

# PREA Facility Audit Report: Final

**Name of Facility:** Public Safety Center Minimum Housing Unit 1 & 2

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 03/08/2023

**Date Final Report Submitted:** 10/01/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input 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 type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Rick Winistorfer	<b>Date of Signature:</b> 10/01/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Winistorfer, Rick
<b>Email:</b>	rwinistorfer@yahoo.com
<b>Start Date of On-Site Audit:</b>	01/19/2023
<b>End Date of On-Site Audit:</b>	01/20/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Public Safety Center Minimum Housing Unit 1 & 2
<b>Facility physical address:</b>	200 Hackett Road, Modesto, California - 95358
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Brent Souza
<b>Email Address:</b>	bsouza@stansheriff.org
<b>Telephone Number:</b>	209-525-5678

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Jeff Dirkse
<b>Email Address:</b>	jdirkse@stansheriff.com
<b>Telephone Number:</b>	209-567-4464

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Erin Franchi-Baldwin
<b>Email Address:</b>	erin.baldwin@wellpath.us
<b>Telephone Number:</b>	209-525-5667

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	384
<b>Current population of facility:</b>	182
<b>Average daily population for the past 12 months:</b>	171
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	18-62
<b>Facility security levels/inmate custody levels:</b>	Min/Med
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	306
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	13
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	18

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Stanislaus County Sheriff's Department
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	250 Hackett Road, Modesto, California - 95358
<b>Mailing Address:</b>	
<b>Telephone number:</b>	

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

<b>Agency-Wide PREA Coordinator Information</b>
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<b>Name:</b>	Brent Souza	<b>Email Address:</b>	bsouza@stansheriff.com
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## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

#### Number of standards exceeded:

0

#### Number of standards met:

45

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-01-19
2. End date of the onsite portion of the audit:	2023-01-20

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Just Detention International Haven Women's Center - Stanislaus ACLU of Northern California

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	384
15. Average daily population for the past 12 months:	171
16. Number of inmate/resident/detainee housing units:	6
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

**Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit**

**Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	136
<b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	0

<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>No text provided.</p>
<p><b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b></p>	
<p><b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b></p>	<p>23</p>
<p><b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>22</p>

<p><b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b></p>	<p>119</p>
<p><b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>Contractors and Volunteers are able to work between all four (4) facilities on the campus.</p>
<p><b>INTERVIEWS</b></p>	
<p><b>Inmate/Resident/Detainee Interviews</b></p>	
<p><b>Random Inmate/Resident/Detainee Interviews</b></p>	
<p><b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>17</p>
<p><b>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p> <input checked="" type="checkbox"/> Age  <input checked="" type="checkbox"/> Race  <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)  <input checked="" type="checkbox"/> Length of time in the facility  <input checked="" type="checkbox"/> Housing assignment  <input checked="" type="checkbox"/> Gender  <input type="checkbox"/> Other  <input type="checkbox"/> None </p>
<p><b>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>By reviewing the rosters each day of audit which identified all demographics.</p>
<p><b>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>



<b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	No text provided.
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	0
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
<b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>No identified inmates at location - review of roster and discussion with staff on site to assist with identification.</p>

<b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	No complications, additional random inmate interviews were conducted and oversampled.
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>71. Enter the total number of RANDOM STAFF who were interviewed:</b>	8
<b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>If "Other," describe:</b>	Because of the size of the facility, all staff on duty were interviewed, including staff from night shift.
<b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	Because of the size of the facility, all staff on duty were interviewed, including staff from night shift.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.	

<b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	13
<b>76. Were you able to interview the Agency Head?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>78. Were you able to interview the PREA Coordinator?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>79. Were you able to interview the PREA Compliance Manager?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)



**80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	2
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	No text provided.

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

**87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

Yes

No

**88. Informal conversations with staff during the site review (encouraged, not required)?**

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>No text provided.</p>
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**Documentation Sampling**

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>No text provided.</p>
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**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

**92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:**

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

#### 94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

#### 95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

### Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

**96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0	0
<b>Total</b>	0	0	0	0	0

**97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:**

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	0
<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	No sexual harassment investigations conducted or completed during review period.

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>



<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>No sexual harassment investigations conducted or completed during review period.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>No sexual harassment investigations conducted or completed during review period.</p>

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

### Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
- No

a. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Identify the name of the third-party auditing entity

Correctional Consulting Services LLC

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>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.</p>

<b>115.11</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Stanislaus County Sheriff’s Department (SCSD) Internal Management Policy and Procedure mandates that the Minimum Housing Unit (MHU) has a zero-tolerance policy towards all forms of sexual abuse and sexual harassment, SCSD must provide a safe and secure environment for inmates.</p> <p>Current policy outlines the facility’s approach to preventing, detecting, and responding to sexual abuse and sexual harassment.</p> <p>The SCSD policy has been designed to minimize incidents of sexual abuse, sexual harassment, or any other form of sexual misconduct that impact staff, inmates, volunteers, or contractors.</p> <p>The standard requires that the position of the PREA Coordinator is identified in the Department’s organization structure. A review of the Stanislaus County Sheriff’s Organizational chart does not identify the specific individual who has been identified as the Department’s PREA Coordinator, even though policy language identifies the Bureau of Administrative Services Lieutenant as the Department’s PREA Coordinator.</p>

During the interview with the PCM, he indicated that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. He works routinely with the Minimum Housing Unit (MHU) staff to ensure policy and procedure are being followed properly. He was knowledgeable with regards to specific policy surrounding the PREA standards.

The PREA Coordinator advised he would assist the various facilities and ensure they have all the tools and guidance they need to meet all of the requirements of the PREA standards.

The SCSD has developed a zero tolerance stance towards sexual abuse and sexual harassment, staff and inmates were extremely knowledgeable of the PREA standards and zero tolerance policy.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard regarding zero tolerance of sexual abuse and sexual harassment; PREA coordinator. As a result, corrective action is required. The below identified items are required at this time.

#### Corrective Action

1. Update departmental organizational chart to reflect PREA Coordinator title. Upload org chart on Department webpage.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained the additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

#### Additional Documentation Reviewed:

1. Reviewed Updated Org. chart (Revised July 2023)

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility updated the Org chart reflecting the title of the PREA Coordinator within its departmental structure, and updated this chart on the departmental website.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is compliant with this provision.

	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.12(a)</p> <p>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.</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)</p> <p>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>

<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Current policy ensures the Facility continues to develop, document, and make its best effort to follow a staffing plan that provides for adequate levels of staffing, and when applicable, utilize video monitoring to protect inmates against sexual abuse. Current policy does not provide staff direction when these staffing plan reviews are to be conducted, which include an assessment of the staffing plan, the deployment of video monitoring systems, and resources available to ensure adherence to the staffing plan.</p> <p>The provided staffing plan indicates that in identifying adequate staffing levels and determining the need for video monitoring, the facility will utilize the PREA staffing analysis in accordance with the following considerations:</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;</li> <li>5. All components of the facility’s physical plant (including "blind-spots" or areas</li> </ol>

- where staff or inmates may be isolated);
6. The composition of the inmate population;
  7. The number and placement of supervisory staff;
  8. Institution programs occurring on a particular shift;
  9. Any applicable regulations or standards;
  10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse;
  11. Any other relevant factors

During the interview with the Facility Commander, she reported if the Facility deviates from the staffing plan, the staffing roster is updated. In those circumstances where the staffing plan is not complied with, it is the shift supervisor's responsibility to document and justify all deviations from the plan in the daily shift report. The Auditor could not find an occurrence when inmate education or program time was shut down as a result of staff shortage in the past 12 months.

The PAQ reflects that the Department 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 the plan is predicated upon an average daily population of 171 inmates. The Facility Characteristics reflect that the facility has a design capacity of 384 beds with an average daily population of 171. The facility houses only adult male inmates ages 18 to 88 and has admitted 1,143 inmates in the past 12 months.

The Facility provided its 2022 staffing plan, indicating the purpose of which is to establish basic security staffing protocols to ensure safety and security for inmates and staff by identifying positions needed and the video surveillance coverage. The plan provides a detailed explanation of the security staffing assigned to each housing unit 1 & 2, as well as the video surveillance capabilities in each area. However, there are several noted discrepancies between the provided staffing plan and the current operations at Minimum Housing Units 1 & 2. The provided plan did not represent that Housing Unit # 1 has not had any inmates for over a year, since its renovation, and is currently non-operational. In addition, the plan did not address the staffing and inmate involvement in regards to the Kitchen, Laundry, visiting, commissary, and warehouse operations.

The provided 2022 staffing plan does not reflect specific required elements, nor does the existing policy reflect the required elements or review requirements of the staffing plan. Such required elements should include; staff in attendance during annual staffing plan review, how review was conducted, any noted deviation during the review period, reason for deviation, how deviation was rectified, any identified issues requiring staffing plan modification, any other issues for notation during annual review, as well as the date of staffing plan review.

During the interview with the Captain, he explained how the plan considers each of the 11 factors in determining adequate staffing levels and the need for video

monitoring and that he, the Facility Commander and the Undersheriff review the watch report for compliance with the staffing plan; and that where necessary, overtime is authorized to fill a vacant post.

An interview with Facility Commander determined there have been no deviations from the staffing plan. She indicated that this had been achieved through a review of the daily jail report rosters and the daily staffing report. Unfortunately, the staffing plan reviewed was an insufficient representation of their actual staffing.

During an interview with the PCM, he explained how the plan factors each of the 11 factors are considered when determining adequate staffing levels and the need for any additional video monitoring. The PCM reported that there are no blind spots where staff and inmates interact with each other because the physical plant is very open and all such areas are covered either by either direct supervision or video surveillance. During the on-site visit, however, the Auditor did find blind spots where staff and inmates interact and has addressed those concerns in another provision/standard of this report.

The standard provision requires that whenever necessary, but no less frequently than once each year, for each facility the Department 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.

No documentation was provided to substantiate the date/time of reviews, staff involved, and any outcomes, if identified.

During the on-site review, the Auditor observed a significant custody presence in the housing unit. Deputies in the control room were also monitoring the video feed from surveillance cameras. Impromptu conversations with inmates in the housing unit reflected that they are not particularly concerned about sexual safety.

According to SCSD policy, staff are required that 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 staffing plan also indicates that unannounced supervisory rounds are conducted during each 12-hour shift for the reason specified by the standard provision. The facility provided copies of the security log reflecting documentation of supervisory



unannounced rounds between November 7, 2022 at 00:00 and November 8, 2022 at 23:59:59.

The security log documentation, the interview with the shift sergeant, and the security logs reviewed during the site review support a determination of compliance.

Interviews conducted with intermediate or higher level staff affirmed that these staff are making unannounced rounds and documenting these rounds on the respective shift rosters.

During random informal interviews and discussions with staff, the staff stated that supervisors conduct unannounced tours of their housing units and document them in the database. This was validated through a review of the various logs.

#### Conclusion

Based upon the review and analysis of all available evidence, the auditor has determined that Minimum Housing Unit (MHU) does not meet standard regarding supervision and monitoring. As a result, corrective action is required. The below identified items are required at this time.

#### Corrective Action

1. SCSD shall further refine and implement adequate PREA policy language relating to the implementation and utilization of an approved staffing plan, in accordance with PREA Standards. A helpful publication can be found on the PREA Resource Center website titled, "Developing and Implementing a PREA-Compliance Staffing Plan".
2. SCSD shall ensure that the staffing plan contains all required elements, as identified in standard/provision narrative above. Agency to provide a staffing plan review to Auditor for verification of documented practice to comply with this standard provision.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

#### Additional Documentation Reviewed:

1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)
2. Stanislaus County Sheriff's Department/Facility Staffing Plan (Revised January 2020)
3. Associated forms utilized during annual staffing plan review

Following the issuance of the Interim Audit Report, the auditor and the facility

	<p>discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy continuing to ensure zero tolerance towards the sexual abuse and harassment of the Inmate Population. The facility updated the annual staffing plan, and associated staffing plan review documents.</p> <p>The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation and interviews. The facility is compliant with this provision.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>This facility does not accept youthful inmates into confinement.</p> <p>Staff and Inmate interviews confirm youthful inmates are not housed at the facility. Staff indicated per policy; youthful inmates are never housed at Minimum Housing Unit (MHU).</p> <p>The Central Office also provided an age breakdown for those inmates housed at Minimum Housing Unit (MHU); the age of the inmate population ranges between 18 - 62 yrs.</p> <p>During the site visit, the auditor did not observe any youthful inmates housed at the facility.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Existing SCSD policy outlines procedures for appropriate cross gender pat-down searches, is not compliant with the mandates of this standard. Policy language is not consistent with the language as identified in standard 115.15.</p> <p>Existing SCSD policy outlines procedures for strip (unclothed) searches and visual body cavity searches shall be conducted by staff of the same gender, and in a private place which prevents the search from being observed by those not assisting in the search. This portion of the policy is compliant with the standard/provision requirements, as required.</p>

According to existing SCSD policy, except in exigent circumstances, strip searches and body cavity searches must be conducted, in private, by staff of the same sex as the inmate being searched. SCSD policy requires the facility staff to document all cross-gender strip searches and cross-gender visual body cavity searches.

Policy also advises that cross gender searches, including cross gender frisk, strip, or body cavity searches are not authorized in the Minimum Housing Unit (MHU).

- In the past twelve months, the following indicates the number of cross-gender visual body cavity searches of inmates: 0
- In the past twelve months, the following indicates the number of cross-gender visual body cavity searches of Inmates that did not involve exigent circumstances or were performed by non-medical staff: 0

SCSD policy allows an inmate to shower and perform bodily functions without non-medical staff of the opposite gender viewing them, except in exigent circumstances.

In those instances when a female staff member enters a housing area, they are required to announce, "female on deck/tier". During the site-review, opposite gender staff were observed entering the various housing units and announcements of their presence were not made for each occurrence. Policy and procedure requires staff of the opposite gender to announce their presence when entering an inmate housing area in accordance. Not all inmates interviewed recalled hearing opposite gender staff announce their presence when entering the housing unit.

During informal interviews with staff regarding the requirement for cross gender announcements, all staff consistently reported that opposite gender staff announcements are made when entering the housing areas. However, during the on-site review there was a female auditor present, at no time was the cross gender announcement made as we entered into the various housing units.

SCSD policy requires staff to be cognizant when searching transgender and intersex inmates, and shall conduct searches in a respectful, and least intrusive manner as possible. Inmates are not searched for the sole purpose of identifying/verifying their gender. Policy clearly stipulates that under no circumstances shall an inmate search be conducted solely for the purpose of determining an inmate's genital status.

