

PREA Facility Audit Report: Final

Name of Facility: Re-Entry and Enhanced Alternatives to Custody Training

Facility Type: Prison / Jail

Date Interim Report Submitted: 06/23/2019

Date Final Report Submitted: 12/10/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Alberto F Caton	Date of Signature: 12/10/2019

AUDITOR INFORMATION	
Auditor name:	Caton, Alberto
Address:	
Email:	albertocaton@comcast.net
Telephone number:	916-714-9570
Start Date of On-Site Audit:	05/08/2019
End Date of On-Site Audit:	05/10/2019

FACILITY INFORMATION	
Facility name:	Re-Entry and Enhanced Alternatives to Custody Training
Facility physical address:	194 E. Hackett Rd., Modesto, California - 95358
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Chad Blake
Email Address:	cblake@stansheriff.com
Telephone Number:	2094918784

Warden/Jail Administrator/Sheriff/Director	
Name:	
Email Address:	
Telephone Number:	

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	
Name:	Chad Blake
Email Address:	cblake@stansheriff.com
Telephone Number:	M: 2094918784

Facility Health Service Administrator On-site	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	0
Current population of facility:	0
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/inmate custody levels:	
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	

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

Agency Chief Executive Officer Information:	
Name:	
Email Address:	
Telephone Number:	

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

AUDIT FINDINGS

Narrative:

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

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

During the week of May 6, 2019, the AUDITOR conducted onsite PREA audits at the Sheriff's Detention Center – East (SDC-E) and Re-Entry and Enhanced Alternatives to Custody Training (REACT) Facility, located at 200 E. Hackett Road, Modesto, CA 95358. The AUDITOR used the DOJ PREA Auditor Compliance Tool for Adult Prisons and Jails, and the agency and the AUDITOR agreed to use the PREA Resource Center's Online Audit System (OAS) to maximize efficiencies.

PRE-AUDIT PHASE

On March 7, 2019, the AUDITOR provided the audit notice, a letter with posting instructions, and an audit notice confirmation form to PREA Deputy Pearson. On March 15, 2019, Deputy Pearson provided the completed audit notice posting confirmation form on which PREA Compliance Manager (PCM) Sergeant Blake certified that the notice had been posted on March 13, 2019, in housing pods, dayrooms, Booking, Medical and Mental Health treatment areas, education areas, recreation areas, and facility hallways. Deputy Pearson also provided copious pictures of the audit notice posted throughout the facility. On April 24, 2019, the AUDITOR accessed the facility's audit compliance tool on the OAS and initiated the review of the Pre-Audit Questionnaire information. On April 29, 2019, the AUDITOR provided the schedule of activities to Deputy Pearson. On May 2, 2019, the AUDITOR provided the Checklist of Policies/Procedures and other Documents to inform the facility of documents that may be requested during the onsite audit, and an Issue Log with questions and requests for documents, to which Deputy Pearson provided responses the same day. The AUDITOR also provided the Targeted Inmate Listing form, which asks facility staff to identify inmates in the following PREA targeted categories:

- Inmates with a physical or cognitive disability
- Inmates with limited English proficiency (LEP)
- Inmates identified as transgender or intersex
- Inmates identified as lesbian, gay, or bisexual
- Inmates placed in segregated housing due to risk of sexual victimization
- Inmates who reported sexual abuse
- Inmates who disclosed prior sexual victimization during risk screening
- Youthful inmates (if housed at the facility)

On May 5, 2019, the AUDITOR completed the review of the Pre-Audit information on the audit compliance tool and finalized preparations for the onsite audit. The AUDITOR did not receive letters from

inmates at REACT facility.

ONSITE AUDIT PHASE

Entrance Briefing

On May 8, 2019, the AUDITOR arrived at the facility with Deputy Pearson; following greetings and introductions, the AUDITOR held an entrance briefing with Deputy Pearson, Facility Commander Lieutenant Houston, Sergeant Blake, and Shift Sergeant Flores. The AUDITOR explained the audit process and expectations and answered a few questions from attendees. Before the briefing, Deputy Pearson provided the inmate alphabetical roster, the housing roster, the targeted inmate listing, and reported the current facility inmate count of 121.

REACT Facility is part of the Public Safety Center jail complex where certain services and operations, such as intake, booking, classification, health care services, etc. are centralized. The Receiving and Release (R&R) complex is located at the SDC-E facility; all initial risk-assessments are conducted by classification officers at this complex, which the AUDITOR toured on May 6, 2019, as part of the site review at that facility. The following is a description of that site review:

