.71(h) – No corrective action required.

115.71(i) – No corrective action required.

115.71(j) – No corrective action required.

115.71(k) – No corrective action required.

115.71(l) – No corrective action required.



115.72	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Administrative investigative findings</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Investigative staff</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.72(a)</p> <p>The standard provision states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PAQ reflects that the agency does not impose a standard of proof higher than a preponderance of the evidence. The PREA Policy specifies this standard of proof for sexual abuse investigations. The administrative investigator determines whether there was a violation of agency policy and includes the criminal investigative report; the criminal investigator stated that she gathers the evidence and refers the cases for prosecution but does not make investigative findings; and Deputy Pearson stated that he uses the preponderance of the evidence standard. Investigative reports from Deputy Pearson specify the investigative finding, but not the standard of proof.</p> <p>The PREA Policy and the interviews with investigators support a determination of compliance with the standard provision. The standard does not require documentation of the standard of proof; however, it is a good idea to document it to demonstrate proof of compliance during audits.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.72(a) – No corrective action required.</p>

115.73	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Investigative reports (9)</li> <li>- Inmate notification letters (4)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> <li>- Investigative staff</li> <li>- Inmates who reported sexual abuse</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.73(a)</p> <p>The standard provision states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PAQ reflects that the agency has a policy that requires the notification in question, that the agency/facility completed six investigations in the past 12 months and four inmates were notified of the results of the investigation verbally or in writing. The PREA Policy requires the notification prescribed by the standard provision. The facility commander, the administrative investigator and Deputy Pearson reported that the PREA deputy (Pearson) takes care of the required notifications; the criminal investigator confirmed that agency policy and procedures require the notifications. Deputy Pearson stated that he created a form letter to notify inmates who report sexual abuse of the investigative findings. Deputy Pearson provided four completed notification letters (uploaded); the letters inform the inmates that the investigation concluded, the investigative finding, the reason for the finding, and tells the inmate to submit a request form if he or she has questions. Interviews with three inmates who reported sexual abuse reflect that one received written notification of the of the investigative finding within a few weeks of reporting and the other two did not; however, Deputy Pearson provided the notification letter for one of these two cases and reported that the other case (forwarded by the AUDITOR during the pre-audit phase) has not officially closed.</p> <p>The PREA Policy, the interviews with the facility commander and the investigators, and the completed notifications from Deputy Pearson support a determination of compliance with the standard provision.</p> <p>115.73(b)</p>

The standard provision states that if the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate. The PAQ reflects that the standard provision does not apply because the agency is responsible for the investigations in question. Interviews with the facility commander and investigators confirmed that the agency is responsible for sexual abuse investigations.

The standard provision does not apply.

#### 115.73(c)

The standard provision states that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- (1) The staff member is no longer posted within the inmate's unit;
- (2) The staff member is no longer employed at the facility;
- (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse at the hands of a staff member and that there have been no allegations against a staff member in the past 12 months. The PREA Policy requires the notifications prescribed by the standard provision. One of the investigative reports reviewed included allegations against a staff member; however, the investigation determined the allegations to be unfounded; therefore, the notifications in question were not required.

The PREA Policy, the notification letters and the investigative report support a determination of compliance with the standard provision.

#### 115.73(d)

The standard provision states that following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever:

- (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse at the hands of another inmate. The PREA Policy requires the notifications prescribed by the standard provision. Only one of the allegations of sexual abuse reviewed was referred for criminal prosecution and the notification letter informed the alleged victim that the DA filed a "letter of no complaint," meaning the case was reviewed and no complaint was filed; therefore, neither of the two notifications in question are required. The inmate in this case reported that he had not received written notification.

The PREA Policy and the notification letter support a determination of compliance with the standard provision. Although the inmate claims he did not receive written notification, Deputy Pearson provided the notification letter given to the inmate in question; therefore, the audit determination stands.

115.73(e)

The standard provision states that all such notifications or attempted notifications are documented. The PAQ reflects that agency policy requires these notifications to be documented, and that all four notifications provided in the past 12 months were documented. The PREA Policy requires all notifications to be documented. The agency provided four written notifications to inmates who alleged sexual abuse.

The PREA Policy and the four notification letters support a determination of compliance with the standard provision.

115.73(f)

The standard provision states that an agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.73(a) – No corrective action required.

115.73(b) – No corrective action required.

115.73(c) – No corrective action required.

115.73(d) – No corrective action required.

115.73(e) – No corrective action required.

115.73(f) – No corrective action required.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Investigative reports (9)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.76(a)</p> <p>The standard provision states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PAQ reflects that staff is subject to disciplinary sanctions including termination for violating the sexual abuse or harassment policies. The PREA Policy includes the requirement of the standard provision. None of the nine investigative reports reviewed reflect that a staff member was found to have violated agency sexual abuse policy.</p> <p>The PREA Policy and the investigative reports support a determination of compliance with the standard provision.</p> <p>115.76(b)</p> <p>The standard provision states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ reflects that cases involving staff discipline would be handled by Internal Affairs, and the Disciplinary Review Board renders the final decision. The PREA Policy includes the requirement of the standard provision. None of the nine investigative reports reviewed reflect that a staff member was found to have violated agency sexual abuse policy.</p> <p>The PREA Policy and the investigative reports support a determination of compliance with the standard provision.</p> <p>115.76(c)</p> <p>The standard provision states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ reflects that the specified sanctions are commensurate</p>

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, and that there were no such cases in the previous 12 months. The PREA Policy does not include this provision. None of the nine investigative reports reviewed reflect that a staff member was found to have violated agency sexual abuse policy.

The investigative reports support a determination of compliance with the standard provision. The agency should consider revising its policy to require notification to relevant licensing bodies.

#### 115.76(d)

The standard provision states that 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. The PAQ reflects that the agency reports terminations or resignations in lieu of termination as prescribed by the standard provision and that there were no such cases in the past 12 months. The PREA Policy calls for reporting these terminations and resignations to law enforcement agencies but does not require reporting to relevant licensing bodies. There were no staff terminations for violation of agency sexual abuse or sexual harassment policies, or resignations in lieu of termination in the past 12 months.

The PREA Policy and the absence of a need to report staff terminations or resignations support a determination of compliance with the standard provision. The agency should consider revising its policy to require notification to relevant licensing bodies.

#### RECOMMENDED CORRECTIVE ACTIONS

115.76(a) – No corrective action required.

115.76(b) – No corrective action required.

115.76(c) – No corrective action required.

115.76(d) – No corrective action required.