Policy indicates that the SCSD shall 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.

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.

SCSD provided training logs to demonstrate all facility staff have been trained on search procedures. The training curriculum that is utilized for the training was also

provided for review. Training topics included the SCSD's zero tolerance policy, characteristics, and signs of potential victims of sexual abuse and harassment, security checks, contraband, as well as appropriate search techniques.

During staff interviews, staff advised that they are trained on how to conduct cross-gender pat-down searches and searches of transgender inmates. Staff reported they receive a refresher course on an annual basis.

During the site review, the Auditor observed a significant custody presence in R&R, as well as each housing unit. Deputies in the various control rooms were also monitoring the video feed from surveillance cameras. Impromptu conversations with inmates in housing units reflect that they are not particularly concerned about sexual safety.

According to SCSD policy, staff are required by the Department 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 Department 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 staffing plan also indicates that unannounced supervisory rounds are conducted during each 12-hour shift for the reason specified by the standard provision. The Facility provided copies of the security log reflecting documentation of supervisory unannounced rounds between November 7, 2022 at 00:00 and November 8, 2022 at 23:59:59.

The security log documentation, the interview with the shift sergeant, and the security logs reviewed during the site review support a determination of compliance.

During the site review of the Facility, the Auditor observed that there were numerous cameras distributed throughout various locations. In those locations where the field of view of the camera is positioned with view of the toilet area, the area of exposure was sufficiently blackened to ensure privacy.

During On-Site Physical Plant Review, the auditor noted a number of areas of concern that had not been identified in the Staffing Plan. The following are noted areas of concern:

- Housing Unit # 2 - there were numerous cameras throughout the housing unit; however, these cameras had been installed almost 10 years ago. Given their age, the clarity and focus of the camera has deteriorated over time, making necessary identifications difficult. It is recommended that the camera technology is consistent with cameras found in Unit # 1.
- Laundry - Two cameras in operation; however, they are monitored by Unit 1, which is not operational, and by the visiting post when staffed. Clothing storage is behind a locked door, and only accessed with direct observation of staff. Laundry has numerous identified blind spots behind washers # 2, 3, 4,

5, 6, and Dryers # 3, 4, and 5. In order to address these blind spots, mirrors need to be strategically placed to allow for observation behind these areas. Additionally, mirrors need to be placed to observe the clothing storage area. All mirrors need to provide for direct observation.

- Kitchen Area - there were numerous cameras throughout; however, additional areas of concern were noted relative to unsecured areas, allowing uncontrolled access by inmate population. Specific areas and possible solutions are:
  - Unsecured Blast Chillers 1 & 2, secure locks until access is required.
  - Cart / Milk Cooler, secure locks until access is required.
  - E Thaw Cooler, secure locks until access is required.
  - F Meat Cooler, secure locks until access is required.
  - J Produce Cooler, secure locks until access is required.
  - Unsecured Food Bank (large refrigerator), advised by Food Manager that constant access is required for food production. Recommend securing lock and allow access only under direct supervision of staff while door is left unsecured. If door is to be left unsecured then staff member must be present at all times. Another option would be to add additional camera coverage within Food Bank.

It should also be noted that numerous other Sheriff's Departments and Corrections Agencies have been moving towards additional body cameras as an added safety item for both the inmate population, as well as the custody staff assigned within the various facilities. It is Recommended that the SCSD consider the implementation of body cameras for its Custody Deputies.

During interviews with the PREA Compliance Manager and higher-level facility staff it was reported that no cross-gender strip searches have been conducted at the facility within the past 12 months.

All staff interviewed (formal and informal) were questioned about cross gender search practices. Each of these staff recalled having the training specific to this and reported that cross gender strip searches or cross gender body cavity searches do not occur at SCSD. In addition, the interviewed staff indicated specifically that no searches are conducted for the sole purpose of identifying the genital status.

If the formal and informal inmate interviews, all indicated that female staff do not conduct cross gender strip searches or cross gender body cavity searches.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard regarding the limits to cross-gender viewing and searches. As indicated above, it is Recommended that the SCSD consider the implementation of body cameras for its Custody Deputies. In addition, it is also Recommended that the SCSD consider upgrading the cameras in Housing Unit # 2 to reflect the technology consistent with those in Housing Unit # 1. The below identified items are required at this time.

Corrective Action

1. SCSD policy need to be revised to further outlines procedures for appropriate cross gender pat-down searches.
2. Minimum Housing Unit (MHU) shall address the issues that have been identified in the above narrative regarding the Kitchen, Laundry, etc., ensuring the safety and security of the facility and assigned personnel.
3. Provide refresher training to staff regarding cross-gender announcements, provide the Auditor copies of training material, and sign-in sheets reflecting completion of training for all staff.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard. In addition, the auditor also conducted an additional on-site review of those areas identified. During this onsite review this auditor was able to verify that all identified items had been addressed and corrected.

Additional Documentation Reviewed:

1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)
2. Lesson Plan / Training Materials
3. Exam & employee training documents

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines zero tolerance towards the sexual abuse and harassment of the Inmate Population, and provided subsequent training to all jail personnel. In addition, the facility also ensured that all identified areas of the facility met with compliance regarding the requirements and expectations of this standard.

Training for all staff was conducted following the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.

The facility has effectively demonstrated compliance during this period of corrective action with supporting documentation, interviews and an on-site inspection. The facility is compliant with this provision.

**115.16**

**Inmates with disabilities and inmates who are limited English proficient**

**Auditor Overall Determination: Meets Standard**

**Auditor Discussion**

The facility ensures 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. It provides inmate education in formats accessible to all inmates, including those who are Limited English Proficient, deaf, visually impaired, intellectually and/or physically disabled, as well as to inmates who have limited reading skills.

The facility has staff who can be utilized as translators. The SCSD utilizes a language service for phone service interpreting to those inmates who are Limited English Proficient. Brochures are available in both English and Spanish. Minimum Housing (MHU) had prominent PREA signs throughout the facility in English as well as Spanish. The PREA Orientation Handbook is available in Spanish as well.

Agency policy indicates that staff shall not rely on inmate interpreters, inmates 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 described within this plan, or the investigation of the inmate's allegations.

The Auditor was provided written documents, training materials, as well as PREA brochures, that are provided in both English and Spanish to the inmate population. During the tour, the Auditor also observed that the PREA posters were prominently displayed in each housing unit, work area, as well as numerous areas throughout the facility in both English and Spanish.

During the interview with the Captain, he indicated that the Department ensures that training materials are provided in different formats; written, video, English, Spanish, American Sign Language, etc.

During the interview with the PCM, he indicated that there have not been any instances in the past twelve (12) months where interpreter services were utilized or required.

Of the staff that were interviewed by the Auditor, all indicated that in the event translation was required, they would try to find another staff member to provide translation, and then advise the Shift Commander for further direction. Each of the staff members advised that they would not solicit the assistance of an inmate translator, nor would they utilize one past the initial introductions.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that the Minimum Housing Unit (MHU) Meets Standard regarding inmates with disabilities and inmates who are Limited English Proficient. No recommendations or corrective action is required.

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<b>115.17</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SCSD policy requires that the Department/Facility shall not hire or promote anyone into a position who may have contact with inmates, and shall not enlist the services of any contractor that may have contact with inmates, that have engaged in sexual abuse of inmates in an institutional setting, have been convicted of engaging in sexual activity in the community facilitated by force, the threat of force, or coercion, or has been civilly or administratively adjudicated to have engaged in such activity. During the interview with the Human Resources (HR) Administrator, she confirmed this practice was in place.</p> <p>The standard/provision requires that SCSD policy considers any incidents of sexual harassment in determining whether to promote anyone who may have contact with inmates. Provided policy does not identify the consideration of any incidents of sexual harassment in determining whether to promote anyone who may have contact with inmates.</p> <p>During the interview with the HR Administrator, she reported that the Facility considers prior incidents of sexual harassment/sexual abuse when determining whether to promote or hire anyone. She could not recall that this has occurred, and that if it had, it would be discussed with administration.</p> <p>The Auditor reviewed a random sampling of staff and contractor files. The Auditor reviewed a total of fourteen (14) files of those individuals, both staff and contractor, who were either hired or promoted within the past 12 months, including existing staff, or existing staff who had been with SCSD for over five (5) years. Each of the files reviewed contained all items required by the standard, which included PREA documentation and Criminal History Check information. The Auditor was also able to verify that all files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.</p> <p>In the preceding 12 months there were 114 individuals hired who may have contact with inmates who have had a criminal background check completed. The auditor conducted a review of the requested personnel files (which included newly hired) and verified that each of the files reviewed contained all items required by standard, including the PREA documentation and verification of the completed criminal history checks.</p> <p>When considering employment for an individual, the SCSD policy considers any incidents of sexual harassment in determining whether to hire any new employees who may have contact with inmates. Additionally, the SCSD does not employ or</p>



promote anyone who may have contact with inmates, and shall not enlist the 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);
- 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
- Has been civilly or administratively adjudicated to have engaged in 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.

The HR Administrator was interviewed regarding the hiring practices of the SCSD indicated that a potential hire is required to fill out all personnel documents, which requires the disclosure of this standard's required items. In addition, the HR Administrator further stated that the SCSD takes a highly active and aggressive stance with the requirements of the PREA standards. She further indicated that a condition of staff employment requires that any arrest activity must also be reported through the respective employee's reporting structure. Additionally, any information on substantiated allegations of sexual abuse or sexual harassment involving a former employee must be provided upon request.

SCSD policy requires the Facility to conduct criminal background checks at least every five years of current employees and contractors who may have contact with inmates. In lieu of conducting background checks every five (5) years, as required by provision, the HR Administrator advised that the SCSD has placed protocols in place that will automatically notify them when a staff member, contractor or volunteer are arrested.

SCSD policy requires the Facility to ask all applicants and employees who may have contact with inmates directly about previous misconduct. Prior institutional employers of each candidate, including new hires and promotional candidates, and contract employee candidates, are also contacted for information on substantiated allegations of sexual abuse of an inmate or any resignation during a pending investigation of an allegation of sexual abuse of an inmate using the Request for Information from Prior Institutional Employer Letter.

During the interview with the HR Administrator, she indicated that omissions regarding misconduct, or the provision of materially false information, are also grounds for termination. The Facility is also required to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an employer for whom such employee has applied to work.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has

determined that Minimum Housing Unit (MHU) Does Not Meet Standard regarding hiring and promotion decisions. Corrective action is required.

Corrective action

1. Policy is required per standard/provision to identify the consideration of 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.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)
2. Updated forms utilized during hiring and promotion of new employees, promotional employees, and contractors.

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines zero tolerance towards the sexual abuse and harassment of the Inmate Population. The policy and procedures address the concerns identified in the corrective action items.

Training for all staff was conducted following the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.

The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Department has not acquired a new facility or made substantial expansion or

	<p>modification to existing facilities since august 20, 2012. Review of the facility plant indicates no substantial expansion or modification to existing facilities since august 20, 2012. Standard provision does not apply to this Department/Facility.</p> <p>During the interview with the Captain and the Facility Commander, both verified that no electronic monitoring or surveillance system has been installed since august 20, 2012,.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding the upgrades to facilities and technology. No corrective actions is required at this time.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The SCSD policy was designed to outline the policy and procedures for investigating and documenting incidents of sexual assault. The policy further identifies the Department’s commitment to assist sexual assault victims in a supportive manner and to conduct timely and diligent investigations, enhancing probability of a successful prosecution, as well as outlining the procedures that investigators must follow including the Forensic Medical Examination, sexual assault evidence kit, crime scene examination, evidence collection, and the interview process.</p> <p>The Department is responsible for conducting administrative and criminal sexual abuse investigations. The Coordinated Response plan in the Sexual Abuse and Sexual Harassment Policy outlines the response by staff at the Facility, beginning from the initial report to the closing of the investigation.</p> <p>The SVU Investigators from the Department’s Investigations Unit is responsible for conducting the investigation and follow a uniform evidence protocol that has already been established. SCSD staff are required to secure the scene until an investigator arrives. It is the responding employees responsibility to provide emergency responsiveness to protect life and property as well as to provide for the identification, protection, preservation, and collection of physical evidence in such a manner to maintain its integrity and enhance the potential prosecution of perpetrators.</p> <p>During the interview with each of the investigators, they outlined the procedures they follow to conduct the investigations, obtain and preserve evidence, as well as the collection of evidence by appropriate medical personnel and perform the follow-up services that are to be provided to victims. A copy of the protocols was provided to the Auditor.</p>

SCSD policy requires that the facility offers all victims of sexual abuse access to forensic medical examinations, without financial cost, when evidentiarily or medically appropriate. Such examinations are conducted by a Sexual Assault Forensic Examiner (SAFE) or a Sexual Assault Nurse Examiner (SANE) at Memorial Medical Center. The SANE who was interviewed confirmed to the Auditor that the off-site forensic medical exam is performed by a certified SANE at no cost to the inmate.

The contracted medical staff at the Facility are responsible to ensure that all documentation is maintained in the inmate's medical record. In addition, all counseling for sexually transmitted infection, treatment and follow-up will be conducted, as appropriate.

The Facility has MOU's with a community Rape Crisis Center (Sexual Assault/Domestic Violence Center), to provide victim advocacy services for the inmate population. A copy of the signed MOU was provided to the Auditor with the pre-audit material. A representative from the Rape Crisis Center was also contacted for a telephonic interview.

Upon notification of a sexual assault, the investigator/facility medical staff will consider the amount of elapsed time and shall request a forensic medical examination of the victim if the sexual assault occurred within 72 hours of report the assault to the investigator.

The Auditor conducted a telephonic interview with the SAFE/SANE representative. She confirmed that the exams are provided at no cost to the inmate, and that all forensic services are provided when the inmate is presented at the hospital for follow-up. She indicated that trained forensic nurses (SAFE/SANE) are always available 24 hours a day, 7 days a week. She further stated that during the exam process, a victim advocate is also made available to assist with any questions and to ensure that follow-up counseling is provided before, during, and after the examination as needed for the victim.

According to the signed MOU between SCSD and the Sexual Assault/ Domestic Violence Center, the organization provides advocacy services to accompany and support the inmate victim through the forensic medical examination process and investigatory interviews. The auditor was provided a copy of the signed MOU. The advocates provide emotional support, crisis intervention, information, and referrals upon request from SCSD. This process was also confirmed through interviews with the PREA Compliance Manager.

115.21 (f-h): This subsection is not applicable. The agency is responsible for investigating criminal and administrative allegations of sexual abuse through Sheriff Department's Investigations Division.