The sally-port is an outdoor area adjacent to intake processing with no visible blind spots; this is where transportation vehicles deliver arrestees and inmates to the facility. The review moved back inside to Receiving and Release or R&R; this area has 28 holding cells, including a safety cell, and is staffed by one sergeant and four deputies; there are 15 surveillance cameras monitored from Central Control. There is a strip-search room in the intake area with adequate privacy, which is used occasionally when necessary. As the tour continued, Deputy Pearson pointed out the audit notice, the agency's PREA poster and introduced a classification deputy assigned to intake processing who helps with inmate risk-assessments. The AUDITOR asked about completed risk-assessment forms and Deputy Pearson proceeded to the booking clerks' station where completed forms are held temporarily until collected by classification officers for housing consideration. The group toured all holding cells, including six sobering cells, six suicide cells, a shower, a classification interview room, the property room and three dress-out rooms for inmates being released from custody. At several holding cells, the toilet is visible from the corridor through the cell door window; deputies use a magnetic sheet as window cover to provide privacy for the occupant; however, this system may not be reliable because deputies do not always know when an inmate will use the toilet. The same system is used to provide privacy if an inmate disrobes in the medical examination room; a nurse explained that a deputy present must be the same gender as the inmate. SDC-E PCM Sergeant Elliott produced a video telephone typewriter or TTY stored in this area; the TTY is available as needed to accommodate inmates with specific disabilities. The AUDITOR visited the classification office and spoke with a classification officer about the risk-assessment process. Classification officers could not honor the AUDITOR's request to observe risk assessments because they were dealing with an ongoing incident at one of the facilities and were not conducting any at the time.

Next, the site review proceeded to Health Care Services Administration where the AUDITOR asked impromptu questions of medical staff. The area is generally open; medical examination rooms have doors with windows and offer adequate privacy. Inmate medical records are kept in a secure area and only medical staff have access. There is an observation station normally manned by a deputy and a nurse who monitor surveillance cameras that cover the clinic. During the tour of the clinic, Deputy Pearson pointed-out the audit notice. Inmate restrooms offer adequate privacy and toilets are not visible from the hallway. Sergeant Elliott produced another video TTY stored in the clinic; TTYs sit on a fixture with casters to facilitate delivery to housing units as needed. There are 15 hospital beds, two of which are

negative pressure cells, and the PREA education video is played in the cells.

REACT Site Review

In addition to Deputy Pearson and the AUDITOR, Lieutenant Houston, Sergeant Blake, and Sergeant Flores participated in the site review, which started with the vehicle sally-port and the intake area. The sally-port is an outdoor area adjacent to intake processing with four pan/tilt/zoom cameras and no visible blind spots; this is where transportation vehicles deliver inmates to the facility. The review moved back inside to Transfer and Release; this area has two holding cells with magnetic sheets to cover cell door windows, four changing stalls with curtains, and two ceiling cameras in opposite corners. There is an administration complex with multiple offices adjacent to the Transfer and Release facility and a courtyard between the administration complex and the housing units. The courtyard is an open area used for inmate graduation ceremonies and there are five cameras covering the area. The review moved into Housing Unit-N (HUN); HUN consists of four pods, N-1 through N-4 and a central deputy's station where staff displayed the facility's video-surveillance capabilities. N-1 and N-2 house male protective custody (PC) inmates, N-3 houses female general population (GP), and N-4 houses male GP. In each pod, the AUDITOR identified camera placements; the English and the Spanish versions of the PREA poster; the audit notice; verified that telephones are operational; inspected the showers; and spoke with inmates about sexual safety concerns, reporting sexual abuse, access to the grievance process, cross-gender viewing concerns, and supervisor rounds. Showers in all housing units are single-person-use and provide adequate privacy for the occupant. Staff escorted the AUDITOR to the medical consultation room and explained that there is one deputy present when inmates are in the room. The AUDITOR visited the sergeant's office where the sergeant explained how unannounced rounds are conducted and documented. The review proceeded to Housing Unit-O (HUO), which is vacant and not yet activated; however, the recreation yard was placed in the space that would have been pod O-2 and the yard has been activated. Video surveillance consists of five cameras with pan/tilt/zoom capability; there are two toilets with privacy walls, a basketball court and no visible blind spots. The HUO complex includes a small kitchen with one surveillance camera on the ceiling and a small freezer with doors on opposite walls. There are no visible blind spots and staff explained that a deputy supervises the inmate workers.

During interviews, a female inmate pointed out that a person using the upstairs shower can be seen under the shower door by someone climbing the stairs. The AUDITOR discussed the inmate's concern with housing deputies and a female deputy confirmed what the inmate reported and explained that deputies use the stairs at the other end of the pod while inmates are in the shower. The AUDITOR reported this potential cross-gender viewing concern to Deputy Pearson and to the facility commander; installing taller shower doors that are closer to the floor was discussed as a possible solution.

Document Reviews

The AUDITOR sat down with Deputy Pearson and reviewed employee, contractor, and volunteer training records; inmate risk-assessment and PREA education records; and the agency's aggregated incident-based data. The AUDITOR used the PREA Resource Center's (PRC's) worksheets designed for document reviews relative to compliance determinations for the applicable standards and randomly selected three deputies, a sergeant, three contract employees, and three volunteers. Deputy Pearson provided records for the training required for all employees under Standard 115.31, but not records for the specialized training required for investigators under Standard 115.34 or for medical and mental health under Standard 115.35; specialized training records for investigators and for medical and mental health practitioners were reviewed later during interviews with representatives from these disciplines. Deputy Pearson escorted the AUDITOR to Human Resources (HR) where a background investigator provided criminal background clearances and subsequent arrest notifications for the three deputies, the

sergeant and the three contract employees previously selected. Later, during a visit to the Bureau of Inmate Services, a deputy assigned to that office confirmed criminal background records checks for the three volunteers previously selected and explained that background records checks for volunteers are conducted every two years as part of the access pass renewal process.