115.77	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Investigative reports (9)</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.77(a)</p> <p>The standard provision states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ reflects that agency policy requires the restricted contact with inmates and the reporting prescribed by the standard provision, and that there has not been any such case in the past 12 months. The PREA Policy includes the requirements of the standard provision. None of the nine investigative reports reviewed reflect that a contractor or volunteer was found to have engaged in sexual abuse of an inmate.</p> <p>The PREA Policy and the investigative reports support a determination of compliance with the standard provision.</p> <p>115.77(b)</p> <p>The standard provision states that the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PAQ reflects that the facility takes appropriate remedial action and includes the considerations in question. The PREA Policy includes the requirements of the standard provision. The facility commander stated that a contractor or volunteer's access to the facility would be revoked for violating agency sexual abuse or sexual harassment policy and that the facility would prohibit further contact with inmates. None of the nine investigative reports reviewed reflect that there was any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The PREA Policy, the interview with the facility commander and the investigative reports support a determination of compliance with the standard provision.</p>

RECOMMENDED CORRECTIVE ACTIONS

115.77(a) – No corrective action required.

115.77(b) – No corrective action required.

115.78	<b>Disciplinary sanctions for inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Inmate rule book</li> <li>- Investigative reports (9)</li> <li>- Disciplinary report</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> <li>- Medical and Mental Health staff</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.78(a)</p> <p>The standard provision states that 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. The PAQ reflects that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process for the reason specified by the standard provision, and that in the past 12 months there were six administrative findings of inmate-on-inmate sexual abuse at the facility but no criminal findings of guilt. The PREA Policy includes this provision. The inmate rule book informs inmates about the agency's formal disciplinary process and lists examples of misconduct classified as major violations and those classified as minor violations. The rule book outlines hearing procedures, inmates' rights and the disciplinary appeals process; it also specifies that inmates are subject to disciplinary sanctions for sexual assault or battery, for indecent exposure, and for illegal sexual activity. The AUDITOR requested disciplinary reports for the six administrative findings cited in the PAQ and Deputy Pearson stated that there were only three substantiated allegations, not six. He provided only one disciplinary report and explained that one alleged abuser was released from custody before an investigation or disciplinary action and the other was not disciplined.</p> <p>The PREA Policy and the inmate rule book appear to support a determination of compliance with the standard provision; however, the explanation from Deputy Pearson does not. The facility may not have been able to delay the scheduled release of an alleged sexual abuser based upon the allegation, which amounted to an attempt to touch his cellmate inappropriately; however, the third case in which the alleged abuser was not disciplined after the allegation was substantiated by an administrative finding supports a determination that the standard was not met.</p>

115.78(b)

The standard provision states that 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. The PREA Policy does not include this requirement. The facility commander stated that inmates are subject to loss of days (credit towards sentence reduction) or placement in isolation for an administrative finding of inmate-on-inmate sexual abuse and that sanctions are 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. Only one of the three substantiated cases resulted in a disciplinary hearing and the inmate was found not guilty; therefore, there are no cases in which disciplinary sanctions have been imposed based upon substantiated findings of sexual abuse.

The interview with the facility commander and the disciplinary report provided by Deputy Pearson support a determination of compliance with the standard provision.

115.78(c)

The standard provision states that 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. The PREA Policy includes this requirement and the facility commander confirmed that the disciplinary process includes the specified considerations when determining what type of sanction, if any, should be imposed where the inmate has a mental disability or illness. The disciplinary report reviewed does not specify whether the charged inmate had mental illness or other mental disabilities and does not impose sanctions because the inmate was found not guilty.

The PREA Policy and the interview with the facility commander support a determination of compliance with the standard provision.

115.78(d)

The standard provision states that if the facility offers therapy, counseling, or other interventions designed 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. The PAQ reflects that the facility does not offer the therapy in question. Medical and mental health practitioners reported that the facility offers the therapy in question and considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The AUDITOR later followed-up with a request for examples of such considerations and a mental health program director explained that counseling solutions offered to inmates, such as moral reclamation therapy, coping with anxiety, domestic violence, or parenting, are not specific to sexual offending; that CFMG Clinicians would not require such intervention or therapy and that CFMG has not made any such referrals for an inmate who perpetrated sexual abuse.

The statement from the program director supports a determination of compliance with the standard provision. Since the facility does not offer a program designed to address and correct underlying reasons or motivations for the abuse, the facility is not required to make the

consideration prescribed by the standard provision.

115.78(e)

The standard provision states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PAQ reflects that the agency disciplines inmates for sexual conduct with staff only under the specified circumstances. The PREA Policy does not include the requirement of this standard provision. The inmate rule book reflects that inmates are subject to disciplinary sanctions for sexual assault or battery on staff, for indecent exposure, and for illegal sexual activity. None of the nine investigative reports reviewed involved inmate sexual conduct with a staff member.

The inmate rule book supports a determination of compliance with the standard provision.

115.78(f)

The standard provision states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ reflects that the agency prohibits disciplinary action for a report of sexual abuse made in good faith as specified by the standard provision. The PREA Policy does not include the requirement of this standard provision. Approximately four investigative reports reviewed reflect that an inmate with apparent mental health concerns reported sexual abuse and the investigation determined the allegation to be unfounded. The facility did not discipline any of these inmates after their allegations were unfounded.

The review of the investigative reports supports a determination of compliance with the standard provision.

115.78(g)

The standard provision states that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The PAQ reflects that the agency prohibits sexual activity between inmates and that the agency deems such activity to be sexual abuse only if it was coerced. The PREA Policy does not include this standard provision. One investigative report substantiated the allegation of sexual contact between the two inmates in question and reflects that the investigation could not substantiate that the contact was non-consensual. The inmate rule book lists "engaging in sexual acts" as a major rule violation.

The review of the investigative report supports a determination of compliance with the standard provision. The investigation did not deem the sexual activity to be sexual abuse because it could not establish that it was coerced.

**AUDITOR'S COMMENTS:**

The agency/facility investigated the victim's allegation of sexual abuse; the investigation found that a sexual act occurred and closed the case as substantiated. Under PREA Standard 115.6 sexual abuse of an inmate occurs if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse. If the investigation could

not substantiate the victim's allegation of sexual abuse under the PREA definition, the investigation should have found the allegation to be unsubstantiated even if there was a sexual act. Substantiating that a sexual act occurred is not the same as substantiating an allegation of sexual abuse under PREA. Under the agency's rules, at least the alleged abuser should have been disciplined, not for sexual abuse, but base upon admission by both inmates that they engaged in a sexual act, which is subject to disciplinary action under agency rules.

#### RECOMMENDED CORRECTIVE ACTIONS

115.78(a) – The agency/facility shall ensure inmates are subject to disciplinary action 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.

115.78(b) – No corrective action required.

115.78(c) – No corrective action required.

115.78(d) – No corrective action required.

115.78(e) – No corrective action required.

115.78(f) – No corrective action required.

115.78(g) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.78(a) – The agency reported that going forward the PREA Coordinator will ensure a write-up is generated in ICJIS charging the perpetrator with "Engaging in sexual acts" whenever an investigation substantiates an allegation of sexual abuse. The AUDITOR asked whether policy revisions or other documentation might be needed to ensure sustainable institutionalization and the agency indicated that the requirement to discipline a perpetrator is already included in relevant procedure. The agency developed an Incident Checklist for the PREA Coordinator to ensure all necessary steps are taken in response to allegations of sexual abuse. The checklist requires, among other tasks, ensuring the perpetrator is punished if the allegation is substantiated. The checklist serves as a tool that contributes to sustainable institutionalization if used consistently.