During the interview with the PCM, he indicated that victim advocacy services are offered through contract and are built into the forensic examination process. The PCM stated that all requirements of PREA have been incorporated into the contract. During the examination, the inmate meets the victim advocate and arrangements are made to provide any necessary counseling services. Any follow-up counseling will be

	<p>coordinated in collaboration with mental health services staff located at the Facility.</p> <p>During the interviews with staff, the auditor confirmed all staff knew and understood the Department’s protocol for obtaining usable physical evidence if an Inmate alleges sexual abuse. Every staff member interviewed was able to articulate the basic preservation of evidence component of both victim and assailant. They were also able to explain their responsibilities up to the point where they will transfer responsibility to either investigative or medical staff.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that the Minimum Housing Unit (MHU) Meets Standard regarding evidence protocols and forensic medical examinations. No recommendations or corrective action is required.</p>
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<b>115.22</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>SCSD and Minimum Housing Unit (MHU) require all allegations of sexual abuse, sexual harassment, or nonconsensual sexual acts shall be referred to investigative staff immediately. An investigation shall be initiated immediately on any such allegation and follows a uniform evidence protocol as set forth in the policy and procedures. SCSD has established methods of reporting to include, verbal, anonymous, written notes, helpline, etc.</p> <p>In the past 12 months the number of allegations of sexual abuse and sexual harassment that have been received is:</p> <ul style="list-style-type: none"> <li>• Administrative investigations:           0</li> <li>• Criminal investigations:                   0</li> </ul> <p>In the event that any allegations were received, all administrative investigations would be documented and completed.</p> <p>SCSD policy indicates that investigations shall be initiated as prescribed by 3-04.01. All allegations of misconduct or criminal activity received by the Investigations Unit shall be reviewed and a determination made as to how the allegation will be handled. The Investigations Unit will review the information and determine if the investigation should be conducted by that office or if the issues would be more appropriately handled through a different process. Investigative staff were interviewed and confirmed this practice. The Department has legal authority to conduct investigations, however, it will refer to the District Attorney’s Office if criminal charges are needed.</p>

A review of SCSD policy provides that their internal investigators are the primary investigative and law enforcement entity to conduct its own investigations.. Their mission is to serve as an independent office to conduct investigations in accordance with those professional standards that relate to the fields of investigation in a government environment, and certain regulations and policies of the SCSD.

The Department's policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the Department website:

[http://www. https://www.scsdonline.com/prea.html](http://www.https://www.scsdonline.com/prea.html)

The Department website provides access to numerous methods for the public to report sexual abuse or sexual harassment; such methods include telephone contact and email address information.

115.22 (c-e): is not applicable. SCSD is responsible for conducting their own investigations.

During the interview with the Captain, the Auditor was advised criminal sexual abuse or sexual harassment criminal investigations are completed by departmental Investigators, which are categorized as outside the correctional environment investigators.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing (MHU) Meets Standard regarding the policies to ensure referrals of allegations for investigations. No recommendations or corrective action is required.

<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Following a review of the SCSD policy, as well as associated PREA training curriculum confirm that SCSD has policies and training in place to ensure that all employees who may have contact with inmates, and have received the appropriate training 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 the 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> </ol>

5. The dynamics of sexual abuse and sexual harassment in confinements;
6. The common reactions of sexual abuse and sexual harassment victims;
7. How to detect and respond to signs of threatened and actual sexual abuse;
8. How to avoid inappropriate relationships with inmates
9. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates, and;
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The Department's curriculum and training materials were reviewed by the Auditor. All training materials provided include all required elements required according to PREA Standards.

The Auditor reviewed fourteen (14) random staff training files. Each reviewed file contained all relevant documentation to reflect that staff had met their initial PREA requirements.

Each of the staff members interviewed recalled attending the initial PREA training when they were hired, and each indicated that they receive annual PREA refresher training as well as additional in-service trainings.

According to SCSD policy, training is tailored to the genders of the inmates at the facility. Prior to the on-site portion of the audit, SCSD provided lesson plans and numerous training logs for the Auditor to review.

Of the 42 staff presently assigned to the Minimum Housing Unit (MHU), the Auditor reviewed documentation that reflected 100% of the staff have received the PREA training specific to the inmate population in the past twelve (12) months.

The facility provides employees with refresher training annually to ensure that all employees know the Facility's current sexual abuse and sexual harassment policies and procedures. According to training files reviewed, staff are receiving annual PREA training.

The auditor reviewed the PREA PowerPoint Presentation and acknowledgement sheets used for staff training. The auditor also confirmed the PowerPoint training consisted of all the information listed above. In addition, staff have also received PREA First Responder Cards.

The facility documents through an employee signature that they understand the training they have received. All files indicated by an employee signature that they are completing the PREA training as required. Staff initial and sign that they understand that engaging in sexual abuse or sexual harassment with an inmate is grounds for disciplinary action.

During the interviews with random staff, all staff confirmed that they received training in the following:

- Agency’s zero-tolerance policy for sexual abuse and sexual harassment;
- How to fulfill our responsibilities regarding sexual abuse and sexual harassment prevention, detection, reporting, and response, per agency policies and procedures;
- Inmates’ right to be free from sexual abuse and sexual harassment;
- The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- The dynamics of sexual abuse and sexual harassment in confinement;
- The common reactions of sexual abuse and sexual harassment victims;
- How to detect and respond to signs of threatened and actual sexual abuse;
- How to avoid inappropriate relationships with Inmates;
- How to communicate effectively and professionally with Inmates, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming Inmates;
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

The Minimum Housing Unit (MHU) staff that were interviewed advised they received classroom training for PREA.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard for employee training. No recommendations or corrective action is required.

115.32	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>According to SCSD and Minimum Housing Unit (MHU) policy, the Facility ensures all volunteers and contractors who may have contact with inmates have received appropriate training mandated by the PREA standards. SCSD provided lesson plans and training logs with the pre-audit paperwork to the Auditor for review.</p> <p>According to the provided Pre-Audit Questionnaire (PAQ), the Facility has trained 100% of its 141 volunteers/contractors in the past 12 months in Department policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Volunteers/contractors are required to be provided refresher training every two (2) years to maintain their approval status. One (1) volunteer and two (2) contractors were interviewed and each recalled that the level of training was specific to their roles/responsibilities in the facility. When the Auditor questioned each one about their knowledge of PREA, each was able to identify what PREA was, and what was their role/responsibility in the event that they were confronted with a situation of</p>



	<p>Sexual Abuse / Sexual Harassment.</p> <p>The Facility provided a copy of the volunteer and contractor PowerPoint presentation and brochures that are taught for new volunteers and contractors. The information provided covers the Facility's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Sample forms were provided to the Auditor. The individual signs the form to acknowledge as a volunteer, contract provider, or person with intermittent contact with inmates, that they are aware of the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and know how to report such incidents. They also acknowledge that they understand the information presented regarding this topic and shall report any instance which violates the SCSD Inmate Sexual Assault and Sexual Harassment Policy.</p> <p>The level and type of training pertains to Department policies and procedures regarding sexual abuse/harassment prevention, detection, and response is consistent.</p> <p>All of the volunteers and contractors who have contact with inmates have been notified of the Department's zero-tolerance policy regarding sexual abuse/harassment, and informed how to report such incidents. The Facility maintains documentation confirming that volunteers/contractors understand the training they have received. All individuals sign an Acknowledgment of Training (AOT) form following each training session.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding the requirements for volunteer and contractor training. No recommendations or corrective action is required.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>According to SCSD &amp; Minimum Housing Unit (MHU) policy, information about the Facility's policy and procedure regarding sexual abuse/harassment is included in each facility's orientation program and is provided in a manner that is clearly understood by the inmate. During the intake process, inmates receive information explaining the Department's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse/harassment.</p> <p>During interviews conducted with intake staff, they provide a brochure and orientation handbook with this information to the inmate upon intake.</p> <p>During the intake process, all individuals receive information explained orally and in</p>

writing regarding the Facility's zero-tolerance policy in reference to sexual misconduct and how to report incidents or suspicions of sexual misconduct.

- In the past 12 months the number of inmates where were given this information at intake is: 14,827 or 100 %.

Of the twenty (20) inmate files that were reviewed, a copy of the signed acknowledgement from each inmate was retained in every file. The date of the signature coincided with the date that the inmate arrived at the facility.

During the interviews with seventeen (17) inmates, all were asked if they could explain what they could recall from their PREA training. All inmates acknowledged receiving copies of the PREA information and watching the Department's PREA video when they arrived at SDCE. The general responses they provided were; right to be free from sexual harassment and retaliation for reporting, where the numbers and addresses were located, and who to speak with if they had any questions or how to report if they needed to report an incident. Every inmate expressed safety at Minimum Housing Unit (MHU) and that if they needed anything they were aware of how to make the necessary notifications to get assistance.

Within 30 days of intake, the Facility also provides comprehensive education to all newly transferred inmates either in person or through video regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and reporting policies and procedures for responding to such incidents.

- In the past 12 months the number of inmates where were given this information within 30 days of intake is: 610 or 100 %.

Minimum Housing Unit (MHU) provides inmate education in formats accessible to all inmates, including those who are Limited English Proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Random inmate interviews indicated that inmates have knowledge of PREA, as well as the means to report allegations.

During the interview with the PCM, he was asked what the process was used in the event that an inmate is deemed outside of the scope of these already established training formats. He advised that he will work with the appropriate staff to ensure that each inmate is able to comprehend the PREA related items to a comfortable level of comprehension.

The SCSD policy requires that the inmate PREA orientation attendance is documented, and acknowledgement of receipt is signed. The signed receipt is also imaged into the inmate's electronic record. Copies of the electronic record were viewed during the on-site portion of the audit.

During the on-site review, it was noted that PREA signs were present in all housing areas, laundry, visitation, classrooms, as well as inmate common areas. The signs

	<p>provide information to inmates on how to report sexual abuse and sexual harassment. It should also be noted that prior to every telephone call, the inmates are provided a PREA recording into that allows for a hotline referral. The pamphlet also provides numerous hotline numbers, as well as toll-free third-party reporting options. It is noted that the phone calls are anonymous.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard for inmate education. No recommendations or corrective action is required.</p>
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<b>115.34 Specialized training: Investigations</b>	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of the SCSO policy reflects there is no language that requires department investigators be trained in conducting sexual abuse investigations in confinement settings. The policy language needs to require that the specialized training investigative staff receives meets PREA standards. In addition to the sexual assault investigations training, the Department's sex assault investigators are also required to receive in-service training that specifically relates to sexual assault within the prison facilities, as well as any changes to the PREA standards</p> <p>The Department's investigators have not completed the required training specific to conducting sexual abuse investigations in a confinement setting.</p> <p>In addition, the policy should be updated to reflect that the investigators are required to attend annual re-certification training. Additional training should include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, procedures for sexual abuse evidence collection in a confinement setting, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>The investigators should receive the training provided from the National Institute of Corrections such as the course "PREA and Investigating Sexual Abuse in a Confinement Setting". In addition, investigators should receive and provide completion of specialized training in conducting sexual abuse investigations, as required by standard/provision.</p> <p>115.31 (d) is not-applicable.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard for</p>

specialized training: Investigations. Corrective action is required.

Corrective Action

1. Update policy language that requires specialized training for investigative staff. Ensure that the investigator training that meets PREA standards/provisions.
2. All departmental sexual assault investigators (criminal & administrative) are required to attend and provide completion of certificates of training received.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)
2. Lesson Plan / Training Materials
3. Employee training documents

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines zero tolerance towards the sexual abuse and harassment of the Inmate Population. The policy and procedures address the concerns identified in the corrective action items. In addition, the agency ensured that all departmental investigators have received all the required training. The training and certificates provided were sufficient to address the specific requirements of the Corrective Action items.

Training for all staff was conducted following the Policy and Procedures updates, in addition specialized training was provided to departmental investigators. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.

The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.

<b>115.35</b>	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## **Auditor Discussion**

The SCSD & Minimum Housing Unit (MHU) contracts with Wellpath for medical and Mental Health care. According to SCSD and Wellpath policy, medical and Mental Health staff receive specialized training and orientation training for new hires with regards to PREA. Medical and Mental Health staff also receive the training mandated under 115.31 and 115.32.

SCSD policy requires that all medical and Mental Health practitioners who work regularly in the SCSD receive the mandatory training, which includes:

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

According to the Pre-Audit Questionnaire, 100% of medical and Mental Health employees (8) have received the training as required by the Department's policy. The Facility is responsible for maintaining documentation that staff have received the training. The Facility provided training documentation pre-audit and additional documentation during the on-site phase for all healthcare staff. Also, medical, and Mental Health staff were interviewed during the On-site Audit Phase. Staff members were exceptionally knowledgeable and were able to elaborate on answers to all questions.

Policy states that when medical or Mental Health personnel receive this training, they are required to ensure that the documentation of completed training is scanned and forwarded to the PREA Compliance Manager for filing.

Those medical and Mental Health staff who were interviewed confirmed all forensic examinations would be conducted at the Sutter Health Memorial Medical Center. Medical and Mental Health staff confirmed they have been trained in:

- How to detect and assess signs of sexual abuse and sexual harassment;
- How to preserve physical evidence of sexual abuse;
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

It has been reported that forensic examinations are not done at Minimum Housing Unit (MHU) and were referred out to the Sutter Health Memorial Medical Center. However, both medical and Mental Health staff were aware of the procedures that would take place and what would happen following the examination. Staff members were knowledgeable of not only what their department was responsible for, but also

	<p>other departments they collaborate with on a routine basis.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding the requirements for specialized training: medical and mental health care. No recommendations or corrective action is required.</p>
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<b>115.41</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>The SCSD has established internal classification procedures for screening inmates for risk of sexual victimization and/or sexual aggression. SCSD staff complete the Initial - PREA Assessment form at the initial screening of intake, and a follow-up assessment to ensure the inmate feels safe in their assigned housing unit.</p> <p>During interviews, it was identified that the SCSD has a staff member who is responsible for tracking to ensure that the re-assessments are being completed within the designated timeframes. The Auditor spoke with the individual who completes this process and was informed that he tracks the timeline for each inmate at SCSD and will identify when the inmate is in need of follow-up assessments. He will ensure that all inmates are receiving a screening within the timeframes, annual dates, as well as the bi-annual assessment dates for any transgender or intersex inmates housed at Minimum Housing Unit (MHU). He will then track to ensure that the assessment has been completed and uploaded into the inmate's records.</p> <p>The Initial PPREA Assessment includes, at a minimum, the following criteria to assess inmate for risk of sexual victimization:</p> <ol style="list-style-type: none"> <li>1. Whether the inmate has a mental, physical, or developmental disability;</li> <li>2. The age of the inmate;</li> <li>3. The physical build of the inmate;</li> <li>4. Whether the inmate has previously been incarcerated;</li> <li>5. Whether the inmate's criminal history is exclusively nonviolent;</li> <li>6. Whether the inmate has prior convictions for sex offenses against an adult or child;</li> <li>7. Whether the inmate is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;</li> <li>8. Whether the inmate has previously experienced sexual victimization;</li> <li>9. The inmate's own perception of vulnerability; and</li> <li>10. Whether the inmate is detained solely for civil immigration purposes.</li> </ol>

Of the seventeen (17) inmates who were interviewed relative to this provision, most recalled being asked questions relative to their concerns for sexual safety, and if they felt like they were going to harm themselves. Most inmates recalled being asked these questions when they went through the intake process at SCSD.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 100% of 1,008 inmates were screened for the risk of sexual victimization or risk of being sexually abused by other inmates within 72 hours of their entry into the Facility.