The AUDITOR randomly selected a sample of 15 inmate records from the files of inmates received in the past six months. The AUDITOR recently completed PREA audits of two other agency facilities and recognizes that the documentation required to demonstrate compliance with applicable standards is available only for inmates received during the previous six months. For each of the 15 inmates selected, the AUDITOR reviewed records related to the following standard provisions:

- 115.33(a) – Informing inmates of the agency’s zero-tolerance policy and how to report, or providing the information pamphlet
- 115.33(d) – Providing comprehensive PREA education within 30 days of intake
- 115.41(a) and (b) – Conducting initial risk-assessment within 72 hours of intake
- 115.41(f) – Reassessing inmates’ risk of victimization and abusiveness within 30 days of intake

The agency uses specific forms where inmates are asked to sign acknowledging each of these activities; these are the documents reviewed for compliance with the specified standard provisions.

On the last day of the onsite audit, having completed inmate interviews, the AUDITOR sat down once more with Deputy Pearson allowing him an opportunity to provide inmate-sign acknowledgements and dates where inmates reported that one or more of the activities listed above did not take place.

Staff Interviews

The AUDITOR selected all five deputies and the shift sergeant from the day shift, the five deputies and shift sergeant from the graveyard shift and conducted a total of 12 interviews using the "Random Staff" interview protocol. In each case, the AUDITOR provided the introductory script before proceeding with the interview.

During the course of the audit week and based upon staff availability, the AUDITOR interviewed the following individuals using the corresponding specialized staff interview protocols:

- Agency Head Designee (Detention Captain)
- Facility Commander
- PREA Coordinator
- PREA Compliance Manager
- Medical and Mental Health Staff
- Human Resources Manager
- Intermediate Level Facility Staff (Sergeant)
- Investigative Staff - Administrative (Internal Affairs or IA Sergeant)
- Investigative Staff – Criminal (Crimes Against People Detective)
- Facility-level investigator (Deputy Pearson)
- Staff who Perform Screening for Risk of Victimization (classification deputy)
- Incident Review Team (Lieutenant Martinez, Sergeant Verver, and Deputy Pearson)
- Volunteer who has contact with inmates
- Contract employee who has contact with inmates
- Staff charged with Monitoring Retaliation (Deputy Pearson)
- Intake Deputy
- Sexual Assault Nurse Examiner or SANE (telephone call to Memorial Medical Center)

Where required, the AUDITOR provided the introductory script before proceeding with the interview. The facility does not operate a segregated housing unit and there were no employees who acted as first responder to an incident of sexual abuse.

Inmate Interviews

Based upon the guidelines of the PREA Auditor Handbook and the facility's count, the AUDITOR was required to conduct ten targeted and ten random inmate interviews. Deputy Pearson reported that the facility did not have any inmates in the targeted categories and explained that due to the facility's education mission, inmates must be able to fully participate in classes with teachers who are not bilingual; therefore, inmates in some of the targeted categories are rarely assigned. On the second day, the AUDITOR randomly selected inmates from all four housing pods for interviews using the inmate housing roster provided by Deputy Pearson. The AUDITOR interviewed 26 inmates including six females and an inmate who chose to be interviewed in Spanish and was interviewed as LEP. The AUDITOR provided the introductory script before proceeding with each inmate interview.

Exit Briefing

On the last day of the audit, the AUDITOR met with Captain Duncan, Lieutenant Martinez, the facility commander, Sergeant Blake, Sergeant Flores, and Deputy Pearson for a briefing of preliminary findings. Following the briefing, the AUDITOR explained the timelines for producing the interim audit report, the corrective action period, and issuing the final audit report. After final greetings, the AUDITOR departed the facility.

EVIDENCE REVIEW AND INTERIM REPORT PHASE

Following the onsite phase, the AUDITOR organized all interview questionnaires, the site review notes and documents received onsite, and initiated the completion of the audit narrative, facility characteristics and compliance determination for each standard. On May 13, 2019, after leaving two voicemail messages the week before, a representative from Haven Women's Center, the community-based victim advocate agency that provides services to inmates in the Sheriff's custody, returned the call and the AUDITOR completed the one outstanding specialized staff interview.

Medical services are provided pursuant to a contract with WellPath.

During this phase, the AUDITOR requested additional documents from Deputy Pearson as needed to make audit determinations and finalize the interim audit report. On June 24, 2019, the AUDITOR submitted the interim audit report to the Detention Captain, the Facility Commander and the PREA Coordinator; thus, initiating the 180-day corrective action period.

CORRECTIVE ACTION PHASE

Deputy Pearson used the corrective action plan template provided by the AUDITOR to submit proposed corrective actions for all standards not met. The AUDITOR worked collaboratively with Deputy Pearson, reviewed proposed corrective actions, and provided feedback and comments as needed until all proposed corrective actions were approved. On December 2, 2019, the AUDITOR approved the corrective action plan and gave notice of approval to the PREA Coordinator and to Deputy Pearson; this approval triggered the start of the 30-day period in which the final audit report is to be submitted to the facility.