#### CORRECTIVE ACTION APPROVED

115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- Stanislaus County Adult Detention Division Medical Screening (medical screening form)</li> <li>- Offer of Treatment Services</li> <li>- CMGC PREA Acknowledgement of Mandatory Reporting and Consent form</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Staff responsible for risk screening</li> <li>- Medical and Mental Health staff</li> <li>- Inmates who disclosed sexual victimization</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Statement from intake nurse</li> <li>- Statement from classification deputy</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.81(a)</p> <p>The standard provision states that 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility is not a prison.</p> <p>The standard provision does not apply.</p> <p>115.81(b)</p> <p>The standard provision states that 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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The PAQ reflects that the facility is not a prison and the standard provision does not apply. The facility is not a prison.</p> <p>The standard provision does not apply.</p> <p>115.81(c)</p> <p>The standard provision states that 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, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The PAQ reflects that the facility offers a follow-up meeting, with a medical or mental health practitioner, to</p>	

inmates who disclose prior sexual victimization; that the meeting is offered within 14 days of intake; that in the past 12 months 100% of inmates who disclosed prior victimization during screening were offered a meeting with medical or mental health; and that patient charts show compliance. The facility provided a blank Offer of Treatment/Services form; this form is used for inmates to document acceptance or refusal of a victim advocate, medical treatment, or mental health treatment. The screening deputy reported that inmates who disclose prior sexual victimization during intake screening are referred to medical and mental health for a follow-up meeting and that the meeting takes place within 14 days. The AUDITOR interviewed four inmates who disclosed prior sexual victimization and all four reported that they were referred to mental health for a follow-up meeting and seen within 14 days of intake. One inmate stated that she was referred during a prior admission to the facility in 2015 and that they already knew her and did not have to see her again this time. During the site review, an intake nurse explained that when an inmate discloses prior sexual victimization during intake screening, he or she will be referred to mental health and will be seen the next day; she provided a blank medical screening form which is completed for every new arrival; Question 15 on the form asks inmates if they previously experienced sexual victimization. Another nurse confirmed this practice during the tour of the medical office. The AUDITOR asked to review a sample of medical records to verify the referrals in question, but staff were occupied and did not have time to accommodate the request during the site review.

The explanation from the two nurses, the interviews with the screening deputy and the inmates, as well as the medical screening form and the offer of treatment/services form support a determination of compliance with the standard provision.

#### 115.81(d)

The standard provision states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The PAQ reflects that the information in question is not strictly limited to medical and mental health practitioners and that it is shared with other staff only as necessary for the specified reasons. During the site review, intake staff reported that classification officers have access to inmate sexual victimization and abusiveness information as needed for security and management decisions relative to housing and program assignments; however, other staff only have access on a need-to-know basis. During the site review, Deputy Pearson explained how inmate risk screening forms are staged in the booking clerk's station and later collected by classification deputies for housing and program assignment decisions.

The statement from intake staff, the explanation from Deputy Pearson and the AUDITOR's observation during the site review support a determination of compliance with the standard provision.

#### 115.81(e)

The standard provision states that medical and mental health practitioners shall 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. The PAQ reflects that medical and mental health practitioners obtain informed consent from inmates

under the specified circumstances. The facility provided the CMGC PREA Acknowledgement of Mandatory Reporting and Consent form; this form informs inmates that medical/mental health staff are mandatory reporters and as such are required to report any knowledge of sexual abuse that occurred in the facility; inmates may also use the form to authorize release of information they disclose to medical staff that may be essential for treatment, care and investigation of sexual abuse that occurred in the community. Medical and mental health staff confirmed that an inmate's written consent is obtained before reporting prior sexual victimization that did not occur in an institutional setting; staff pointed to the aforementioned PREA acknowledgement form and provided two completed forms as proof of practice.

The interview with medical and mental health staff and the two completed PREA acknowledgement forms support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.81(a) – No corrective action required.

115.81(b) – No corrective action required.

115.81(c) – No corrective action required.

115.81(d) – No corrective action required.

115.81(e) – No corrective action required.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Sexual abuse incident report</li> <li>- Agreement with Memorial Medical Center</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Medical and Mental Health staff</li> <li>- Security staff first responder</li> <li>- Inmate who reported sexual abuse</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Statements from medical staff</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.82(a)</p> <p>The standard provision states that inmate victims of sexual abuse shall 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. The PAQ reflects that victims of sexual abuse receive the prescribed access to treatment and services, that the scope of such services is determined as specified by the standard provision, and that medical and mental health practitioners do not maintain secondary materials related to response to an allegation. The agreement with Memorial Medical Center reflects that treatment provided to inmate victims of sexual abuse include emergency postcoital contraception care and antibiotic for sexually transmitted diseases. Medical and mental health staff reported that inmates receive timely, unimpeded access to the medical treatment specified by the standard provision, that the scope is determined by medical and mental health practitioners according to their professional judgment, and that treatment and follow-up is provided as soon as the incident is reported to medical staff. Only one inmate who reported sexual abuse required medical treatment and he reported that he received medical treatment at Memorial Medical Center. During the site review, a nurse verified that inmate victims of sexual abuse receive emergency medical care and crisis intervention provided by medical practitioners.</p> <p>The agreement with Memorial, the interviews with medical and mental health staff and the inmate who reported sexual abuse, and the statement from the nurse during the site review support a determination of compliance with the standard provision.</p> <p>115.82(b)</p> <p>The standard provision states that if no qualified medical or mental health practitioners are on</p>

duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. During an interview as a security first responder, a deputy reported that he arrived to assume his post while staff were investigating a recent allegation of sexual abuse; the inmate victim had already been removed from the cell and transported to the hospital for treatment. The actual security first responder's written report reflects that upon reading the kite in which the victim reported that his cellmate had been pressuring him for sex on a daily basis, the first responder informed the classification office. After the classification office provided a new housing assignment for the victim, the first responder acted to remove the victim from the cell he still shared with the alleged abuser and placed him in a visiting room. The report reflects that upon placing the victim in the room and talking to him, he appeared distressed, scared and started crying. Upon learning about the sexual abuse from the victim, the first responder notified the shift sergeant. This is consistent with the victim's account of staff's first response in which he estimates that it took about 30 minutes to remove him from the cell after staff received the kite.