A list of inmates' arrival dates and dates of evaluation demonstrate compliance with this standard. Using this list, the Auditor reviewed twenty (20) random inmate files to ensure that each inmate had received the required PREA training upon arrival at the facility, and when that training was completed. All of the twenty (20) inmate files had verification that the initial screening had occurred within 72-hours of arrival at SCSD.

SCSD does not house inmates who are detained solely for civil immigration purposes. This information is included on the Initial PREA Assessment form itself.

The Auditor reviewed the screening instrument and verified that the instrument assesses all of the ten (10) required factors. The initial intake screening also considers the following criteria to assess inmates for risk of being sexually abusive:

1. Prior acts of sexual abuse;
2. Prior convictions for violent offenses; and
3. History of prior institutional violence or sexual abuse, as known to the facility.

SCSD staff complete the Initial PREA Assessment during initial screening of intake, and for follow-up assessments, as required, to ensure the inmate feels safe in their assigned housing unit. It is evident that all inmates are receiving a screening, in compliance with PREA timelines.

The Auditor reviewed the PAQ which indicated that within the past 12 months, 610 inmates or 100% have been assessed for the risk of sexual victimization or risk of sexual abuse towards other inmates within 30 days of their entry into SCSD, based upon any additional relevant information received since intake.

Each of the seventeen (17) random inmates interviewed relative to this provision indicated that they recall being asked similar, if not the same questions relative to this standard. The inmates recalled being asked these questions when they went through the intake process at R&R and again when they arrived at SCSD.

A review of the twenty (20) files by the auditor revealed that the completed screening documents, both initial assessments and reassessments, were completed by staff at SCSD. Each instrument was completed and consistent with provision.

SCSD policy indicates 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.

SCSD policy also indicates that inmates shall not be disciplined refusing to answer or not disclosing complete information related to questions regarding:

1. Whether or not the inmate has mental, physical, or developmental disability;
2. Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
3. Whether or not the inmate has previously experienced sexual victimization; and
4. The inmate's own perception of vulnerability.

The staff members who were interviewed indicated that they do not discipline any inmate for their refusal to answer any of the questions on the assessment, explaining that they would explain the reason and attempt to solicit participation; however, no disciplinary action is taken should the inmate choose not to participate.

The SCSD has developed the PREA Application, which serves as a central database for all forms needed to prevent, detect, and respond to sexual abuse and sexual harassment of individuals in the custody of the SCSD. The PREA Application provides the forms and detailed instructions on how to complete and score the assessment. Inmates are not disciplined for refusing to answer specific questions. This was confirmed through interviews with staff who conduct risk screening.

The Facility implements appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard to ensure that sensitive information is not exploited. The SCSD PREA Application is electronic and assigns access to specific information based off of the employee's job title. Sensitive information can only be accessed by appropriate employees.

During interviews with medical staff and staff responsible for risk screening, the auditor was advised that access to the specific screening information contained in the database is restricted to a limited amount of people, which includes the Medical / Mental Health Staff, and Classification Specialists.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard that addresses screening for risk of sexual victimization and abusiveness. No recommendations or corrective action is required.

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to the policy provided, there is no indication that the information from the



risk screening is required to be utilized to determine housing, work, education, and program assignments, in addition considering the goal of keeping separate those Inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.

The assessment forms are completed and contained in all inmate files. According to the PREA Coordinator, staff is given access to information in the database based on their "need to know".

During the interview process, the PCM indicated that every assessment completed by staff is factored into the placement and programming of each inmate. He further indicated that decisions related to the inmates' risk levels, housing, and programming factors are guided through the use of these assessments, ensuring that every inmate, especially those at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive.

During the review of the twenty (20) inmate records, the Auditor was able to verify that classification documents contained the required information from the risk screening and was being utilized for the classification decisions being made. Each inmate's individual circumstances and unique characteristics were taken into consideration throughout the classification process.

During the interview with the staff who are responsible for risk screening, the Auditor was advised that because of the varied assessments that are being utilized, each inmate is individually evaluated. Staff utilize all assessments at their disposal (Classification, Medical / Mental Health referral form, etc.) Additional consideration is also given during the discussions staff have with each individual inmate when making classification and housing decisions.

According to the policy provided, there is no indication that the information directs staff when deciding whether to assign a transgender or intersex inmates, and when making other housing and programming assignments. The Facility considers 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.

Additionally, policy language should also address the placement and programming assignments for each transgender or intersex. Also, policy language should reflect that the inmate is required to be reassessed at least twice each year to review for any threats to safety experienced by the Inmate. Items that are considered are:

1. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.
2. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.
3. The facility shall not place lesbian, gay, bisexual, transgender, or intersex Inmate 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 inmate.

The random staff who were interviewed also indicated that if a transgender or intersex inmate requested to shower separately, they would wait to receive the appropriate authorization from their supervisor before the transgender or intersex inmate would be allowed to shower separately. The PCM also confirmed that in those instances, the inmate would also be provided documentation that allowed them to use the shower area before or after the other inmates are allowed to shower.

Further policy should also direct that lesbian, gay, bi-sexual, transgender, and intersex inmates shall not be placed in dedicated facilities, units or wings solely on the basis of such identification or status, unless the placement is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement, or legal judgement for the purpose of protecting these inmates. Current policy does not reflect this language.

During the process of obtaining the inmate information related to this specific standard, it was discovered that IT is not able to pull specific information relative to the various identifiers of the specific categories of L,G,B,T or I, as well as those inmates at high risk of being sexually victimized, are separated from those at high risk of being sexually abusive. The initial interview document allows for indication of these categories; however, the database does not allow for booking staff to input of all of these specific categories for tracking and follow-up purposes. As such, SCSD is not able to retrieve information specific to the various identifiers for population identification, as well as for tracking and follow-up purposes required per standard/provision.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard requiring the use of screening information. As a result, corrective action is required.

#### Corrective Action

1. Department to update policy language to reflect required items identified with standard/provision regarding utilization of risk assessment in housing, work, education, and program assignments.
2. Department to update system to provide tracking/search capabilities for the identified categories (ie., L,G,B,T, or I)

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

#### Additional Documentation Reviewed:

	<ol style="list-style-type: none"> <li>1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)</li> <li>2. Updated forms utilized during initial screening and reassessments</li> <li>3. Updated database capabilities</li> </ol> <p>Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that it clearly outlines the zero tolerance towards the sexual abuse and harassment of the Inmate Population, which included updated screening and reassessment procedures, updated forms and assessments, and appropriate programming opportunities. In addition, the facility now has database capability to identify the various categories required in the PREA standard.</p> <p>Training for all staff was conducted following the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.</p> <p>The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>A review of SCSD policy does not make reference to those inmates who are at a high risk for sexual victimization only being placed into involuntary segregation housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no alternative means of separation from likely abusers. Policy language should also reflect that if an assessment cannot be immediately made, the inmate may be housed for less than 24 hours in segregation while the assessment is completed. Inmates placed in involuntary segregation do not remain for more than 30 days.</p> <p>During the past twelve (12) months there have not been any inmates placed into involuntary administrative or punitive segregation at SCSD, in accordance with this standard.</p> <p>The Auditor interviewed the Facility Commander and the PCM specific to this issue and both confirmed that there have not been any inmates placed in protective custody for over a year.</p>

A review of SCSD policy does not reflect language that indicates that inmates placed in involuntary segregation have reasonable access to programs and services including, but not limited to, educational services, commissary services, library services, social services, counseling services and religious guidance. If the unit restricts access to programs, privileges, education or work opportunities, the unit must document:

- The opportunities that have been limited;
- The duration of the limitation; and
- The reasons for the limitations.

A staff member who supervises inmates in segregated housing was interviewed regarding this subsection. He reported inmates have access to certain programming/ education and privileges. If for some reason any of these are restricted it is documented in the logbook with the reason:

1. The basis of concern for the inmate's safety.
2. The reason why no alternative means of separation was available.

SCSD policy requires 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.

During the past twelve (12) months there have been no inmates placed into involuntary administrative or punitive segregation in accordance with this standard. As a result, no inmates could be interviewed relative to this provision.

The facility commander was interviewed regarding placement in involuntary segregation and she reported it is a rare occurrence for their facility.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard regarding protective custody. Corrective action is required.

#### Corrective Action

1. Department to update policy language to reflect required items identified with standard/provision regarding inmate placement into involuntary administrative segregated housing.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

	<p><u>Additional Documentation Reviewed:</u></p> <ol style="list-style-type: none"> <li>1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)</li> <li>2. Updated forms utilized during initial screening and reassessments</li> </ol> <p>Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that clearly outlines the zero tolerance towards the sexual abuse and harassment of the Inmate Population, which included updated screening and reassessment procedures, updated forms and assessments, as well as appropriate program opportunities.</p> <p>Training for all staff was conducted following the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.</p> <p>The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.</p>
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<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>SCSD provides multiple methods for an inmate to privately report allegations of 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. Such allegations may be reported verbally to any staff member, in writing using a grievance forms, or dialing the appropriate number that is identified during the introduction on the inmate payphones.</p> <p>According to the Inmate Handbook, available in both English &amp; Spanish, in the event that an inmate feels he is being pressured for sexual favors or to violate any institutional rule, the inmate shall refuse to do the prohibited act and either; file a formal grievance; contact a deputy; contact the Facility Commander; or any staff member with whom they feels comfortable enough to let them know and request their help; and/or advise a family member.</p> <p>The SCSD has an MOU with the Haven Women's Center of Stanislaus to accept correspondence from the inmate population. The Haven Women's Center will accept</p>

both oral and written reports of sexual abuse or sexual harassment allegations from inmates incarcerated within SCSD facilities.

During the interview with the representative from the Haven Women's Center, she indicated that the center did not track its contacts from the SCSD facilities, nor do they have a process to contact and immediately forward information received from inmates regarding sexual abuse or sexual harassment allegations to the SCSD PREA Coordinator.

Inmates can also report sexual abuse or sexual harassment confidentially through the SCSD Sexual Assault Helpline. This is accessible at all inmate payphones free of charge. A pre-recorded PREA announcement occurs prior to allowing each inmate to make a telephone call. Calls may be placed anonymously, or the caller may provide identifying information.

The SCSD Sexual Assault Helpline is publicized in SCSD using posters, handouts, and pamphlets. Inmate phones have the Helpline instructions posted in a conspicuous location by the phones in all housing units, and also have a pre-recorded message advising the inmate caller prior to their ability to make personal calls.

During the site review, it was observed by the Auditor that signs were displayed, in both English and Spanish, near the phones, on bulletin boards, and in housing units advising inmates of the multiple ways to report. The Auditor tested the helpline, the introduction to the phone servicing system asks if you are making a PREA call and to press the designated number.

Of the seventeen (17) random inmates interviewed, all reported that they were aware of several methods to report incidents of sexual abuse or sexual harassment.

During the formal and informal interviews at Minimum Housing Unit (MHU), each staff member interviewed indicated that they would accept a report from the inmate and provide it to their supervisor for further direction. They also shared that the inmates could report several different ways which includes telling a staff member, telling their family, or by submitting it in writing on a grievance form, or submitting any other form of documentation to staff. Staff who were interviewed stated that if the inmates reported sexual abuse or harassment, they would immediately contact their supervisor and document it in a report.

All SCSD staff, inmate family members, or others can report incidents or suspected incidents of sexual abuse by calling the toll free third-party helpline. Allegations of sexual abuse or sexual harassment reported through the third-party hotline will remain confidential and may remain anonymous at the request of the reporting party. Any pertinent information is referred to the SCSD PREA Coordinator.

During interviews with staff, they indicated they were aware of the processes, and would feel comfortable reporting allegations privately to their supervisor, or to the PREA Compliance Manager.

All of the inmates interviewed were able to identify the various methods that they

would use to report sexual abuse or sexual harassment that had either happened to them, or to someone else, and that they did not need to provide their name if they did not wish to. Each inmate was also able to articulate that they would also be able to contact friends or family outside if they needed to contact someone about an incident that occurred at the Facility.

SCSD does not house inmates solely for immigration purposes.

According to SCSD policy, staff shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment, whether it is regarding an inmate or another staff member. Staff may report to their supervisor, the PREA Coordinator, or their appointing authority. Failure to report is a violation of policy and may result in administrative or disciplinary sanctions for staff.

All of the staff interviewed (formal, informal, and random) indicated that if they received a complaint of sexual abuse or sexual harassment, whether it is made verbally, in writing, anonymously, or from a third party, they would ensure to document the report, and relay the information to their immediate supervisor.

During the interviews with staff, every staff member advised that there are several methods for them to privately report sexual abuse of inmates.

#### Conclusion

Based upon the review and analysis of all available evidence, it is apparent that Minimum Housing Unit (MHU) Does Not Meet Standard regarding inmate reporting. Corrective action is required.