AUDIT FINDINGS

Facility Characteristics:

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

The Public Safety Center is a jail complex operated by the Stanislaus County Sheriff's Department; it was activated in 1992 and currently consists four jail facilities. REACT is a new minimum-security facility still in its activation phase. The facility has two buildings, an administration building and a housing unit building. The administration building includes a public lobby, administrative offices, multipurpose rooms, records storage, a medical office, property storage, and a Transfer and Release area. The housing building consists of two housing units, HUN and HUO, which has not yet been activated. HUN was activated in May 2018 with a design capacity of 192 beds; it has four 48-bed two-story pods, N-1, N-2, N-3, and N-4; each pod has six eight-bed cells with four double bunks each; there are two cells on the first story and four on the second story. N-1, N-2, and N-4 house male inmates and N-3 houses females; N-1 and N-2 house PC and N-3 and N-4 house GP inmates; cells in N-2 and N-3 include toilet, sink, and drinking fountain; cells in N-1 and N-4 do not. HUO has a design capacity of 96 beds with three two-story 32-bed pods, O-1, O-3, and O-4, for a total facility capacity of 288 beds. Each pod has four eight-bed cells with four double bunks each; the facility's recreation yard sits in the area that would have been pod O-2. Every pod has an attached classroom that inmates can access directly from their pod without having to go out to the main corridor. The housing building also includes a kitchen where inmate meals are prepared, a laundry room, a supply warehoused, and a staff break room. Both HUN and HUO have a central control station in the main corridor from which the assigned deputy controls radio communications, door security, video surveillance, vehicle sally port gates, intercom system, paging system, computer network access, and other facility systems. Each control station is centrally located and surrounded by the unit pods allowing the assigned deputy full view into each pod through floor-to-ceiling security glass walls. Surveillance video monitoring covers the main hallway, the recreation yard, all classrooms, pod dayrooms, and the Transfer and Release room. REACT is operated by a Detention Lieutenant, five sergeants, 20 detention deputies, an operations deputy, two program deputies, six medical staff, and an administrative assistant. Security coverage is provided by way of two 12-hour shifts with two squads per shift. Day Shift runs 0600-1800 hours and Graveyard Shift runs 1800-0600 hours; each shift operates with one sergeant and five deputies per squad. Medical staff are always on site and mental health practitioners are on site during daytime hours seven days per week. In the past 12 months the facility admitted 260 inmates, all of whom remained for 72 hours or more. REACT houses only adult male and female inmates ages 18 to 65 and the average daily population is listed as 159.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	1
Number of standards met:	44
Number of standards not met:	0

From May 6 – 10, 2019, a PREA audit of Stanislaus County's Sheriff's Re-Entry and Enhanced Alternatives to Custody Training found that the facility is mostly in compliance with the PREA standards. Of the 45 standards in the adult prisons and jails audit tool, the facility exceeded one standard, met 37 standards and did not meet seven standards. The facility met or exceeded 82% of the 45 standards. Below is a summary of the standards exceeded, standards met, and standards not met.

****Standards Exceeded****

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.42 - Use of screening information.

****Standards Met****

PREVENTION PLANNING

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- 115.12 - Contracting with other entities for the confinement of inmates.
- 115.13 - Supervision and monitoring.
- 115.14 - Youthful inmates.
- 115.16 - Inmates with disabilities and inmates who are limited English proficient.
- 115.17 - Hiring and promotion decisions.
- 115.18 - Upgrades to facilities and technologies.

RESPONSIVE PLANNING

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

TRAINING AND EDUCATION

- 115.31 - Employee training.
- 115.32 - Volunteer and contractor training.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.41 - Screening for risk of victimization and abusiveness.
- 115.43 - Protective custody.

REPORTING

- 115.53 - Inmate access to outside confidential support services.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.62 - Agency protection duties.
- 115.63 - Reporting to other confinement facilities.
- 115.64 - Staff first responder duties.
- 115.65 - Coordinated response.
- 115.66 - Preservation of ability to protect inmates from contact with abusers.
- 115.67 - Agency protection against retaliation.
- 115.68 - Post-allegation protective custody.

INVESTIGATIONS

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

DISCIPLINE

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

MEDICAL AND MENTAL CARE

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

DATA COLLECTION AND REVIEW

- 115.86 - Sexual abuse incident reviews.
- 115.87 - Data collection.

AUDITING AND CORRECTIVE ACTION

- 115.401 - Frequency and scope of audits
- 115.403 – Audit contents and finding

****Standards Not Met****

PREVENTION PLANNING

- 115.15 - Limits to cross-gender viewing and searches.

REPORTING

- 115.51 - Inmate reporting.
- 115.52 - Exhaustion of administrative remedies.
- 115.54 - Third party reporting.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.61 - Staff and agency reporting duties.