The first responder's report and the interview with the inmate who reported sexual abuse do not support a determination of compliance with the standard provision. First responder duties specified in Standards 115.62 and 115.64(a) call for taking immediate action to protect a victim, or potential victim, of sexual abuse by immediately separating him or her from the abuser; instead, the first responders called classification and waited to receive a new housing assignment before removing the victim from the cell. In essence, the victim submitted the kite alerting the deputies that he was subject to substantial risk of imminent sexual abuse as specified in Standard 115.62 and the deputies did not respond as prescribed by the standard provision or the agency's PREA Policy. The report reflects that after placing the victim in the visiting room, the victim appeared distressed, scared and started crying and that the deputies notified the shift sergeant; however, the report does not reflect that the deputies called for medical or mental health response, even after observing the victim's emotional distress.

#### 115.82(c)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be 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. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the information and access prescribed by the standard provision. The PREA Policy includes the requirement of this standard provision. The agreement with Memorial Medical Center reflects that treatment provided to inmate victims of sexual abuse include emergency postcoital contraception care and antibiotic for sexually transmitted diseases. Medical and mental health staff confirmed that inmate victims of sexual abuse while incarcerated are offered the information and access to the medical care specified by the standard provision and the inmate who reported sexual abuse stated that he was tested for sexually transmitted diseases at Memorial Medical Center.

The PREA Policy, the agreement with Memorial Medical Center and the interviews with medical and mental health staff and the inmate who reported sexual abuse support a determination of compliance with the standard provision.

#### 115.82(d)

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with an investigation. The PREA Policy calls for treatment at no cost to the victim but does not include the qualifier about naming the abuser or cooperating with an investigation. The inmate who reported sexual abuse confirmed that he was not financially responsible for treatment services.

The PREA Policy and the interview with the inmate who reported sexual abuse support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.82(a) – No corrective action required.

115.82(b) – The facility shall ensure security staff are properly trained and prepared to respond to allegations of sexual abuse by following the first responder duties dictated by Standards 115.62 and 115.64; the facility shall provide sign-in sheets and signed employee acknowledgement forms declaring that they understood the training received.

115.82(c) – No corrective action required.

115.82(d) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.82(b) – The agency/facility provided sign-in sheets reflecting that over 400 employees received two hours of PREA training between October 10 and 16, 2018. Participants included security, medical, and other non-sworn staff. Deputy Pearson reported that staff were trained using the revised PowerPoint presentation. The AUDITOR reviewed the revised PowerPoint and verified that it includes first responder duties. The agency also provided a laminated card with first responder duties that was issued to all employees. The agency, however, did not provide signed employee acknowledgement that they understood the training received. Deputy Pearson later provided signed employee acknowledgments for sworn, non-sworn and medical staff who attended the training; the sample included employees from each of the training sessions.

#### CORRECTIVE ACTION APPROVED

115.83	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
<b>Auditor Overall Determination:</b> Meets Standard	
<b>Auditor Discussion</b>	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Agreement with Memorial Medical Center</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Medical and Mental Health staff</li> <li>- Inmates who reported sexual abuse</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Statements from staff in medical office</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.83(a)</p> <p>The standard provision requires the facility to offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PAQ reflects that the facility offers medical and mental health evaluation and, as appropriate, treatment under the circumstances specified by the standard provision. The PREA Policy includes the requirement of the standard provision. During the site review, the AUDITOR toured the medical office, spoke with medical staff and viewed patient consultation areas; a nurse confirmed that inmate victims of sexual abuse are offered medical and mental health evaluations and treatment as needed. In the agreement Memorial Medical Center agrees to provide medical counseling and referral, as well as medication administration of post-coital contraceptive and antibiotic for the prevention of sexually transmitted diseases, among other medical interventions.</p> <p>The PREA Policy, the site review observations, the conversation with the nurse, and the agreement with Memorial Medical Center support a determination of compliance with the standard provision.</p> <p>115.83(b)</p> <p>The standard provision states that the evaluation and treatment of such victims shall 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. The PREA Policy calls for follow-up consultation with medical and mental health practitioners upon return from the hospital but not continued care following transfer to, or placement in, other facilities, or following release from custody. Medical and mental health staff reported that inmate victims of sexual abuse receive baseline testing for sexually transmitted diseases and follow-up care, as well as mental health services, and discharge planning for community follow-up care. The inmate who reported sexual abuse indicated that</p>	

he did not receive any information about follow-up care from medical; the AUDITOR did not confirm this account. In the agreement, Memorial Medical Center agrees to provide follow-up examination and pathology, as needed, a week or two after the assault.

The PREA Policy, the interview with medical staff, and the agreement with Memorial support a determination of compliance with the standard provision.

#### 115.83(c)

The standard provision requires the facility to provide such victims with medical and mental health services consistent with the community level of care. Medical and mental health staff reported that inmate victims receive medical and mental health services consistent with community level of care. The agency has an agreement with Memorial Medical Center, a licensed community hospital, to provide the level of care prescribed by the standard provision.

The interview with medical and mental health staff and the agreement with Memorial Medical Center support a determination of compliance with the standard provision.

#### 115.83(d)

The standard provision states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ reflects that female victims are offered the prescribed care. The PREA Policy includes the requirement of this standard provision. The facility houses female inmates and medical staff confirmed that a female victim of vaginal penetration would be offered a pregnancy test. The inmate who reported sexual abuse is male; therefore, the test in question does not apply.

The PREA Policy and the interview with medical staff support a determination of compliance with the standard provision.

#### 115.83(e)

The standard provision states that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The PAQ reflects that if pregnancy results from sexual abuse while incarcerated, the victim receives the prescribed information and services. The PREA Policy does not include the requirement of this standard provision. Medical staff confirmed that if pregnancy results from a sexual assault, the victim would receive the information and access to the services in question.

The interview with medical staff supports a determination of compliance with the standard provision.

#### 115.83(f)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the specified tests. The PREA Policy includes the requirement of this standard provision. The inmate who reported sexual abuse confirmed that a test for sexually transmitted diseases was administered at Memorial Medical Center.

The PREA Policy and the interview with the inmate who reported sexual abuse support a determination of compliance with the standard provision.

115.83(g)

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with an investigation. The PREA Policy calls for treatment at no cost to the victim but does not include the qualifier about naming the abuser or cooperating with an investigation. The inmate who reported sexual abuse confirmed that he received treatment services at Memorial Medical Center free of charge.

The PREA Policy and the interview with the inmate who reported sexual abuse support a determination of compliance with the standard provision.

115.83(h)

The standard provision states that all prisons shall 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. The PAQ reflects that the standard provision does not apply because the facility is not a prison. The facility is not a prison.

The standard provision does not apply.

#### RECOMMENDED CORRECTIVE ACTIONS

115.83(a) – No corrective action required.

115.83(b) – No corrective action required.

115.83(c) – No corrective action required.

115.83(d) – No corrective action required.

115.83(e) – No corrective action required.

115.83(f) – No corrective action required.

115.83(g) – No corrective action required.

115.83(h) – No corrective action required.