#### Corrective Action

1. Update MOU between SCSD and the Havens Women's Center of Stanislaus to establish an effective and real time response and tracking of the issues identified in this standard. Additionally, MOU should outline a process for the representative of the Haven's Women's Center of Stanislaus to immediately forward information received from inmates regarding sexual abuse or sexual harassment allegations to the SCSD PREA Coordinator.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

#### Additional Documentation Reviewed:

1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)
2. Lesson Plan / Training Materials

	<p>3. Updated MOU between The Haven and Stanislaus County Sheriff's Department</p> <p>Following the issuance of the Interim Audit Report, the auditor, the facility, and The Haven discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that it clearly outlines zero tolerance towards the sexual abuse and harassment of the Inmate Population. The facility collaborated with The Haven to revise the existing MOU, to further ensure that the needs and safety of the Inmate Population can be effectively met.</p> <p>Training for all facility staff and Haven Center staff was conducted regarding the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions and MOU Language has been effectively institutionalized.</p> <p>The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.</p>
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<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The SCSD has an administrative procedure to address inmate grievances regarding sexual abuse. The facility does not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. The purpose of this policy is to enable the development, implementation, and operation of a grievance program for inmates within the SCSD, and to provide appropriate documentation to the courts.</p> <p>According to the SCSD, a time limit shall not be imposed on when an inmate is allowed to submit a grievance regarding an allegation of sexual abuse. Time limits to any portion of a grievance that does not allege an incident of sexual abuse shall be managed in accordance with the SCSD grievance processes.</p> <p>Inmates shall not be required to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. In addition, any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and a grievance of this nature shall not be referred to a staff member who is the subject of the complaint.</p> <p>The SCSD policy language does not identify specific requirements regarding the grievance process in relation to the logging, tracking, and monitoring of grievances received. While the Operations Sergeant has developed an internal methods that he utilizes for receiving and tracking grievances and their responses, there appears to be no formal method in current policy that provides specific documentation requirements</p>



to ensure PREA grievance timelines are met. Specifically, there is no logging system to track the date the grievance was received, to which staff it was assigned, response due dates, or any other follow-up dates. Additionally, there is no means to categorize a type of grievance (eg. PREA, Meals, Laundry, Medical, etc.). While the current grievance documents are printed on triplicate paper, and uploaded to the inmate's electronic file, there is no way for administration to track grievance categories, or ensure that grievances were remedied within the required timelines.

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 and may proceed to the next level of appeal.

In the past 12 months, there have not been any grievances identifying PREA as the subject matter.

SCSD allows third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and are also permitted to file such requests on behalf of the inmates. Regulation allows a third party to assist an inmate in initiating or assist in reporting allegations of sexual abuse or sexual harassment through the grievance process.

In the past 12 months, there were no grievances alleging sexual abuse filed by inmates in which the inmate declined third-party assistance.

SCSD policy identifies that "emergency grievances" are those grievances for which disposition according to the regular time limits would subject the inmate to a substantial risk of imminent sexual abuse.

Any inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and that when an emergency grievance is received. An initial response to the emergency grievance shall be provided within 48 hours of receipt, and a final decision rendered within five calendar days.

According to the PAQ submitted, during the twelve(12) months preceding the audit, there have not been any emergency grievances filed alleging sexual abuse by staff.

Additionally, SCSD policy identifies that an inmate may be disciplined for filing a grievance related to alleged sexual abuse only if it can be demonstrated that the inmate filed the grievance in bad faith.

According to the PAQ, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by an Department against the inmate for having filed the grievance in bad faith.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has

determined that the Minimum Housing Unit (MHU) Does Not Meet Standard regarding exhaustion of administrative remedies. Corrective action is required.

Corrective Action

1. Develop a process according to standard/provision for each grievance (general, PREA, etc.), to include tracking numbers, who response was assigned to, follow-up strategies, timelines for response, including the response and final decision documenting whether the inmate is in substantial risk of imminent sexual abuse and the action taken.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)
2. Copy of Grievance tracking log

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that clearly outlines zero tolerance towards the sexual abuse and harassment of the Inmate Population. The facility further defined the grievance process, and implemented a PREA grievance tracking database, capable of tracking PREA grievances at every step through completion.

Training for all staff was conducted following the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.

The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.

<b>115.53</b>	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

The Facility provides inmates access to victim advocate for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including helpline numbers of local, state, or national victim advocacy or rape crisis organizations. The Facility shall enable reasonable communications between inmates and these organizations and agencies, in as confidential manner as possible.

The SCSD does not detain individuals solely for civil immigration purposes; however, the SCSD does make available foreign consulate general addresses for all foreign nationals through the law library.

Of the seventeen (17) random inmates that were interviewed regarding this provision, all responded that they were able to articulate their knowledge on how to report incidents of sexual abuse or sexual harassment.

During the on-site portion, the Auditor observed PREA posters throughout the Facility, in both English and Spanish, located on the walls in every living area, work area, visiting area, main hallways, etc. These posters referenced the Department's commitment to providing an environment that is free from sexual abuse and sexual harassment.

The Facility has an MOU in place with Haven Women's Center-Stanislaus, that provides confidential advocacy services to inmates in need. The organization provides advocacy services to accompany and support a victim through the forensic medical examination process and investigatory interviews. Advocates also provide support, crisis intervention, information, and referrals upon request from SCSD.

The contact information is provided to inmates upon intake into the Facility.

Of the seventeen (17) random inmates that were interviewed regarding this provision, all inmates indicated that even though they believed that the information would be kept in the strictest confidence, they were aware that if security needs were present, some of the information might be given to facility staff.

The Auditor spoke with a representative from Haven Women's Center-Stanislaus, who indicated that a victim advocate will be made available for the inmate before, during and following the examination. She was fully aware of her responsibilities to provide emotional support issues; however, she was uncertain about her responsibility to inform the victim that some of the issues discussed may need to be provided to the facility staff, both medical and non-medical, for the purposes of institutional security, the PREA investigation, and further medical and mental health services.

#### Conclusion

Based upon the review and analysis of all available evidence, the auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard regarding inmate access to outside confidential support services. Corrective action is required.

#### Corrective Action

1. Develop a documented process for interaction and collaboration between the SCSD and Haven Women’s Center-Stanislaus.
2. Facilitate and document training with Haven Women’s Center-Stanislaus regarding PREA and their role and responsibility according to PREA standards.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Stanislaus County Sheriff’s Department PREA policy / Procedures (Revised August 2023)
2. Updated MOU between The Haven and Stanislaus County Sheriff’s Department

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that clearly outlines zero tolerance towards the sexual abuse and harassment of the Inmate Population. The facility collaborated with The Haven to revise the existing MOU in order to further ensure that the needs and safety of the Inmate Population can be effectively met.

Training for all facility staff and Haven Center staff was conducted regarding the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions and MOU Language has been effectively institutionalized.

The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.

<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Third party reporting information is readily available to all inmates through the orientation manual provided upon intake. In addition, the Department’s website which outlines how a third party can report allegations of sexual abuse and sexual harassment is easily accessible. The website provides a telephone number and an email address to report an allegation of sexual abuse or sexual harassment.

	<p>The Adult Detention Division's has also developed a Third-Party Report Form, which asks for the reporting party's name, victim information, suspect information, incident details, and a statement from the reporting party; the form also includes a field for the reporting party's phone number, as well as mailing address and phone number for the PREA Coordinator.</p> <p>The auditor located the form under PREA reporting forms on the agency's website at: <a href="https://www.scsdonline.com/prea.html">https://www.scsdonline.com/prea.html</a></p> <p>According to SCSD policy, staff, inmate family members, or others can report incidents or suspected incidents of sexual abuse by calling the PREA Coordinator, and also provided access for a third party reporting through their Department's website. Allegations of sexual abuse or sexual harassment reported shall be confidential and may remain anonymous at the request of the reporting party.</p> <p><u>Conclusion:</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that the Minimum Housing Unit (MHU) Meets Standard regarding third-party reporting. No recommendations or corrective action is required.</p>
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<b>115.61</b>	<p><b>Staff and agency reporting duties</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>According to SCSD policy, all staff members shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred on a unit, whether or not it is a SCSD facility, retaliation against inmates or staff who reported an incident, and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Staff can report to their supervisor, PREA Compliance Manager, or Investigators. Because department members are categorized as mandated reporters, failure to report is violation of policy and may result in administrative or disciplinary sanctions. Staff shall not reveal any information related to sexual abuse reports to anyone other than to the extent necessary to make treatment and investigative decisions.</p> <p>Unless otherwise precluded by federal, state, or local law, as well as the initiation of services, medical and Mental Health practitioners shall be required to report sexual abuse and to inform inmates of the practitioner's duty to report, as well as the limitations of confidentiality.</p> <p>Identified during the interviews with the eight (8) random staff and thirteen (13) specialized staff, all of the staff interviewed were aware of these requirements, and were able to explain how they would immediately report an allegation of sexual abuse</p>
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in a manner compliant to the policy. They further indicated that the information they received from the victim should remain confidential, with them only notifying staff that had a need to know, such as their supervisor and medical staff. Interviews with the random and specialized staff at all levels of the facility indicated that all PREA related allegations/reports go to the PCM and to the investigative staff.

If the alleged victim is under the age of 18 or considered a vulnerable adult under a state or local vulnerable persons statute, the facility shall report the allegation to the designated state or local services agency under applicable mandatory reporting laws. This provision (d) is not applicable.

The Auditor interviewed the Facility Commander who indicated that they do not have anyone under the age of 18 housed at Minimum Housing Unit (MHU), nor are they responsible to house juvenile inmates. However, she indicated that in the event that she did have a youthful inmate, the Facility would report any abuse allegation to the appropriate agency, as required by law, and that any allegations of sexual abuse or sexual harassment would be reported to both the PCM and the designated departmental investigator.

During the interviews with the medical and Mental Health staff, it was confirmed that they were aware of their requirements, and was able to explain how they would immediately report an allegation of sexual abuse. They were also able to articulate their understanding of the policy, and their rights and obligations, and that even though there was a consent waiver signed, the staff are obligated to advise the inmate of the limitations of confidentiality prior to the initiation of services.

During interviews with the Facility Commander, PREA Coordinator, and PREA Compliance Manager, the Auditor was informed that youthful inmates are housed at a Stanislaus juvenile facility. For verification purposes, an age analysis was provided to the Auditor with the age of each inmate being housed at the Facility, which ranged from 18 - 62 years of age.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding staff and Department reporting duties. No recommendations or corrective action is required.

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	SCSD policy requires staff to take immediate action once an allegation of sexual abuse or sexual harassment is reported. Policy outlines staff responsibility if they learn an inmate is at immediate substantial risk of sexual abuse.

	<p>During the past 12 months:</p> <ul style="list-style-type: none"> <li>• The number of times the agency or facility determined that an Inmate was subject to substantial risk of imminent sexual abuse was: 0</li> <li>• If the agency or facility made such determinations in the past 12 months, the average amount of time that passed before taking action was: 0</li> <li>• The longest period of time elapsed before taking action was: 0</li> </ul> <p>During the interview with the Captain, he advised that the agency takes immediate action in order to protect the inmate. This can be done by placement into the investigative status, removing the inmate from general housing and placing them into temporary housing during the investigation. Policy and practice ensure that investigations are timely and thorough. Through the investigation process and review, responsible parties, if known, are held accountable for their actions.</p> <p>During the interview with the Captain, he stated that if he received an allegation, he would take immediate action to protect the inmate. This may require that they move the inmate into temporary housing until the investigation can be concluded.</p> <p>During random staff interviews, all staff indicated that if they received an allegation from an inmate, they would immediately separate the victim and suspect, preserve any evidence, and contact their supervisor. Staff also indicated that they would determine if the inmate or suspect required medical or psychological attention. After dealing with any immediate issues, all custody staff interviewed indicated that they would make sure that all evidence protocols were followed, such as not allowing the victim to shower, appropriate collection of physical evidence, obtaining any video, identifying witnesses, and then documenting all items into the report.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding agency protection duties. No recommendations or corrective action is required.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p><b>Auditor Discussion</b></p> <p>SCSD policy requires that if Minimum Housing Unit (MHU) receives a report that an inmate has been a victim of sexual abuse or sexual harassment while incarcerated at another facility or under the supervision of another facility, Minimum Housing Unit (MHU) is responsible to adhere to the following protocols: as soon as possible, but no later than 72 hours after receiving the report, the head of the facility that received the allegation will notify the head of the facility where the alleged abuse occurred.</p>

	<p>The head of the facility receiving the notification shall ensure the allegation is investigated pursuant to their policy, and all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined and referred for prosecution when warranted.</p> <p>The Facility Commander was able to elaborate on the procedures in place when the Facility receives an allegation from another facility/agency. She is provided updates from Investigations, and the PCM throughout the investigation.</p> <p>The PREA Compliance Manager is required to maintain the documentation reflecting that the Facility Commander has provided such notification. Incident reports, logs, emails, etc., which will serve as sufficient documentation for the purposes of this standard.</p> <ul style="list-style-type: none"> <li>• In the past 12 months, the number of allegations the Facility received that an inmate was abused while confined at another facility: 0</li> <li>• In the past 12 months, the number of allegations of sexual abuse the Facility received from other facilities: 0</li> </ul> <p>During the interview with the facility commander, the Auditor was advised that if another Department or a facility within another Department refers allegations of sexual abuse or sexual harassment that occurred within another facility, the designated point of contact would be the Facility Commander of that facility.</p> <p>During an interview with the Facility Commander, the Auditor confirmed that when Minimum Housing Unit (MHU) receives an allegation from another facility or Department that an incident of sexual abuse or sexual harassment occurred at Minimum Housing Unit (MHU), then Minimum Housing Unit (MHU) would initiate an investigation. She further stated that she will also make notifications up her chain of command, and that all of this must occur within the first 72 hours following receipt of the information.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding reporting to other confinement facilities. No recommendations or corrective action is required.</p>
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<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to policy, SCSD utilizes a Coordinated Response plan, a written institutional plan to establish reports of sexual abuse and sexual harassment after learning of an allegation that an inmate was sexually abused. According to the plan, the first staff



responder shall:

1. Separate the alleged victim and abuser;
2. Preserve and protect the crime scene, if applicable, until steps can be taken to collect any evidence;
3. Monitor the alleged victim and assailant to ensure physical evidence is not destroyed, including preventing showering or washing, brushing teeth, changing or removing clothes, using the restroom facilities, and drinking or eating, if the assault occurred within the last 72 hours, which is the time period that still allows for the collection of physical evidence.

Once all previous steps have been completed, the alleged victim and known abuser shall be referred to medical and mental health services for examination and evaluation. If medical and Mental Health staff are not available, staff first responders shall take preliminary steps to protect the victim and notify on-call medical or Mental Health staff. The nature and scope of treatment is determined by medical and Mental Health practitioners, in accordance with SCSD policies.

First responder duties are outlined on the staff PREA First Responder Cards, as well as the PREA Incident Response Procedures.

The Auditor reviewed the PREA training curriculum which reflected that all staff, volunteers, and contractors receive this essential training which provides their first responder responsibilities; as well as the obligations of any staff, volunteer, or contractor, whoever receives the information first. As a First Responder, these employees are trained to take steps to isolate and contain the situation, secure the scene, separate the alleged victim from the suspect, remove uninvolved inmates, and relay observations.