DATA COLLECTION AND REVIEW

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

Pursuant to PREA Standard 115.404, the submission of the interim audit report triggered the start of the 180-day corrective action period which was scheduled to end on December 21, 2019. The AUDITOR and the agency worked jointly on the development of a corrective action plan to achieve compliance where standards were not met. The agency/facility designated an employee to work with the AUDITOR on the development of the corrective action plan. The AUDITOR reviewed updated policies, procedures, and other documentation, and in so doing, determined that a re-inspection of the facility was not necessary to verify implementation of corrective measures in the action plan. Within 30 days of the end of the 180-day corrective action period, the AUDITOR issued a final determination indicating that the facility achieved compliance where standards were not met. On December 2, 2019, the AUDITOR approved the facility's entire corrective action plan and gave written notice to agency officials. With the approval of the corrective action plan, the AUDITOR documented all "corrective actions taken" below each corresponding "recommended corrective action" and changed the audit findings for all standards not met from "Does not meet standard" to "Meets standard." The AUDITOR updated the audit report with new information as needed before completing and submitting the final audit report to the agency. Under PREA Standard 115.405, the agency may lodge an appeal with the USDOJ regarding any specific audit finding it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination. Under PREA Standard 115.403, the agency shall ensure the final audit report is published on its website. The report must be published within 90 days of receipt of the final audit report.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - PREA Policy 3-04.01, Sexual Misconduct and Abuse (PREA Policy) - Policy 1-02, Organizational Structure and Responsibility <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator - PREA Compliance Manager (PCM) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.11(a)</p> <p>The standard provision requires the agency to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The PAQ reflects that the agency has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment; that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; that the policy includes definitions of prohibited behaviors, sanctions for violating the policy, as well as strategies and responses for preventing the prohibited behaviors. PREA Policy 3.04.01 specifies the agency's zero-tolerance policy towards all forms of sexual abuse and sexual harassment, calls for investigating all allegations, specifies sanctions for violating the policy, forbids retaliation against those who report or cooperate with an investigation, specifies the strategies for preventing sexual abuse and sexual harassment, and includes definitions of prohibited behaviors.</p> <p>The PREA Policy supports a determination of compliance with the standard provision.</p> <p>115.11(b)</p> <p>The standard provision requires the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ identifies the Bureau of Administrative Services (BAS) Lieutenant as the PREA Coordinator and reflects that it is an upper-level agency-wide position with sufficient time and authority to oversee the agency's efforts to comply with PREA, and that the position is part of the agency's organizational structure. Policy 01-02 establishes positional authority and assignment requirements for the Adult Detention Division and assigns responsibility for PREA compliance to the BAS Commander, who reports to the Adult Detention Captain. The agency's PREA</p>	

Chain of Command identifies Lieutenant Frank Martinez as the agency-wide PREA Coordinator. Lieutenant Martinez confirmed that indeed he has enough time to manage all his PREA-related responsibilities; that he interacts with PCMs from each of the agency's four facilities as needed, ensuring policy and procedures are up to date, information posters are in place, and staffing plan reviews are conducted. Sometimes the PCMs participate in incident reviews, and the lieutenant provides guidance as needed on PREA matters.

Policy 01-02, the PREA Chain of command, and the interview with Lieutenant Martinez support a determination of compliance with the standard provision.

115.11(c)

The standard provision states that where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ reflects that the facility designated a PCM with sufficient time and authority to coordinate the facility's efforts to comply with PREA; that the position does not appear on the agency's organizational structure; the name of the PCM is not provided. PCM Sergeant Blake confirmed that he has enough time to manage all his PREA-related responsibilities; that he provides training and communicates with the PREA Coordinator and Deputy Pearson as needed; that he ensures posters are displayed, the video is played, and staff are current with training requirements.

The interview with Sergeant Blake supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.11(a) – No corrective action required.

115.11(b) – No corrective action required.

115.11(c) – No corrective action required.

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

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

average daily inmate population upon which the plan is predicated was not provided. The staffing plan provides definitions for each of three operations (normal, restricted and limited) for which staffing levels are reduced in response to specific incidents, tables with staffing levels for each housing unit during each of the three operations, and a detailed description of the facility and each housing unit. The plan explains how each of the 11 factors prescribed by the standard provision is considered in calculating adequate staffing levels and determining the need for video monitoring. For instance, to explain how Item 5 above was considered, the plan explains that much time and effort went into the facility's design with emphasis on staff and inmate safety, that blind spots are minimal because video monitoring covers the majority of the facility and camera views overlaps in some areas; it identifies some of the most common reasons deputies enter the pods, the amount of time deputies spend inside the pods, and points out that deputies check inmates into and out of classrooms. To explain how Item 8 was considered, the plan states that the facility was designed specifically for inmate programs and classroom education, provides examples of the programs, and the skills inmates are expected to develop from these programs. The facility commander confirmed that the facility has a staffing plan and explained how each of the 11 factors prescribed by the standard provision is considered in calculating adequate staffing levels and determining the need for video monitoring. For instance, he explained that the plan complies with requirements of California Code of Regulations, Title 15, and considers the number of deputies required to conduct the rounds needed to ensure staff and inmate safety and the security of the facility; that the inmates are minimum custody, some with protective custody needs; that risk factors, such as history of sexual misconduct are disqualifying for the facility. The PCM also explained how the plan considers each of the 11 factors in determining adequate staffing levels and the need for video monitoring; for instance, with regard to Item 5 above, he stated that as a result of the surveillance camera coverage, there are no blind spots; for Item 6, he stated that the inmates are minimum custody, that the high risk factors are disqualifying for acceptance into the programs; and for Item 7, he stated that the sergeant's office is located in the housing building allowing for more direct staff supervision and immediate supervisor response. During the site review, the AUDITOR observed adequate custodial presence for a minimum-security facility, the control station deputy monitors video feed from surveillance cameras, and no obvious blind spots were identified. Impromptu conversations with inmates in housing units reflect that they are not particularly concerned about sexual safety.

The staffing plan, the interviews with the facility commander and the PCM, and the site review observations support a determination of compliance with the standard provision.