115.86	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Incident review reports (3)</li> <li>- PREA Incident Reports</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Facility commander</li> <li>- PREA Compliance Manager</li> <li>- Incident Review Team (Deputy Pearson)</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.86(a)</p> <p>The standard provision requires the facility to 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. The PAQ reflects that the facility conducts incident reviews under the circumstances specified by the standard provision and that three substantiated or unsubstantiated sexual abuse investigations were completed in the past 12 months. The PREA Policy includes the requirement of the standard provision. The facility commander confirmed that the facility has an incident review team. The facility provided three incident review reports, two for unsubstantiated allegations and the other for an unfounded allegation.</p> <p>The PREA Policy, the interview with the facility commander and the incident review reports support a determination of compliance with the standard provision. The AUDITOR notes that incident reviews are not required where the investigation determines the allegation is unfounded.</p> <p>115.86(b)</p> <p>The standard provision states that such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ reflects that the facility completes the incident review within 30 days of concluding the investigation and that an incident review was completed within 30 days for the three investigations in question. The PREA Policy calls for a report of findings to be submitted to the adult detention commander within 30 days. The facility commander reported that the team conducts incident reviews shortly after the conclusion of the investigation. The incident review reports do not reflect the investigation conclusion date; however, the incident reviews were completed within 30 days of the investigation conclusion</p>

date documented in the PREA Incident Report generated for the two unsubstantiated cases.

The PREA Policy, the interview with the facility commander, and the incident review reports with corresponding PREA Incident Reports support a determination of compliance with the standard provision.

#### 115.86(c)

The standard provision states that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PAQ reflects that the review team is composed as prescribed by the standard provision and allows input from the specified staff. The PREA Policy identifies the adult detention lieutenant, health services administrator, a detention supervisor, the PREA Coordinator and facility health care staff as members of the review team. The facility commander stated that the incident review team includes upper-level management officials, such as facility commanders, the classification commander, sergeants, mental health staff and the PREA Coordinator. The incident review reports do not list names and titles of participants.

The PREA Policy and the interview with the facility commander support a determination of compliance with the standard provision. The facility should consider including the names and titles of incident review team members in incident review reports.

#### 115.86(d)

The standard provision states that the review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
  - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
  - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
  - (4) Assess the adequacy of staffing levels in that area during different shifts;
  - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
  - (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) - (d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.
- The PAQ reflects that the facility prepares a report of the incident review findings, including but not limited to determinations made pursuant to (d)(1) - (d)(5) above and any recommendations for improvement, and submits the report to the facility commander and PREA Compliance Manager. The PREA Policy includes the requirements of the standard provision. The facility commander stated that the incident review includes all considerations and assessments prescribed by the standard provision and the team prepares a written report of the incident review that includes findings and recommendations for improvement. The PCM confirmed that the facility conducts incident reviews and prepares a report that summarizes the review, any contributing factors, and team findings and recommendations. He stated that he had not received the reports in the past and displayed a binder with incident review reports indicating that he started retaining them. The AUDITOR reviewed the reports and found that

the facility started conducting incident reviews in November 2017 and conducted these reviews retroactively for all investigations completed since 2013. The reports reflect that the reviews included the considerations prescribed by the standard provision. The PCM stated that he did not notice any trends and has not had to take any corrective actions. Deputy Pearson requested to be interviewed on behalf of the incident review team; he confirmed that team reviews include all considerations and assessments prescribed by the standard provision, including the examination of the area where the abuse occurred as specified by 115.86(d)(3). He added that the team assesses the staffing levels to ensure compliance with the staffing plan and that there has not been any case where the facility did not implement a recommendation from the team. The incident review report for PREA Incident 1096 (where deputies called classification before removing the inmate from his cell) does not reflect that the team identified training needs or any other corrective actions.

The PREA Policy, interviews with the facility commander, the PCM and Deputy Pearson, as well as the review of the PCM's binder support a determination of compliance with the standard provision.

#### 115.86(e)

The standard provision requires the facility to implement the recommendations for improvement or shall document its reasons for not doing so. The PAQ reflects that the facility implements the recommendations or documents its reasons for not doing so. The PREA Policy includes the requirement of the standard provision. The PCM reported that he has not had to take any corrective actions and Deputy Pearson stated that there has not be any case in which a recommendation was not implemented by the facility.

The PREA Policy and interviews with the PCM and Deputy Pearson support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.86(a) – No corrective action required.

115.86(b) – No corrective action required.

115.86(c) – No corrective action required.

115.86(d) – No corrective action required.

115.86(e) – No corrective action required.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Sample aggregated data</li> <li>- Incident reports</li> <li>- Investigative reports</li> <li>- Incident review reports</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.87(a)</p> <p>The standard provision requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PAQ reflects that the agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The PREA Policy does not include the requirement of this standard provision. The AUDITOR reviewed data collected with Deputy Pearson and there is no evidence that the data is collected using a standardized instrument and set of definitions.</p> <p>The review of the data collected does not support a determination of compliance with the standard provision. The USDOJ's Survey of Sexual Victimization, Form (SSV-IA), is a standardized instrument that includes relevant definitions.</p> <p>115.87(b)</p> <p>The standard provision requires the agency to aggregate the incident-based sexual abuse data at least annually. The PAQ reflects that the agency aggregates it data at least annually. The review of the data collected does not reflect that the data is aggregated annually; data is collected from year-to-year, but not aggregated.</p> <p>The review of the data collected does not support a determination of compliance with the standard provision.</p> <p>115.87(c)</p> <p>The standard provision states that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the</p>

Survey of Sexual Victimization conducted by the Department of Justice. The PAQ reflects that the standardized instrument includes the specified data. The PREA Policy does not include the requirement of this standard provision. The data collected includes age, gender, race, sexual assault or sexual harassment, location, time of the incident, and investigative finding. The AUDITOR informed Deputy Pearson that data collected must answer all 39 questions in the form SSV-IA.

The review of the incident-based data collected does not support a determination of compliance with the standard provision. Completing a form SSV-IA for every allegation of sexual abuse or sexual harassment would ensure collection of the required incident-based data.

#### 115.87(d)

The standard provision requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PAQ reflects that the agency maintains, reviews, and collects data as specified by the standard provision. The PREA Policy does not specify the requirement of this standard provision. The data collected corresponds with information in the specified documents, but all required data is not included.

The review of the data collected, incident reports, investigative reports and incident review reports do not support a determination of compliance with the standard provision. The data collected does not include, at a minimum, the data necessary to answer all questions in the most recent version of the SSV-IA and the facility has not demonstrated that the data is reviewed. The agency should ensure the incident-based documents identified by the standard provision provide enough detail to allow the review of data collected to consider all 39 questions in the SSV-IA.

#### 115.87(e)

The standard provision requires the agency to also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates. The PAQ reflects that the standard provision does not apply because the agency does not contract for the confinement of its inmates. The agency does not contract with another facility for confinement of its inmates.

The standard provision does not apply.

#### 115.87(f)

The standard provision states that upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The PAQ reflects that the standard provision does not apply because the DOJ has not requested data. The DOJ has not requested data.