Upon being notified of an allegation of sexual abuse, at a minimum, the victim(s) and perpetrator(s) are separated; the PCM, Investigator(s), the Facility Commander / Captain shall be notified, and the Coordinated Response plan is initiated. The Coordinated Response plan describes the protocols that are followed once an allegation of sexual abuse or sexual harassment is made.

According to SCSD policy, if the first staff responder is not a security staff member, the responder will be required to request that the alleged victim not take any actions that could destroy physical evidence, follow the steps listed above, and notify a security staff member.

In the past 12 months, the number of:

- Allegations that an Inmate was sexually abused: 0
- The number of instances where SCSD security staff separated the alleged victim and abuser: 0
- The number of allegations where staff were notified within a time period that still allowed for the collection of physical evidence: 0

	<p>During the interview with the Facility Commander, she indicated that First Responder staff have been trained on the PREA processes and participate in regular on-going training, conducted to ensure competency and compliance.</p> <p>During the interview with the Shift Sergeant, he advised that in order to ensure that he completes all required items, he utilizes a checklist. A copy of this checklist was reviewed and reflected all of the required notifications in one column, and all of the required procedures in another column, as well as a corresponding date/time completion.</p> <p>During interviews with non-custody staff First Responders, all indicated that they would first notify custody staff, while also directing the alleged victim to not destroy evidence, and would secure the scene as best as they could. They all further stated that all information they obtained would be kept confidential except for the staff that needed to know. They further advised that they were trained in the PREA process at Orientation and during In-Service Trainings, which reminds them of their responsibilities and the importance of both the immediate and long-term PREA process.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding staff first responder duties. No recommendations or corrective action is required.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>SCSD utilizes the Coordinated Response as a written plan to establish reports of sexual abuse and sexual harassment. The procedures further identified in this policy provide a systematic notification and response process following a reported sexual abuse incident, and further advises that the first staff member having knowledge of the incident shall immediately report the allegation to a security supervisor. The supervisor is then required to provide notification and response procedures by first notifying the highest-ranking security supervisor on duty, and then following the established notification protocols.</p> <p>The PREA Checklist is completed for each report, which is ordinarily initiated by the Shift Supervisor. For administrative reports, or reports otherwise not reported through the Shift Supervisor, the PREA Checklist shall be initiated and completed by the PCM.</p> <p>The Coordinated Response ensures that victims receive immediate protection and immediate and on-going medical and mental health care and support services as well as to ensure that investigators are allowed to obtain useable evidence.</p>

	<p>Any inmate who alleges that he has been the victim of sexual abuse is offered immediate protection from the assailant. Minimum Housing Unit (MHU) staff shall not make judgments or assumptions about the credibility of a victim, suspect, or witness of sexual abuse.</p> <p>The Auditor was provided completed a copy of the PREA Checklist Form. The form is used in the Facility's Coordinated Response once an allegation of sexual abuse or sexual harassment is received. It is a checklist that provides a checks and balances to make sure all parties are notified, and all protocols are followed according to PREA Standards.</p> <p>During the interview with the Facility Commander, she stated that the Coordinated Response has been identified in the provided policies. She further indicated that all staff need to do is follow the PREA Checklist, and this will provide them with the requirements and expectations, and who they are required to contact. She further indicated that training is provided regularly to staff through In-Service Training, On-the-Job training, and through shift briefings.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding coordinate response. No recommendations or corrective action is required.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The SCSD and Minimum Housing Unit (MHU) will not enter into or renew any collective bargaining agreement or other agreement that limits the Facility'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 disciplinary or administrative action is warranted</p> <p>115.66 (b): This subsection is not applicable.</p> <p>During the interview with the Captain, the Auditor was advised the SCSD has updated and renewed their collective bargaining agreements since the last PREA audit. There were no changes to the contract that brought them out of compliance with this standard/provision.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding the</p>

	preservation of ability to protect inmates from contact with abusers. No recommendations or corrective action is required.
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<b>115.67</b>	<b>Agency protection against retaliation</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>According to SCSD policy inmates and staff who report sexual abuse or sexual harassment who cooperate with sexual abuse or sexual harassment investigations shall be protected from retaliation by other inmates or staff. The SCSD has a zero-tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates.</p> <p>The PCM shall monitor for incidents of retaliation in accordance with the identified policy.</p> <p>SCSD is mandated to monitor retaliation against inmates or staff who report sexual abuse or sexual harassment or who cooperate with investigations. Retaliation is strictly prohibited. All staff and inmates shall report any allegations of retaliation to Departmental Investigators or the PCM, either verbally or in writing.</p> <p>The Facility employs multiple protection measures, such as housing changes or transfers for 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.</p> <p>During the interview with the Facility Commander, she indicated that there are numerous strategies used to protect inmates and staff from retaliation, which includes monitoring to ensure appropriate changes in housing or work assignment, and if any disciplinary actions are occurring.</p> <p>According to SCSD policy, for at least 90 days following a report of sexual abuse, the Facility monitors 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.</p> <p>Items staff monitor include any inmates' disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. This also includes periodic status checks, for inmates. Monitoring continues beyond 90 days if the initial monitoring indicates a continuing need. SCSD has designated the PREA Compliance Manager to monitor retaliation at the Facility.</p>

During the interview with the Captain, he advised that there are several policies in place that have been designed to prevent and monitor retaliation against inmates and staff. Any inmate or staff who reports, witnesses, or cooperates with investigations is monitored once every 30 days, for a 90-day period. If there are no more reported problems, the monitoring stops after 90 days; however, if there are reported concerns, then the monitoring continues until the monitored individual no longer experiences retaliation and/or the follow-up investigation is determined unfounded.

If there is evidence of retaliation, the SCSD administration will take immediate action to prevent retaliation. These actions can include work and housing assignment changes, facility transfers, or mental health services for inmates.

A review of the PREA Staff and Inmate Monitoring Forms, provides information pertinent to the incident information and name of staff to be monitored. The form then provides three (3) sections for monitoring follow-ups, with an attached "additional comments" section.

During the interview with the Facility Commander, she stated that retaliation will not be tolerated in her Facility, and that the staff have been trained to understand that they are able to speak out without fear of retaliation. She further stated that if retaliation does occur, those staff members participating in the retaliation will be subject to an investigation, which includes the disciplinary process, if necessary. If any other individual who cooperates with an investigation expresses a fear of retaliation, the Facility shall take appropriate measures to protect that individual against retaliation.

During the interview with the PCM, he indicated that any time he conducts his monitoring, he is looking at numerous items relative to retaliation. His first approach begins with the victim, observing their behaviors, demeanor, overall appearance, and how they are interacting with the population. The PCM indicated that he will also be asking the victim various wellness questions, as well. When it comes to the aggressor, he would be watching the same items, and documenting interactions with all parties.

In the past 12 months, the number of times an incident of retaliation occurred: 0

The obligation to monitor shall terminate only if the allegation is determined to be unfounded.

During the Interviews with both the Captain and the Facility Commander; they advised that if there is evidence of retaliation, the administration takes appropriate action immediately. These actions can include work and housing assignment changes, unit transfers, placement in a "no inmate contact" position, or Mental Health services. If the retaliation is staff on staff, an investigation is initiated, and remedial action is started immediately. The administration evaluates each situation and ensures immediate action is taken to prevent retaliation.

Conclusion

	Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard for agency protection against retaliation. No recommendations or corrective action is required.
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>According to SCS D policy, those inmates at a high risk for sexual victimization shall not be placed in protective custody unless an assessment of all available alternatives has been made and it is determined there is no available alternative means of separation from likely abusers. If the assessment cannot be completed immediately, the Facility may hold the inmate in involuntary segregated housing while completing the assessment, for a period no longer than 24 hours.</p> <p>Inmates shall be assigned to protective custody only until an alternative means of separation from likely abusers is arranged, for a period no longer than 30 days.</p> <ul style="list-style-type: none"> <li>• The number of inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing for between one to 24 hours awaiting completion of an assessment is: 0</li> </ul> <p>The Facility utilizes the Administrative Segregation Report Form to evaluate the needs of the inmate.</p> <ul style="list-style-type: none"> <li>• The number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement was: 0</li> </ul> <p>Sample documentation was provided to the Auditor at the on-site portion of the audit.</p> <p>During the interview with the Facility Commander, she indicated that she has not placed any inmates into involuntary segregation as a result of risk of victimization during the past 12 months. She reported a review is conducted at the 24-hour mark, additionally they have not had anyone remain more than 30 days. She further indicated that in those instances where inmate safety considerations are required, and that they take immediate action to ensure the safety and security of the inmate, staff, and the Facility.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding post-allegation protective custody. No recommendations or corrective action is required.</p>

<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="256 264 544 293"><b>Auditor Discussion</b></p> <p data-bbox="256 338 1465 456">115.71 (a)-1 – The Auditor was not provided the policy language that reflects the Departmental/Facility has a policy related to criminal and administrative Department investigations, which includes the language as it relates to standard/provision.</p> <p data-bbox="256 495 1449 613">SCSD conducts its own criminal and administrative investigations into allegations of sexual abuse and sexual harassment. It does so promptly, thoroughly, and objectively. This was confirmed through interviews with Department investigators.</p> <p data-bbox="256 651 1474 972">A review of the SCSD policy reflected there is no policy language that requires that the Department investigators to be trained in conducting sexual abuse investigations in confinement settings. The policy language needs to require that the specialized training investigative staff receives investigator training that meets PREA standards. In addition to the sexual assault investigations training, the Departmental sex assault investigators are also required to receive in-service training that specifically relates to sexual assault within the prison facilities, as well as any changes that may occur to the PREA standards.</p> <p data-bbox="256 1010 1474 1218">Because there had not been any reported sexual abuse / sexual harassment investigations during the requested period, the Auditor was not able to verify that all documentation had been included for items such as; inmate rights, safety and security of the inmate, provable objectiveness, direct or circumstantial evidence, witness statement, effective communications, as well as other established guidelines.</p> <p data-bbox="256 1256 1453 1464">During the interview with Investigations staff, they indicated that they had attended some of the sexual assault training sessions, as well as numerous other inter-departmental trainings. The Auditor was not supplied copies of the investigators training records, in order to verify their attendance and participation at all required trainings.</p> <p data-bbox="256 1503 1417 1666">During the interview, the Investigations staff indicated that they also gather and preserve direct and circumstantial evidence. They further advised that they document in a written report a thorough description of physical and documentary evidence. Substantiated allegations are referred for prosecution.</p> <p data-bbox="256 1704 1474 1980">During the on-site portion of the audit, the SCSD investigators was interviewed. They stated they will seek input from the District Attorney’s Office when determining whether an investigation should be pursued as an administrative or criminal matter. During the interviews, the investigators were able to adequately give examples of the burden of proof and preponderance of evidence for administrative cases, as well as the standard that relates to preponderance of evidence which is used when determining that allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="256 2018 1449 2092">When the quality of evidence appears to support criminal prosecution, investigators will conduct compelled interviews only after consulting with prosecutors as to</p>

whether compelled interviews may be an obstacle for subsequent criminal prosecution. This was confirmed during interviews with the investigative staff, who advised that they would consult with prosecutors before conducting compelled interviews.

There is no indication that SCSD policy indicates that the credibility to the alleged victim, suspect, or witness is assessed on an individual basis, and is not determined by the person's status as inmate or staff. The investigators also indicated that they do not require an inmate who alleges sexual abuse to submit to a polygraph examination as a condition for proceeding with the investigation of such an allegation.

During interviews with investigative staff, it was evident that only the facts of that case are taken into consideration when referencing the credibility of an alleged victim, assailant, or witness and that they shall be assessed on an individual basis and not on the status as an inmate or staff member. They also indicated that they do not follow any different protocols when they receive third-party or anonymous reports of sexual abuse or sexual harassment, rather they will conduct all of the investigations very similarly in that they just follows the facts of the case and follow all leads to conclusion. Additionally, investigative staff confirmed that when an inmate who alleges sexual abuse shall not be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of the allegation.

SCSD policy needs to be updated to reflect that the administrative investigations indicate that an effort was made to determine whether staff actions or failures to act contributed to the abuse. It is required to be documented in written reports that include a description of the physical and testimonial evidence, the reason behind the credibility assessments, and investigative facts and findings. In addition, SCSD policy language should also addresses retention requirements as they relate to crimes records management system. In accordance with the provision/standard, the Department shall 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

Through interviews with staff, the Captain, and the PCM, it was confirmed that investigative staff will evaluate if policy was followed, such as whether or not they provided a safe and secure environment, and are any changes needing to be made, etc.

Investigative staff reported that once the investigation is completed, the cases are presented for prosecution.

The investigators indicated that they are able to reflect that they are thorough in their research, and diligent in their efforts to gather facts and come to a logical and unbiased conclusion. Pertinent information will be listed in all reports and evidence/ exhibits were appropriately listed and easily obtainable. They are familiar with Miranda and Garrity Warnings and explained the difference in both when questioned.



Even though the investigators were able to articulate the following, there is no policy language indicating that when the departure of the alleged abuser or victim from the employment or control of the Facility occurs, it does not provide a basis for terminating an investigation. The investigative staff reported they would continue with the case and make arrangements with local authorities if a staff member departs.

115.71 (k & l) are not applicable.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard for criminal and administrative agency investigations. Corrective action is required.

#### Corrective Action

1. Update policy language regarding criminal and administrative investigations.
2. Update policy language that requires specialized training for investigative staff. Ensure that the investigator training meets PREA standards.
3. All departmental sexual assault investigators (criminal & administrative) should attend and provide completion of certificates of training received.

#### Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

#### Additional Documentation Reviewed:

1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)
2. Training Materials
3. Employee training records

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the Inmate Population, training requirements, and further enhances the investigation processes and training requirements within the department. The identified departmental investigators participated in external training sessions specific to the PREA investigative items that were identified. The updated policy, procedures, and training materials address the concerns identified in the corrective action items.