115.13(b)

The standard provision states that in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The PAQ reflects that the facility documents all deviations from the staffing plan with justifications but does not reflect the reasons for deviations from the plan in the past 12 months. The facility commander confirmed that he reviews watch reports daily for compliance with the staffing plan, that any case of non-compliance would be documented, and that there have not been any incidents of non-compliance. The facility provided six watch reports for March and April 2019, covering both squads and both shifts; the facility uses a standard format for its watch report where each post is listed with the name of the shift sergeant or deputy filling it for the shift. Watch reports also show who is absent, the reason for the absence, and how the post was filled.

The interview with the commander and the watch reports reviewed support a determination of compliance with the standard provision.

115.13(c)

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

- (1) The staffing plan established pursuant to paragraph (a) of this section;
- (2) The facility's deployment of video monitoring systems and other monitoring technologies; and
- (3) The resources the facility has available to commit to ensure adherence to the staffing plan.

The PAQ reflects that annual reviews of the staffing plan are conducted at least once every year in collaboration with the PREA Coordinator and include the assessments, determination and documentation specified above. The staffing plan does not specifically require annual reviews. The PREA Coordinator reported that in his capacity as BAS Commander he oversees the staffing and scheduling operation for the facility, and that assessments are done annually in December. The facility provided its 2019 staffing plan, 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.

Due to its relatively recent development, the facility's staffing plan is not yet due for an annual review. The staffing plan and the interview with the PREA Coordinator support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should consider developing a staffing plan review template to ensure all assessments, determinations and documentations prescribed by the standard provision are included in every staffing plan review. The staffing plan should require these annual reviews, specify how they are conducted, and who should be involved.

115.13(d)

The standard provision requires the agency to implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The PAQ reflects that supervisors are required to conduct and document unannounced rounds on all shifts and that alerting staff of the rounds is prohibited. The staffing plan requires the unannounced supervisory rounds during each 12-hour shift for the reason specified by the standard provision, requires supervisors to use a red stamp to record the round in the unit security log, and forbids alerting staff that such rounds are in progress. The facility provided copies of day and graveyard shift security log pages for HUN; the pages include a stamp with the supervisor's signature documenting the unannounced rounds. The shift sergeant confirmed that he conducts unannounced rounds; that he uses the PREA stamp to document them in the security log; and that to prevent staff from alerting other staff, he just "walks-up-on-them unannounced." The PCM provided video footage in which days and graveyard shift

sergeants can be seen walking into the HUN pods and exiting shortly after. During the site review, the AUDITOR reviewed the security log and verified that the PREA stamp is used to document unannounced supervisory rounds.

The staffing plan, the security log documentation, the video footage, the interview with the shift sergeant, and the security logs reviewed during the site review support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.13(a) – No corrective action required.

115.13(b) – No corrective action required.

115.13(c) – No corrective action required.

115.13(d) – No corrective action required.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 2-06.02, Initial Assessment (Intake) - Policy 2-03.06, Juveniles <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.14(a)</p> <p>The standard provision states that a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The PAQ reflects that the facility has not housed youthful inmates in the past 12 months. Policy 2-06.02 includes the requirements of the standard for a juvenile inmate but does not include any reference to youthful inmates. Policy 2-03.06 specifies that individuals 18 years of age should not be housed in the Sheriff's custody if they are in custody solely on juvenile matters. This policy does not make any reference to youthful inmates. During the site review the AUDITOR did not see any evidence of youthful inmates at the facility.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(b)</p> <p>The standard provision states that in areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. The PAQ reflects that the standard provision does not apply.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(c)</p> <p>The standard provision requires the agency to make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. The PAQ reflects that the</p>

standard provision does not apply.

The standard provision does not apply because the facility does not house youthful inmates.

RECOMMENDED CORRECTIVE ACTIONS

115.14(a) – No corrective action required.

115.14(b) – No corrective action required.

115.14(c) – No corrective action required.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 9-03.03, Searches by Stage of Custody – Unclothed Searches - Policy 9-01.01, Security Inspections - PREA Training Lesson Plan - PREA Training roster - Acknowledgement of Receipt of PREA Training <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputy interviews (12) - Random inmate interviews (26), including females <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statements from inmates - Housing unit tours <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.15(a)</p> <p>The standard provision states that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The PAQ reflects that the facility conducts cross-gender strip or visual body cavity searches but has not conducted any such searches in the past 12 months. Policy 3-04.01 and Policy 9-03.03 prohibit such searches except in exigent circumstances or when performed by a medical practitioner. There were no cross-gender strip searches conducted by non-medical staff; thus, no such interviews or logs to review. During the site review staff confirmed that cross-gender strip or visual body cavity searches are not conducted.</p> <p>The PREA Policy, Policy 9-03.03, and the statement from staff during the site review support a determination of compliance with the standard provision.</p> <p>115.15(b)</p> <p>The standard provision states that as of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ reflects that the searches in question are not allowed absent exigent circumstances, that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in</p>

order to comply with this provision, and that there have been no such searches in the past 12 months. Policy 9-03.03 states that unless there are exigent circumstances, all searches shall be conducted by a member of the same gender as the individual being searched; it also forbids restricting a female inmate's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Interviews of deputies and female inmates reflect that such searches are not conducted, and that the facility does not restrict a female inmate's access to available out-of-cell opportunities in order to comply with this provision. The searches in question were not conducted during the audit period; therefore, there are no logs or video of such searches for review.

Policy 9-03.03, interviews with deputies, and interviews with female inmates support a determination of compliance with the standard provision.