The standard provision does not apply.

### RECOMMENDED CORRECTIVE ACTIONS

115.87(a) – The agency shall collect accurate, uniform data for every allegation of sexual

abuse at facilities under its direct control using a standardized instrument and set of definitions. The USDOJ form SSV-IA is an excellent option for collecting the data prescribed by the standard provision.

115.87(b) –The agency shall aggregate its incident-based sexual abuse data at least annually.

115.87(c) – The agency shall ensure incident-based data collected includes, at a minimum, the data necessary to answer all questions in the most recent version of the form SSV-IA.

115.87(d) – The agency shall ensure incident-based data is collected from all available incident-based documents, including incident reports, investigation files, and sexual abuse incident reviews. The data shall be collected, maintained, and reviewed; and shall include, at a minimum, the data necessary to answer all questions in the most recent version of the form SSV-IA.

115.87(e) – No corrective action required.

115.87(f) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.87(a) – The agency started using the form SSV-IA to collect data for every allegation of sexual abuse at all facilities under its control. The PREA Coordinator included data from allegations dating back to 2013.

115.87(b) –The agency aggregated its incident-based sexual abuse data and sorted the data by calendar year.

115.87(c) – The PREA Coordinator created a spreadsheet for collecting data necessary to answer questions on the form SSV-IA except the Section B questions related to allegations of staff-on-inmate sexual abuse. The agency should explain how it plans to collect data related to allegations of staff-on-inmate sexual abuse. The PREA Coordinator explained that the staff-on-inmate sexual abuse questions are included in the spreadsheet; however, because the identification questions are the same for an inmate perpetrator as they are for a staff perpetrator, they were not repeated as they appear on the form. Instead of distinguishing between types of sanctions for inmates and types of sanctions for staff, the spreadsheet simply provides a field for entering the sanction imposed on the perpetrator, thus saving on the number of fields needed to answer all questions on the SSV form. The AUDITOR verified that the spreadsheet would in fact collect data necessary to answer all questions on the most recent version of the form SSV-IA.

115.87(d) – The agency's incident-based data was collected from all available incident-based documents, including incident reports, investigation files, and sexual abuse incident reviews. The PREA Coordinator stated that the BAS will review the incident-based files and the spreadsheet on December 3, 2018 to ensure all necessary data is being collected. The data includes an allegation received since the onsite audit; this provides evidence of on-going maintenance of incident-based data.



115.88	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Annual reports (2016 &amp; 2017)</li> <li>- Agency's website</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- Detention Captain</li> <li>- PREA Coordinator</li> <li>- PREA Compliance Manager</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- None required</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.88(a)</p> <p>The standard provision states that the agency shall 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:</p> <ol style="list-style-type: none"> <li>(1) Identifying problem areas;</li> <li>(2) Taking corrective action on an ongoing basis; and</li> <li>(3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.</li> </ol> <p>The PAQ reflects that the agency reviews data collected and aggregated for the specified reasons and prepares an annual report of its findings from the sources specified by the standard provision. The PREA Policy requires the PREA Coordinator to prepare an annual report but does not include the purpose specified by the standard provision. The Detention Captain stated that the agency includes investigative staff, data from ICJIS and the PREA Coordinator in its review of incident-based sexual abuse data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The PREA Coordinator reported that the agency does not 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. The PCM stated that the review of data collected and aggregated takes place at the facility commander level and that he told the PREA Coordinator he would like to be involved. The 2016 and 2017 Annual Reports provide a set of definitions and the number of substantiated, unsubstantiated, unfounded, and ongoing investigations of inmate-on-inmate and staff-on-inmate allegations of sexual abuse or sexual harassment.</p> <p>The interview with the PREA Coordinator and the annual reports do not support a</p>

determination of compliance with the standard provision. The standard provision requires an annual report for each facility and one for the entire agency. The two annual reports reviewed are agency-wide reports; the agency did not prepare annual reports for each facility it operates, and the annual reports do not reflect that the data was reviewed to identify problem areas and to take corrective action on an ongoing basis. The incident review reports appear to evaluate for problem areas, but that evaluation is not transferred to the annual reports.

**AUDITOR RECOMMENDATION:**

The agency should consider developing a template for reviewing data collected and aggregated to promote consistency in these reviews while ensuring that all assessments prescribed by the standard provision are included in every review. The agency should conduct periodic reviews of data collected and aggregated and identify a specific time of the year for annual reviews of data collected and aggregated. Problem areas identified during periodic reviews should be documented and corrective actions should be taken as needed in response to identified problem areas. Participants in these reviews should be identified and an employee should be assigned the responsibility for scheduling these reviews.

**115.88(b)**

The standard provision states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The PAQ reflects that the annual report includes the specified comparison and assessment. The PREA Policy requires the PREA Coordinator to prepare an annual report with the specified comparison and assessment. The 2016 and 2017 Annual Reports include comparisons of current year data with that of prior years and specifies the agency's efforts towards eliminating sexual abuse and harassment and bringing awareness to staff and inmates.

The PREA Policy and the two annual reports support a determination of compliance with the standard provision.

**115.88(c)**

The standard provision states that the agency's report shall be 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. The PAQ reflects that the agency makes its annual report available to the public through its website and the report is approved by the agency head. The PREA Policy calls for data collected to be made available to the public at least annually through the website or other means. The Detention Captain confirmed that the agency head approves the annual report and the two annual reports reviewed include a signature block for the Sheriff with the Undersheriff's signature; however, the AUDITOR did not find the reports published on the agency's website.

The interview with the Detention Captain and the two annual reports support a determination of compliance with the standard provision; however, the review of the agency's website for the annual report does not.

**115.88(d)**

The standard provision states that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a

facility but must indicate the nature of the material redacted. The PAQ reflects that the agency redacts material from annual reports for the specified reasons and indicates the nature of redacted material. The PREA Policy includes the requirement of the standard provision. Deputy Pearson stated that the annual report does not include aggregated data. The two reports do not include any material that appear to present a clear and specific threat to the safety and security of a facility if published and do not reflect that any material has been redacted.

The interview with the Deputy Pearson and the two annual reports support a determination of compliance with the standard provision.

#### RECOMMENDED CORRECTIVE ACTIONS

115.88(a) – The agency shall review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

115.88(b) – No corrective action required.

115.88(c) – If not already published, the agency shall make its annual reports readily available to the public through its website.

115.88(d) – No corrective action required.