Training for all identified investigative staff was conducted following the Policy and Procedures updates. All trained staff were required to sign a training completion

	<p>certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.</p> <p>The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.</p>
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>According to SCSD policy, based on the preponderance of evidence contained in the investigative report, the Facility shall review the totality of the investigation including facts, evidence, and any other pertinent information to determine whether the allegations (incident being investigated) are substantiated, unsubstantiated, or unfounded.</p> <p>According to SCSD policy, no standard higher than the preponderance of evidence shall be imposed in determining if allegations of sexual abuse or sexual harassment are substantiated.</p> <p>During the interview with the investigators, they indicated that during an investigation, all available evidence is collected (physical, interviews, etc.), and submitted for review and consideration.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding the evidentiary standard for administrative investigations. No recommendations or corrective action is required.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>SCSD policy advises that following an investigation into the Inmate's allegation that they suffered sexual abuse in the facility, the inmate will be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>Further, SCSD policy requires that the PCM will draft and forward the Notification of</p>

Investigative Status to the Facility Commander.

- In the past 12 months the number of criminal and/or administrative investigations of alleged Inmate sexual abuse that were completed by the agency/facility is: 0
- In the past 12 months of the alleged sexual abuse investigations that were completed, the number of Inmates who were notified verbally or in writing, of the results of the investigation is: 0

115.73 (b) - Not applicable to this agency

According to SCSD policy, following an inmate's allegation that a staff member has committed sexual abuse against an Inmate, the Inmate will subsequently be informed in writing, unless the Facility has determined that the allegation is unfounded, whenever:

- The staff is no longer posted within the inmate's housing unit;
- The staff is no longer employed at the facility;
- The staff has been indicted on a charge related to sexual abuse within the Facility; or
- The Department learns that the staff member has been convicted on a charge related to sexual abuse within the Facility.

In addition, following an inmate's allegation that they have been sexually abused by another inmate, the alleged victim will be notified in writing whenever:

1. The alleged suspect has been indicted on a charge related to the incident;
2. The alleged suspect has been convicted on a charge related to the incident.

SCSD policy indicates that all notifications or attempted notifications will be documented.

- In the past 12 months, the number of notifications to Inmates that were provided pursuant to this standard is: 0
- In the past 12 months, the number of notifications that were documented is: 0

If an outside entity conducts such investigation, the Facility requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation.

During the interview with the Facility Commander, the Auditor confirmed that notifications are provided by investigators, which is documented in the inmate's records.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding reporting to

	inmates. No recommendations or corrective action is required.
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>According to SCSD policy, all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined, and referred for prosecution when warranted. In keeping with the SCSD’s zero-tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution. The presumptive disciplinary sanction for staff who have engaged in sexual abuse of an inmate is termination.</p> <p>In the past 12 months:</p> <ul style="list-style-type: none"> <li>• The number of staff from the Facility who have violated departmental sexual abuse or sexual harassment policies is: 0</li> <li>• The number of those staff from the Facility who have been terminated (or resigned prior to termination) for violating departmental sexual abuse or sexual harassment policies is: 0</li> </ul> <p>The SCSD has a zero-tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperative with an investigation of alleged sexual misconduct with inmates.</p> <p>In the past 12 months:</p> <ul style="list-style-type: none"> <li>• The number of staff from the Facility who have been disciplined, short of termination, for violation of the departmental sexual abuse or sexual harassment policies is: 0</li> <li>• The number of staff from the Facility have been reported to law enforcement or licensing boards following their termination for violating departmental sexual abuse or sexual harassment policies is: 0</li> </ul> <p>According to the SCSD, disciplinary sanctions for violations of SCSD policies relating to sexual abuse or sexual harassment, that do not involve actual 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.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding disciplinary sanctions for staff. No recommendations or corrective action is required.</p>

**115.77 Corrective action for contractors and volunteers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The SCSD has zero-tolerance for sexual misconduct, sexual abuse, and sexual harassment of inmates. An employee is prohibited from subjecting another employee, inmate, or other individual to harassment or retaliation for reporting or cooperating with an investigation of alleged sexual misconduct with inmates.

Further stated in this directive, the investigators will refer substantiated violations of criminal law to the appropriate district attorney for criminal prosecution. According to the policy, an individual who commits an act of sexual misconduct with an inmate will not be allowed to continue to perform services for the SCSD, and will be denied access to the SCSD premises.

SCSD policy further states any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and shall be reported to applicable law enforcement agencies and relevant licensing bodies unless the activity was clearly not criminal,.

The SCSD policy reflects a zero-tolerance policy for sexual misconduct. Individuals who violate the rights of an inmate or engage in sexual misconduct will be referred for prosecution. The acknowledgment form also indicates that it is a felony offense if a volunteer violates the rights of a person in custody or engages in sexual contact, sexual intercourse, or deviant sexual intercourse with a person in custody. The volunteer is required to sign the PREA document, verifying this acknowledgment.

At the initiation of the allegation the contractor/volunteer is denied entry into the Facility. SCSD then takes appropriate remedial measures and considers whether to prohibit further contact with inmates to prevent any other violation of departmental sexual abuse or sexual harassment policies by a contractor or volunteer.

During interviews conducted with the Facility Commander and HR Administrator, it was noted in the past 12 months no contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates at Minimum Housing Unit (MHU).

The Auditor interviewed the Facility Commander regarding any misconduct relating to contractors or volunteers. She advised that when an issue is brought to her attention, she will immediately refer the matter to Investigators for follow-up. During this period, the contractor or volunteer is not allowed access into the Facility pending investigation and review of this matter.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding Corrective action for contractors and volunteers. No recommendations or corrective action is required.

**115.78 Disciplinary sanctions for inmates**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

According to SCSD policy, all incidents of inmate sexual abuse or sexual harassment shall be investigated, disciplined, and referred for prosecution when warranted. In keeping with the Department's zero-tolerance policy, perpetrators of sexual abuse shall be disciplined and/or referred for prosecution.

SCSD policy indicates that inmates are subject to disciplinary actions according to the 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.

- In the past 12 months, the number of administrative findings of Inmate-on-Inmate sexual abuse that have occurred at the facility is: 0
- In the past 12 months, the number of criminal findings of guilt for Inmate-on-Inmate sexual abuse that have occurred at the facility is: 0

SCSD policy indicates that actions will be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the actions imposed for comparable offenses by other Inmates with similar histories.

The Auditor interviewed the Facility Commander regarding disciplinary sanctions for inmates. She advised that inmate discipline is based on the level of the violation, and penalties are imposed comparable to other inmates' penalties. Penalties might include placement in restricted housing, loss of good time credit, and possible prosecution. If the inmate has a mental health history, Mental Health staff will be involved to assist in determining appropriate sanctions.

SCSD will consider the mental health functioning of an inmate and will consult with the Mental Health staff prior to implementing a sanction. Mental Health staff shall consider whether to require the offending inmate to participate in mental health services as a condition for access to programming or other benefits.

According to SCSD policy, an inmate may be disciplined for sexual contact with staff only if it is determined the staff member did not consent to the contact.

According to policy, the Facility may discipline an inmate for sexual conduct with staff only upon a finding that the staff member did not consent to such contact. Also, a report made in good faith based upon a reasonable belief that the alleged abuse occurred, does not constitute falsely reporting an incident, even if an investigation does not establish evidence sufficient to substantiate the allegation. This was confirmed through interviews with investigative staff.

According to SCSD policy, sexual misconduct between inmates is prohibited, and shall result in disciplinary sanctions in accordance with the SCSD Disciplinary Rules and

	<p>Procedures for Inmates. However, sexual misconduct between inmates shall not constitute sexual abuse if it is determined the activity is consensual.</p> <p>During the interview with the Facility Commander, the Auditor was advised that if the sexual act was consensual, the Inmates would face the following disciplinary sanctions: disciplinary segregation, loss of privileges, extra duty, and loss of good time. If the sexual act were non-consensual, the inmate would face criminal charges.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standards regarding disciplinary sanctions for Inmates. No recommendations or corrective action is required.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>As indicated in SCSD policy, all inmates who present complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services.</p> <p>According to SCSD policy, if an Initial PREA Assessment indicates that an inmate has experienced prior sexual victimization or previously perpetrated sexual abuse, whether in an institution or in the community, the Facility offers the inmate follow-up with a medical or Mental Health practitioner within 14 days of the intake screening.</p> <p>Medical and Mental Health staff are required to maintain secondary documentation (e.g., clinical/medical notes, log, etc.) documenting compliance with the aforementioned policy.</p> <ul style="list-style-type: none"> <li>• In the past 12 months, the percent of Inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or Mental Health practitioner is: 0 / 100%.</li> </ul> <p>All notifications to facility staff shall be made by the staff member completing the screening as necessary, to ensure that the information is to be used to make determinations regarding housing, bed, work, education, and program assignments and to ensure appropriate follow-ups can be provided.</p> <p>SCSD policy mandates that if the Initial PREA Assessment indicates that an inmate has experienced prior sexual victimization, whether in an institution or in the community, the Facility offers the inmate follow-up with a medical or Mental Health practitioner within 14 days of the screening. The date of the referral is documented on the Initial PREA Assessment.</p>

The Auditor also interviewed staff who perform risk screening relative to inmates who disclosed sexual victimization at screening. These staff confirmed that the inmates who identify are offered a follow-up meeting with a medical and/or Mental Health practitioner. Documentation is maintained in the automated system, and access is limited only to staff in certain classifications.

During interviews with staff who conduct the risk screening, in those instances when an inmate discloses prior victimization during the intake screening, the inmate is immediately referred to Mental Health for assessment and additional follow-up services, as necessary.

SCSD policy describes that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, assisting with making treatment plans and informed management decisions, including those related to housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

During the on-site visit, the Auditor met with staff who conducted risk screenings, and was advised that all medical and mental health records are contained in a separate and secure database, and are accessed only through medical and Mental Health staff, and that information is only provided to a classification staff on a need to know basis.

According to SCSD policy, informed consent shall be obtained from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. This was confirmed through interviews with Mental Health staff.

During interviews with the staff responsible for risk screening, the Auditor confirmed risk screening staff offers inmates who disclose victimization, and those who perpetrate sexual abuse, a follow-up evaluation with Mental Health staff within 14 days.

During interviews with the medical and Mental Health staff, the Auditor confirmed that the medical and Mental Health staff obtain informed consent before reporting about prior sexual victimization that did not occur in an institutional setting. The Auditor also confirmed the Facility does not house inmates under the age of 18.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding medical and mental health screenings; history of sexual abuse. No recommendations or corrective action is required.

<b>115.82</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard



**Auditor Discussion**

SCSD policy requires that all inmates who present complaints of sexual assault / abuse will be immediately evaluated, examined, and appropriately referred for required services. Nursing staff may also obtain a brief history of their sexual assault/ abuse.

Medical and Mental Health staff interviewed by this Auditor indicate that the treatment they provide is immediate and based on their professional judgement. Medical and mental health work together to ensure the inmate receives the appropriate treatment. Information about and access to sexually transmitted infection prophylaxis would be offered in accordance with professionally accepted standards of care and where medically appropriate.

According SCSD policy, if no qualified medical or mental health practitioners are on duty at the time a report of abuse is made, correctional staff First Responders shall take preliminary steps to protect the victim, and immediately notify the appropriate on-call medical and Mental Health practitioners.

When interviews were conducted by the Auditor with custody staff, non-custody staff, and First Responders, all staff stated that when they are informed of an incident of sexual abuse, notifications are made via the telephone or institutional radio to the medical staff who are on duty.

SCSD ensures that medical and Mental Health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that are provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

SCSD policy includes the timeliness of emergency medical treatment and crisis intervention services, steps taken by first responders to protect the victim, timely access to emergency contraception and sexually transmitted infection prophylaxis, and ensures that the victim bears no financial cost for treatment of services. Interviews with medical and Mental Health staff, as well as random staff, indicate that staff is aware of the components of this standard and that the Facility follows the standard.

Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding access to emergency medical and mental health services. No recommendations or corrective action is required.

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

SCSD policy indicates that all inmates who present complaints of sexual assault/abuse will be immediately evaluated, examined, and appropriately referred for required services. Nursing staff may also obtain a brief history of their sexual assault/abuse. In addition, inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile unit shall be offered medical and mental health evaluation and treatment, as appropriate.

The Auditor's review of records produced by the facility reflect an established community standard of care, evidence of Sexually Transmitted Infection (STI) testing, prophylaxis treatment, psychiatry and psychology services, crisis intervention and coping skills interventions. These services are free of charge to inmates, regardless of whether the abuser is named or whether the inmate cooperates with an investigation.

Access to medical and mental health evaluations and care are provided immediately. Upon report or discovery of inmate victims of sexual abuse, evaluation and treatment of such inmate 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 units or their release from custody.

The Facility provided documentation indicating that inmates who either are victims and/or perpetrators are offered follow-up treatment by mental health staff. The staff of the Mental Health Department are employed by Wellpath. Mental Health staff complete specialized training through Wellpath, in addition to any facility training offered.

Medical and Mental Health staff were extremely knowledgeable regarding the needs of abusers and victims and provides numerous treatment services for this specific population. Through their documentation practices, the reviewed records demonstrate attentiveness to follow-up services and treatment plans. The files detailed professional notes on the evaluations conducted by medical and Mental Health staff, as well as their follow-up appointments with the inmates. Follow-up appointments consisted of routine visits with inmates during staff rounds as well as office visits with medical and Mental Health practitioners, including psychologists and psychiatrists.

When medically and procedurally appropriate, victims and perpetrators of sexual abuse will be offered an off-site forensic medical exam performed by a certified SANE/SAFE at no cost to the inmate.

Interviews with medical and Mental Health staff further reflected their compliance in the area of evaluation, follow-up care, treatment plans, and referral for services. The statements from medical and Mental Health staff reflect an operational understanding of the importance of appropriate evaluation, follow-up care, treatment planning, and service referral.

	<p>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 of sexually abusive vaginal penetration are offered the prescribed care. 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.</p> <p>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 would receive the prescribed information and services.</p> <p>Medical staff confirmed that if pregnancy resulted from a sexual assault, the victim would receive the information and access to the services in question.</p> <p>Victims of sexual abuse while incarcerated shall be offered prophylaxis for sexually transmitted infections. Victims of sexual abuse shall be provided the brochure on community sexual assault programs, which shall be available through health services staff, unit counselors, and the PCM.</p> <p>Medical and Mental Health practitioners are required to report sexual abuse and must inform inmates of their duty to report at the instigation of services.</p> <p>Medical and Mental Health staff shall contribute to the Coordinated Response regarding all allegations of sexual abuse by relaying to the PCM and/or security/ administrative staff, information pertinent to the well-being of the inmate(s) or for investigative purposes.</p> <p>All inmates interviewed expressed consistently that the medical and mental health department was readily available for all needs and would provide ongoing individual counseling upon referral and/or request.</p> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No recommendations or corrective action is required.</p>
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<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	SCSD completes a Sexual Abuse Incident Review Form upon the conclusion of every criminal or administrative sexual abuse investigation that has been determined to be

substantiated or unsubstantiated, within 30 days of the conclusion of the investigation. The Department has developed a sexual abuse incident review form which ensures all components required by the standard are reviewed.

At the Minimum Housing Unit (MHU), a PREA Incident Review Board is convened within thirty (30) days of the conclusion of every sexual abuse investigation, unless the allegation has been determined to be unfounded.

- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding any “unfounded” incidents is: 0
- In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility, that were followed by a sexual abuse incident review within 30 days, excluding any “unfounded” incidents is: 0

The review team consists of upper-level management, with input from line staff supervisors, investigators, as well as medical and Mental Health staff.

During interviews with the PCM and Mental Health staff, it was understood that both disciplines participate in the Sexual Abuse Incident Review Team meetings. They understood the reasoning behind the team meeting.

The Auditor’s interview with the Facility Commander confirmed her understanding relating to the composition of the committee, and her willingness to consider and incorporate any recommendations of the committee into Minimum Housing Unit (MHU) operations.

Items that are required according to SCSD policy and PREA guidelines are:

1. Whether the allegation or investigation indicates a need to change policy or practice to prevent, detect; or respond to sexual abuse;
2. Whether the incident or allegation was motivated or otherwise caused by the perpetrator or victim’s 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 of 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 findings and any recommendations for improvement and submit the report to the Adult Detention Division Commander within 30 days.

The Auditor interviewed the Facility Commander, the PCM, and other members of the Sexual Abuse Incident Review Team. Each of the members interviewed indicated that

	<p>the team considers all of the criteria identified in PREA Policy (noted above).</p> <p>The Facility implements any recommendations for improvement, or its reason for not doing so. On the Department-wide standardized Sexual Abuse Incident Review Form there is a section at the bottom of the form for recommendations for improvement.</p> <p>During the interview with the Warden, the Auditor confirmed that the Facility has a Sexual Abuse Incident Review Team which includes upper-level management officials, and allows for the input from first line supervisors, investigators, and medical and Mental Health practitioners. The Facility uses the information from the incident review to determine whether or not policies or procedures need to be revised.</p> <p>During the interview with the PCM, the Auditor confirmed the Facility would conduct a sexual abuse incident review and prepare a report of its findings, including any determinations per Standard 115.86 (d)-1 through (d)-5, and any recommendations for improvement. The Auditor also confirmed the reports are forwarded to the PCM for review. The PCM advised that the information from the reports are used to determine whether policies or procedures need to be revised.</p> <p>During interviews with both the Facility Commander, as well as an additional member of the incident review team, the Auditor confirmed the incident review team:</p> <ol style="list-style-type: none"> <li>1. Considers 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; and/or other group dynamics at the facility;</li> <li>2. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;</li> <li>3. Assesses the adequacy of staffing levels in that area during different shifts, and;</li> <li>4. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff.</li> </ol> <p><u>Conclusion</u></p> <p>Based upon the review and analysis of all available evidence, it is apparent that Minimum Housing Unit (MHU) Meets Standard regarding sexual abuse incident reviews. No recommendations or corrective action is required.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	According to SCSD policy, the PREA Coordinator at Minimum Housing Unit (MHU) is responsible for entering every PREA-related investigation into the Case Log and to

follow investigative procedures outlined in the Investigations Protocol Manual. Investigations is required to collect accurate, uniform data for every incident of sexual abuse alleged to have occurred at a SCSD operated facility using a standardized instrument and set of definitions.

The incident-based data collected shall include, at a minimum, information necessary to answer all questions from the most recent version of the Survey of Sexual Victimization (SSV) conducted by the Department of Justice. The SCSD policy indicates incident-based sexual abuse data shall be aggregated at least annually.

The SCSD policy indicates incident-based sexual abuse data shall be aggregated at least annually. The SCSD aggregates its data, submitting all required items according to the U.S. Department of Justice SSV- 2, and submits all information annually to the U.S Department of Justice.

The facility also provided documentation of aggregated data, indicating that the data is maintained, reviewed, and collected from all incident-based documents.

The SCSD PREA Coordinator shall, on an annual basis, review and analyze the aggregated data to assess for compliance with the national PREA standards and to improve the effectiveness of the sexual abuse prevention and intervention program.

The SCSD policy requires that all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews are collected, reviewed, and maintained, as needed, to complete the SSV. The SCSD policy requires that once requested, the Minimum Housing Unit (MHU) shall provide all relevant data from the previous calendar year to the Department of Justice.

The SCSD policy requires that once requested, the Minimum Housing Unit (MHU) shall provide all relevant data from the previous calendar year to the Department of Justice.

The SCSD is unable to aggregate all of its data due to an insufficient database for tracking such items as inmate grievances and inmate sexual identity designators.

Therefore, SCSD is not able to fully submit all required items according to the U.S. Department of Justice SSV- 2 by June 30 from the previous calendar year to the U.S Department of Justice.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard regarding data collection. As a result, corrective action is required.

#### Corrective Action

1. Update current database to provide identification of inmate gender designators
2. Develop a process according to standard/provision for each grievance

(general, PREA, etc.), to include tracking numbers, who response was assigned to, follow-up strategies, timelines for response, including the response and final decision documenting whether the inmate is in substantial risk of imminent sexual abuse and the action taken.

Verification of Corrective Action since the Interim Audit Report

The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.

Additional Documentation Reviewed:

1. Stanislaus County Sheriff’s Department PREA policy / Procedures (Revised August 2023)
2. Training Materials
3. Employee training records

Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy that clearly outlines the zero tolerance towards the sexual abuse and harassment of the Inmate Population, training requirements, and further enhances the investigation processes and training requirements within the department. The identified departmental investigators participated in external training sessions specific to the PREA investigative items that were identified. The updated policy, procedures, and training materials address the concerns identified in the corrective action items.

Training for all identified investigative staff was conducted following the Policy and Procedures updates. All trained staff were required to sign a training completion certification, which was reviewed and verified by the auditor. These new policy revisions have been effectively institutionalized.

The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The Minimum Housing Unit (MHU) PCM is required to review data collected and aggregated pursuant to standard (§115.87), in order to assess and improve the

effectiveness of the Facility's sexual abuse prevention, detection, and response policies, practices, training, as well as:

1. Identifying problem areas;
2. Taking corrective action on an ongoing basis; and
3. Preparing an annual PREA report of the findings, and corrective actions.

The annual report shall include a comparison of the data and corrective actions from the current year with those from prior years and shall provide an assessment of the progress made in addressing sexual abuse. The SCSD is currently unable to aggregate all of its data due to an insufficient database for tracking such items as inmate grievances and inmate sexual identity designators. As such, the Department is unable to provide an accurate annual report.

According to SCSD policy, the annual reports shall be approved by the SCSD Sheriff or designee, and made readily available to the public through the SCSD website.

As required by the PREA standard, the SCSD places all annual reports onto its website, accessible for public review as required. The attached weblink allows access to SCSD PREA webpage which contains each annual report since 2014. See attached link:

<https://www.scsdonline.com/online-svcs/forms/category/19-prea>

During the interview with the Captain, he advised that he approves every annual report.

The PREA Coordinator indicated during his interview that the department reviews data collected pursuant to 115.87 and assesses the effectiveness of the Department's sexual abuse prevention, detection, and response policies, practices, and training. The department then prepares an annual report and posts the information on the website. He further stated that the only information redacted from the departmental report is any personal identifying information. All other information is included in the annual report.

During the interview with the Facility Commander, the Auditor was informed that each allegation is reviewed by the Facility PREA/Incident Review Committee, and that the information is provided to the SCSD PREA Coordinator for the annual review. Any issues or concerns identified during the Facility PREA/Incident Committee are addressed at that time.

#### Conclusion

Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Does Not Meet Standard regarding data review for corrective action. As a result, corrective action is required.

#### Corrective Action



	<ol style="list-style-type: none"> <li>1. Update current database to provide identification of inmate gender designators</li> <li>2. Develop a process according to standard/provision for each grievance (general, PREA, etc.), to include tracking numbers, who response was assigned to, follow-up strategies, timelines for response, including the response and final decision documenting whether the inmate is in substantial risk of imminent sexual abuse and the action taken.</li> </ol> <p><u>Verification of Corrective Action since the Interim Audit Report</u></p> <p>The auditor gathered, analyzed and retained additional evidence provided by the facility during the corrective action period relevant to the requirements of the standard.</p> <p><u>Additional Documentation Reviewed:</u></p> <ol style="list-style-type: none"> <li>1. Stanislaus County Sheriff's Department PREA policy / Procedures (Revised August 2023)</li> <li>2. Updated forms utilized during initial screening and reassessments</li> <li>3. Updated database capabilities</li> </ol> <p>Following the issuance of the Interim Audit Report, the auditor and the facility discussed the recommended corrective action for this provision, and agreed upon a plan with assigned dates for completion. The facility revised the PREA policy to ensure that clearly outlines the zero tolerance towards the sexual abuse and harassment of the Inmate Population, which included updated screening and reassessment procedures, updated forms and assessments, and appropriate programming opportunities. In addition, the facility now has database capability to identify the various categories required in the PREA standard.</p> <p>The facility has effectively demonstrated compliance with this standard during the period of corrective action through supporting documentation and interviews. The facility is compliant with this provision.</p>
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<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	The SCSD PCM will ensure that data collected pursuant to (§115.87) is securely retained. All aggregated sexual abuse data will be forwarded to SCSD PREA Coordinator for consolidation in order to make it readily available to the public annually through its website or through other means.

	<p>Before submitting aggregated sexual abuse data to SCSD PREA Coordinator, the SCSD PREA Compliance Manager will remove all personal identifiers.</p> <p>The SCSD is required to maintain sexual abuse data (including incident reports, investigative reports, inmate information, case disposition, and evaluation findings) collected pursuant to §115.87 for at least 10 years after the date of the initial collection, unless legally required otherwise.</p> <p>The auditor confirmed the PREA Annual Reports contains the sexual abuse statistics to date. Conclusion</p> <p>Based upon the review and analysis of all available evidence, the Auditor has determined that Minimum Housing Unit (MHU) Meets Standard regarding data storage, publication, and destruction. No recommendations or corrective action is required.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>During the pre-audit, the Auditor was provided with a completed PAQ and available documentation related to the audit. During the on-site visit, the Auditor requested additional documentation and was provided with this information promptly. The Auditor was given access to, and observed, all areas of the Minimum Housing Unit (MHU).</p> <p>During the on-site visit, the Auditor and assistant were provided access to a conference room. All staff and inmate interviews were conducted one-on-one with the auditor/assistant, in a private and confidential manner.</p> <p>Approximately six weeks prior to the audit, the Auditor provided the facility with a Notification of Audit that the auditor required the facility to post in all housing units and throughout the Facility.</p> <p>The Notification of Audit contained the auditor's mailing address. During the site visit, the auditor observed the notification in some areas of the Facility. During the Inmate interviews, many inmates confirmed that they observed the audit notification posted throughout the Facility.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>The annual reports are accessible through the Department website. The link was provided to the Auditor with pre-audit materials to check for easy accessibility. All personal information is redacted from the reports.</p>
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<b>Appendix: Provision Findings</b>		
<b>115.11 (a)</b>	<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
<b>115.11 (b)</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
<b>115.11 (c)</b>	<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
<b>115.12 (a)</b>	<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
<b>115.12 (b)</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	na

	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.)	
<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	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.)	na
<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
<b>115.13 (d)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	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
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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 (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies 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 have procedures 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
<b>115.15 (e)</b>	<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
<b>115.15 (f)</b>	<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



<b>115.16 (a)</b>	<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 aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?	yes
	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	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	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
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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
<b>115.17 (a)</b>	<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	yes

	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?	
	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
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.21 (a)</b>	<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
<b>115.21 (b)</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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<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
<b>115.21 (d)</b>	<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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
<b>115.21 (e)</b>	<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
<b>115.21 (f)</b>	<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 agency 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
<b>115.21 (h)</b>	<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 always makes a victim advocate from a rape crisis center available to victims.)	na
<b>115.22 (a)</b>	<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
<b>115.22 (b)</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
<b>115.22 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a)</b>	<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
<b>115.31 (b)</b>	<b>Employee training</b>	
	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
<b>115.31 (c)</b>	<b>Employee training</b>	
	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
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	



	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
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<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 the comprehensive education referenced in 115.33(b)?	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
<b>115.33 (d)</b>	<b>Inmate education</b>	
	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
<b>115.33 (e)</b>	<b>Inmate education</b>	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
<b>115.33 (f)</b>	<b>Inmate education</b>	
	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
<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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 receive 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
<b>115.34 (b)</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	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	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
<b>115.34 (c)</b>	<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
<b>115.35 (a)</b>	<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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	yes

	suspicious of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	
<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 or the agency does not employ medical staff.)	yes
<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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	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? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	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
<b>115.41 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as 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, as 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, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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 an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<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
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	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	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	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
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	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? (N/A if the agency has a dedicated facility, unit, or wing	yes



	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	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
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	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
<b>115.43 (d) Protective Custody</b>		
	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) 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) 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) 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	yes

	anonymous upon request?	
	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? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	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
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	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
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	this standard.)	
	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
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	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
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.53 (a)</b>	<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,	yes

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</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
<b>115.53 (c)</b>	<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
<b>115.54 (a)</b>	<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
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	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	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	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
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	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	yes



	response to an incident of sexual abuse?	
<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
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	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	yes

	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?	
	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
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	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	yes

	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).)	
	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).)	yes
<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
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	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
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	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	yes

	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?	
<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
<b>115.77 (a)</b>	<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
<b>115.77 (b)</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
<b>115.78 (a)</b>	<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
<b>115.78 (b)</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
<b>115.78 (c)</b>	<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	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, 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? (N/A if the facility is not a prison).	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.)	yes
<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? (N/A if the facility is not a jail).	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	yes



	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
<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
<b>115.82 (b)</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
<b>115.82 (c)</b>	<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
<b>115.82 (d)</b>	<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
<b>115.83 (a)</b>	<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
<b>115.83 (b)</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</b>	

	<b>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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	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.)	yes

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

<b>115.87 (a)</b>	<b>Data collection</b>	
	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
<b>115.87 (b)</b>	<b>Data collection</b>	
	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.)	yes
<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.)	yes
<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	yes

	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?	
<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.)	yes
<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.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	yes
	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.)	na
<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</b>	<b>Audit contents and findings</b>	

<b>(f)</b>		
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. 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, there has never been a Final Audit Report issued.)	yes