#### CORRECTIVE ACTION TAKEN

115.88(a) - The agency provided a report with annual statistical data for calendar year 2017; the data is sorted by Inmate-on-Inmate Allegations and Staff-on-Inmate Allegations. For each facility operated by the agency, the report provides investigation dispositions for “non-consensual sexual acts,” “abusive sexual contact,” and “sexual harassment.” The report compares the number of inmate-on-inmate allegations and staff-on-inmate allegations from year-to-year, as well as the number of “non-consensual sexual acts,” “abusive sexual contact,” and “sexual harassment” from year-to-year. Under corrective actions, the agency lists on-going efforts to bring awareness to inmates, points out that the majority of incidents occurred in cells, that staff inspect the site of the incident when the allegation is substantiated or unsubstantiated to determine if there are enabling factors, highlights the importance of security rounds as a deterrent to potential perpetrators, and reinforces its commitment to continue educating staff on their roles and responsibilities. The report should include a section for listing problem areas; problem areas should be listed in itemized fashion and there should be a corresponding corrective action for each. The report should compare current year and prior year data, as well as current year and prior year corrective actions. Per the agency’s request, the AUDITOR provided feedback on the proposed annual report, including a template for data and corrective action comparisons. The agency revised its annual report template for 2017 to include the language of Standards 115.87 – Data Collection and 115.18 – Data

Review for Corrective Action; the revised report includes an area for listing problem areas and an area for listing corrective actions. The revised report also includes the recommended matrices for year-to-year comparisons of data collected and corrective actions, as well as an assessment of the agency's progress in addressing sexual abuse. The 2017 report does not identify any problem areas or corrective actions.

The standard provision calls for reviewing data collected and aggregated to assess and improve the effectiveness of the agency's sexual abuse prevention, detection, and response policies, practices, and training. Prevention measures include inmate risk-assessments, comprehensive inmate education and reassessments, as well as staff training. The PREA standards already require reassessment following an incident of sexual abuse; the review for problem areas could include re-visiting initial risk-assessments of victims and perpetrators to determine if risk factors were missed, determining if inmates involved received the comprehensive PREA education and whether staff responded according to agency policy and procedures.

The aggregated data reflects a trend suggesting that substantiated allegations are not accepted for criminal prosecution. The agency should review the reasons why these cases were not accepted for criminal prosecution and evaluate whether the uniform evidence protocol required under 115.21(a) should be revisited or whether additional staff training may be required. Data collected and aggregated does not include some of the factors identified above; however, data collected does not have to be limited to the questions on the form SSV. These are potential problem areas for which trends could be identified if included in the agency's review of data collected.

115.88(c) – The agency's website includes annual reports from 2012 to 2017 and all reports include the agency head's signature or that of his designee.

CORRECTIVE ACTION APPROVED

115.89	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> <li>- PAQ</li> <li>- PREA Policy 3.09.01</li> <li>- Sexual abuse data collection</li> <li>- Agency’s website</li> </ul> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> <li>- PREA Coordinator</li> </ul> <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> <li>- Visit to Deputy Pearson’s office</li> </ul> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.89(a)</p> <p>The standard provision requires the agency to ensure data collected pursuant to § 115.87 are securely retained. The PAQ reflects that the agency ensures incident-based and aggregated data is securely retained. The PREA Policy does not include the requirement of this standard provision. Deputy Pearson stated that the data is kept in his office and that only he and his supervisor have a key. The AUDITOR viewed the office in question and verified that Deputy Pearson locks it before leaving.</p> <p>The interview with Deputy Pearson and the AUDITOR’s observations support a determination of compliance with the standard provision.</p> <p>115.89(b)</p> <p>The standard provision requires the agency to 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. The PAQ reflects that agency policy calls for aggregated data to be made available to the public at least annually through its website. The PREA Policy includes the requirement of the standard provision. The agency’s website does not make aggregated sexual abuse data readily available to the public.</p> <p>The PREA Policy supports a determination of compliance with the standard provision, but the review of the agency’s website does not.</p> <p>115.89(c)</p> <p>The standard provision states that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The PAQ reflects that the agency removes all personal identifiers before releasing aggregated data to the public and maintains</p>

the data for at least 10 years after the initial collection. The PREA Policy includes the requirement of the standard provision. The agency has not made aggregated sexual abuse data publicly available.

The unavailability of aggregated sexual abuse data to the public does not support a determination of compliance with the standard provision.

115.89(d)

The standard provision requires the agency to 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. The PREA Policy includes the requirement of the standard provision. The sexual abuse data collected is for the current year only.

The data collected does not support a determination of compliance with the standard provision. Based upon the retroactive incident reviews completed, it appears the agency may have the ability to add historical sexual abuse data to its data collection.

#### RECOMMENDED CORRECTIVE ACTIONS

115.89(a) – No corrective action required.

115.89(b) – If not already published, the agency shall make its aggregated sexual abuse data readily available to the public through its website.

115.89(c) – Before making its aggregated sexual abuse data available to the public, the agency shall remove all personal identifiers.

115.89(d) – The agency should explore the prospect of adding historical data to its data collection and shall retain such data for at least 10 years.

#### CORRECTIVE ACTION TAKEN

115.89(b) – The agency's aggregated sexual abuse data is now readily available to the public through its website.

115.89(c) – Names and identification numbers of victims have been blacked-out on the published aggregated sexual abuse data and there are no personal identifiers.

115.89(d) – The published sexual abuse data dates to 2013 when the agency's started collecting data.

#### CORRECTIVE ACTION APPROVED

115.401	<b>Frequency and scope of audits</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1455 443">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="252 499 405 533">115.401 (a)</p> <p data-bbox="252 544 1474 831">The standard provision states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The agency's website does not reflect that any facility operated by the agency was audited during the prior three-year audit cycle. The agency's plans are to have two of its four facilities audited this year and the remaining two audited next year before the end of the current audit cycle, that is before August 20, 2019.</p> <p data-bbox="252 887 1442 958">This is informational only and does not impact the over-all compliance determination for the standard.</p> <p data-bbox="252 1014 405 1048">115.401 (b)</p> <p data-bbox="252 1059 1469 1301">The standard provision states that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. This is the third year of the current audit cycle and the agency did not ensure at least two-thirds of each facility type it operates is audited during the first two years of the current audit cycle. The agency plans to have all four facilities it operates audited during this final year of the current audit cycle.</p> <p data-bbox="252 1357 727 1391">The standard provision was not met.</p> <p data-bbox="252 1447 405 1480">115.401 (h)</p> <p data-bbox="252 1491 1410 1608">The standard provision states that the auditor shall have access to, and shall observe, all areas of the audited facilities. The AUDITOR had access to and observed all areas of the audited facility during the onsite audit.</p> <p data-bbox="252 1664 676 1697">The standard provision was met.</p> <p data-bbox="252 1753 395 1787">115.401 (i)</p> <p data-bbox="252 1798 1481 2033">The standard provision states that the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The AUDITOR was permitted to request and receive copies of any relevant documents (including electronically stored information) during the onsite and the evidence review and interim report phases. The agency/facility did not provide copies of relevant documents where those documents were not available.</p> <p data-bbox="252 2089 676 2123">The standard provision was met.</p>

115.401 (m)

The standard provision states that the auditor shall be permitted to conduct private interviews with inmates. The AUDITOR was permitted to conduct private interviews with inmates in private offices in each housing unit.

The standard provision was met.

115.401 (n)

The standard provision states that inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Inmates were permitted to send confidential correspondence to the AUDITOR; however, the AUDITOR replied to an inmate's letter using an envelope conspicuously labelled "CONFIDENTIAL CORRESPONDENCE" below the AUDITOR's name and title "Certified PREA Auditor." According to the inmate, the envelope was opened when he received it.

The standard provision was not met.

#### RECOMMENDED CORRECTIVE ACTIONS

115.401(a) - No corrective action required.

115.401(b) - No corrective action required because the audits cannot be conducted retroactively.

115.401(h) - No corrective action required.

115.401(i) - No corrective action required.

115.401(m) - No corrective action required.

115.401(n) - The agency/facility shall ensure incoming correspondence from a certified PREA auditor identified as confidential is not opened before delivery to the inmate addressee. The facility may have the inmate open the envelope in the presence of a deputy who can inspect it for contraband without violating the confidential nature of the correspondence.

#### CORRECTIVE ACTION TAKEN

115.401 (n) - The agency/facility reported that staff will be reminded, via memorandum, of the existing legal/confidential mail policy and how mail is to be opened and processed. The facility provided a draft memorandum to all PSC West Staff reiterating the agency's legal mail policy; the memorandum list entities inmates may correspond with confidentially; that list includes the community-based victim advocate and certified PREA Auditors. The agency should provide the final version of the memorandum, reflecting the dissemination date. Deputy Pearson reported that the lieutenant in charge of policy disseminated an email to all employees with the Inmate Correspondence policy. The AUDITOR reviewed the policy, which specifies that inmates are approved to correspond confidentially with PREA Auditors and PREA-related entities.

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.403 (f) The standard provision states that the agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. There has not been a final audit report issued in the past three years.</p> <p>The standard provision does not apply.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.403 (f) - No corrective action required.</p>

## Appendix: Provision Findings

115.11 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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

115.11 (c)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
	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

115.12 (a)	<b>Contracting with other entities for the confinement of inmates</b>	
	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.)	na

115.12 (b)	<b>Contracting with other entities for the confinement of inmates</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".)	na

115.13 (a)	<b>Supervision and monitoring</b>	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency ensure that each facility's staffing plan takes into	yes

	consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring?	
	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
	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
	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
	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

<b>115.13 (b)</b>	<b>Supervision and monitoring</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

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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
	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
	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

115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na

115.14 (b)	Youthful inmates	
	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).)	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).)	na

115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	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

115.15 (b)	Limits to cross-gender viewing and searches	
	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
	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

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates?	yes

115.15 (d)	<b>Limits to cross-gender viewing and searches</b>	
	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
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes

115.15 (e)	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.15 (f)	<b>Limits to cross-gender viewing and searches</b>	
	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
	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

115.16 (a)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
	Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all	yes

	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?	
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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

115.17 (a)	<b>Hiring and promotion decisions</b>	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes

115.17 (b)	<b>Hiring and promotion decisions</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

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency: perform a criminal background records check?	yes
	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

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	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.)	na

<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</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.)	na

115.21 (a)	<b>Evidence protocol and forensic medical examinations</b>	
	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

115.21 (b)	<b>Evidence protocol and forensic medical examinations</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
	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

115.21 (c)	<b>Evidence protocol and forensic medical examinations</b>	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	<b>Evidence protocol and forensic medical examinations</b>	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na

115.21 (h)	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	na

115.22 (a)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	<b>Policies to ensure referrals of allegations for investigations</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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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).)	na

115.31 (a)	<b>Employee training</b>	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	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

115.32 (b)	Volunteer and contractor training	
	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

<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

<b>115.33 (b)</b>	<b>Inmate education</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
	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
	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

<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received such education?	yes
	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

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	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

115.34 (a)	Specialized training: Investigations	
	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

115.34 (b)	<b>Specialized training: Investigations</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
	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
	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
	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

115.34 (c)	<b>Specialized training: Investigations</b>	
	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

115.35 (a)	<b>Specialized training: Medical and mental health care</b>	
	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
	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
	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
	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

<b>115.35 (b)</b>	<b>Specialized training: Medical and mental health care</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.)	na

<b>115.35 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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

<b>115.35 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	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

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

<b>115.41 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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

115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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

115.41 (f)	Screening for risk of victimization and abusiveness	
	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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a: Referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Request?	yes
	Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse?	yes
	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

115.41 (h)	Screening for risk of victimization and abusiveness	
	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

<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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
	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
	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
	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
	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

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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

115.42 (e)	Use of screening information	
	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

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	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
	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
	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

115.43 (a)	Protective Custody	
	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
	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

115.43 (b)	Protective Custody	
	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
	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
	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
	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
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation?	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations?	yes

115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	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
	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

<b>115.43 (e)</b>	<b>Protective Custody</b>	
	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

<b>115.51 (a)</b>	<b>Inmate reporting</b>	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

<b>115.51 (b)</b>	<b>Inmate reporting</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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	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.	no

115.52 (b)	Exhaustion of administrative remedies	
	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
	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

115.52 (c)	Exhaustion of administrative remedies	
	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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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

115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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

115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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

115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	<b>Inmate access to outside confidential support services</b>	
	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
	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
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	<b>Inmate access to outside confidential support services</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

115.53 (c)	<b>Inmate access to outside confidential support services</b>	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	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
	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
	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

115.61 (b)	Staff and agency reporting duties	
	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

115.61 (c)	Staff and agency reporting duties	
	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
	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

115.61 (d)	Staff and agency reporting duties	
	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

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	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
	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
	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
	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

115.64 (b)	Staff first responder duties	
	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

115.65 (a)	Coordinated response	
	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

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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 limit 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

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

<b>115.67 (b)</b>	<b>Agency protection against retaliation</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

115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</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

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
	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

<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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).)	na

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</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.)	na

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

115.73 (d)	Reporting to inmates	
	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
	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

<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes

<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
	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

115.77 (a)	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	<b>Corrective action for contractors and volunteers</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

115.78 (a)	<b>Disciplinary sanctions for inmates</b>	
	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

115.78 (b)	<b>Disciplinary sanctions for inmates</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

115.78 (c)	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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?	yes

<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</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.)	na

<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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

115.82 (b)	<b>Access to emergency medical and mental health services</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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	<b>Access to emergency medical and mental health services</b>	
	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

115.82 (d)	<b>Access to emergency medical and mental health services</b>	
	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

115.83 (a)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

115.83 (b)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</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

<b>115.83 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)	yes

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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.)	na

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

<b>115.86 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

<b>115.86 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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

<b>115.87 (e)</b>	<b>Data collection</b>	
	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.)	na

<b>115.87 (f)</b>	<b>Data collection</b>	
	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.)	na

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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
	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
	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

<b>115.88 (b)</b>	<b>Data review for corrective action</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

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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

<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</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

<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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.)	no

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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.)	no

<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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.)	na