115.15(c)

The standard provision requires the facility to document all cross-gender strip searches and cross-gender visual body cavity searches and document all cross-gender pat-down searches of female inmates. The PAQ reflects that the facility requires documentation of the searches in question. PREA Policy 3.03.03 requires documentation of all cross-gender strip searches, all visual body cavity searches, and all cross-gender pat-down searches. The facility did not conduct any of the searches in question; therefore, the facility did not have any documentation of such searches.

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

115.15(d)

The standard provision requires the facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ reflects that the facility implemented the policies and procedures prescribed by the standard provision and Policies 3-04.01 and 9-01.01 specify these procedures. Deputies reported that they announce their presence upon entering a housing unit with inmates of the opposite gender and that inmates are able to perform bodily functions without being viewed by non-medical staff of the opposite gender. Inmate interviews reflect that they are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them naked and that staff of the opposite gender announce their presence when entering an inmate housing unit. However, one female inmate reported that the occupant of the upstairs shower at the end of the pod can be seen under the shower door by someone climbing the stairs and that staff avoid using those stairs while inmates are in the shower. The AUDITOR did not personally verify this account; however, a female deputy did, and she confirmed that deputies just use the stairs at the other end while inmates are in the shower. The AUDITOR reported this potential cross-gender viewing concern to the facility commander and the PCM during the exit briefing. Potential solutions discussed include replacing the shower doors with taller doors that extend closer to the floor. During the site review, inmates did not express any cross-gender viewing concerns.

The potential cross-gender viewing situation with the upstairs shower in the female housing pod does not support a determination of compliance with the standard provision.

115.15(e)

The standard provision states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ reflects that the facility has a procedure that prohibits the searches in question and that no such searches were conducted in the past 12 months. Policy 3-04.01 specifies the language of the standard provision. Deputy interviews reflect that staff are aware of the policy that prohibits these searches. The facility did not list any inmates identified as transgender for interview.

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

115.15(f)

The standard provision requires the facility to train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The PAQ reflects that 100% of security staff received the training in question. Deputy Pearson provided a roster reflecting that PREA training was provided to 315 participants on October 8, 2018. He also provided a February 12, 2019, "Acknowledgement of Receipt of PREA Training" with 130 employees signatures acknowledging that they received the training in question, and that they read and understood the agency's PREA policy. A September 27, 2018 PREA lesson plan provided includes the topic prescribed by the standard provision. Eleven of 12 deputies interviewed confirmed that they received the training prescribed by the standard provision and one deputy reported that he started three months ago and had not yet received the training.

The training roster, the acknowledgement of receipt of PREA training, the PREA lesson plan, and the deputy interviews support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.15(a) – No corrective action required.

115.15(b) – No corrective action required.

115.15(c) – No corrective action required.

115.15(d) – The facility shall make appropriate modifications to ensure inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia. The facility shall inspect the showers in all other pods and correct all cross-gender viewing concerns.

115.15(e) – No corrective action required.

115.15(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.15(d) – The agency purchased custom made shower curtains to provide privacy for inmates using the shower. The curtains were installed in Pods N-2 and N-3 where the cross-gender viewing concern existed. The AUDITOR reviewed photos of the curtains taken from different angles, one with a person in the shower. The curtains were hung just inside the shower doors and the legs of person in the shower are visible below the knees only. Cross-gender viewing is not a concern for the N-1 and N-4 showers and HUC is not yet activated. Based upon the photos and the explanation provided, the AUDITOR finds that the curtains provide adequate privacy for an inmate in the shower.

CORRECTIVE ACTION APPROVED

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3.09.01, Sexual Misconduct and Abuse - Policy 8-03.01, Persons with Disabilities & Armstrong Class Inmates - Language Line Services Agreement - Contract for American sign language (ASL) interpreter services - Inmate Orientation and Rules Manual (English, Spanish, Russian, Mandarin, Hmong, Punjabi, and Braille) - PREA Poster (English and Spanish) - Transparent PREA poster - PREA Pamphlet (English and Spanish) - PREA Video (English and Spanish) - PCM Memorandum date May 10, 2019 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Deputy interviews (12) - Inmate with LEP <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Housing unit tours - Statements from inmates - Video Telephone Typewriters (Video TTYs) <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.16(a)</p> <p>The standard provision requires the agency to take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and</p>

administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The PAQ reflects that the agency takes appropriate steps to ensure inmates with the specified disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy 8-03.01 calls for informing inmates with deafness of available auxiliary aids and services for effective communication or directing them to the appropriate staff member for assistance; it also calls for providing telecommunication devices for inmates with these disabilities and for facility commanders to know how to obtain services, where to locate the devices, and how to use them. The policy further calls for a designated staff member to interview inmates with disabilities after initial documentation to determine if existing accommodations are effective and ensure identified changes are made to accommodate the disability where indicated. The policy includes a requirement to refer inmates who may have a disability to medical to verify the disability, document the disability in the agency's information system, and identify appropriate accommodations to facilitate equal access to programs and services. The policy is comprehensive and identifies various resources to be used for accommodating inmates with disabilities including the use of sign language interpreters, video relay services, etc. The agency provided a contract with Lola O'Brien for ASL interpreting services; in the contract, Lola O'Brien agrees to provide ASL interpreter services for clients of the County of Stanislaus; the contract is valid through the end of the current fiscal year and is renewed annually. The contract does not specifically include or exclude inmates in the Sheriff's custody and Deputy Pearson is not aware of any instance in which these services were employed for inmates. The Detention Captain acknowledged that the agency established procedures to provide inmates with disabilities equal opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse; he identified the video TTY, five mental health deputies and the Jail-Based Competency Treatment (JBCT) among resources used to accommodate inmates with disabilities. The SDC-E PCM provided a photo of the Braille version of the Inmate Orientation and Rules Manual and during the site review, he produced two video TTYs, one in the hospital and one in R&R; the TTYs are mounted on casters to facilitate movement to housing units or other facilities as needed. The PREA video is played with subtitles in all pods, and the PREA poster is written in large print (Times New Roman size 14). Deputy Pearson stated that a sign language interpreter would be provided if necessary, for effective communication during interviews with an inmate with a disability and that interviews would be slowed down with use of simplified vocabulary and prompts to assess comprehension during communication with an inmate with an intellectual disability; he provided a script to be used for comprehensive PREA education which will be used as needed to accommodate inmates with disabilities. The facility did not list any inmates with disabilities for interview.

Policy 8-03.01, the ASL contract, the interview with the Captain, the PREA poster in large print, the PREA video with subtitles, the video TTYs, the Braille version of the orientation manual, and the accommodations provided by Deputy Pearson for inmates with intellectual disabilities support a determination of compliance with the standard provision.

115.16(b)

The standard provision requires the agency to take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively

and expressively, using any necessary specialized vocabulary. The PAQ reflects that the agency takes the reasonable steps to ensure meaningful access for inmates with LEP to the agency's efforts specified by the standard provision. The PREA Policy calls for inmate PREA education to be provided in formats accessible to inmates with LEP but does not specify how staff will establish communication with these inmates. The Language Line agreement reflects that the services include over-the-phone interpretation, onsite services, translation and localization services, video services, and other services. The contract was established on May 1, 2015 and is renewed automatically every year. The Inmate Orientation and Rules Manual provides substantive information to inmates about PREA, including the zero-tolerance policy, inmate rights under PREA, how to report sexual abuse, definitions of prohibited behavior, what to do if sexually victimized while in custody, etc. The SDC-E PCM provided copies of the Inmate Orientation and Rules Manual in Spanish, Russian, Mandarin, Hmong, and Punjabi. The Spanish version of the PREA poster and the transparent PREA poster (information in English and Spanish) are displayed in housing units and in R&R, the PREA video (English and Spanish) is played on televisions in housing units and in R&R, and the Spanish version of the PREA pamphlet is available to inmates who speak Spanish. The Detention Captain acknowledged that the agency established procedures to provide inmates with LEP the opportunity to participate in and benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse; he identified the availability of the inmate orientation manual in other languages and contacts with consulates (if needed) among resources used to communicate PREA information to inmates with LEP. The one inmate with LEP interviewed confirmed that the facility provides information about sexual abuse and sexual harassment that he understands and that he understands English with limitations. The AUDITOR is fluent in Spanish and conducted the interview in Spanish.

The PREA policy, the Language Line agreement, the orientation manual in other languages, the Spanish version of the PREA poster, the transparent PREA poster, the Spanish version of the PREA video, the interview with the Captain, and the interview with the inmate with LEP support a determination of compliance with the standard provision.

115.16(c)

The standard provision states that the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations. The PAQ reflects that agency policy prohibits the use of inmate interpreters except under the limited circumstances specified by the standard provision; that the facility documents the limited circumstances whenever such inmate assistance is used; and that in the past 12 months, there have been no use of inmate assistants where the limited circumstances did not apply. Policy 3.09.01 specifies the language of the standard provision and requires documentation whenever an inmate interpreter is used under the circumstances in question. Interviews with deputies reflect that they are aware that inmate interpreters, readers or other types of assistants should not be used in matters related to PREA reporting; nine of 12 deputies interviewed indicated they would allow an inmate interpreter in exigent circumstances and were able to articulate at least one of the limited circumstances specified by the standard provision, in which an inmate may be used as interpreter, reader or other assistant in matters related to PREA. The inmate with LEP did not report sexual abuse or other PREA-related matter; thus, there was not an incident in which application of this

provision was required. The PCM provided a memorandum to all staff dated May 10, 2019; the memorandum specifies that staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an interpreter could compromise the inmate's safety, or the investigation; it does not include performing first responder duties as one of the limited circumstances. The memorandum includes a page with all employee signatures.

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

RECOMMENDED CORRECTIVE ACTIONS

115.16(a) – No corrective action required.

115.16(b) – No corrective action required.

115.16(c) – No corrective action required.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 1000, Recruitment and Selection - Pre-Background Interview Questions - PREA annual acknowledgement questions - PREA promotions questions - Employee and contractor files - Volunteer files - Email to all employees <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Human Resources (HR) Manager <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Visit to Background Investigation Office - Visit to Bureau of Inmate Services <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.17(a)</p> <p>The standard provision states that the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:</p> <ol style="list-style-type: none"> (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>The PAQ reflects that agency policy prohibits hiring or promoting anyone (or enlisting the services of any contractor) who may have contact with inmates who has engaged in the specified sexual misconduct. The PREA Policy identifies the misconduct specified above as employment disqualifying factors for hiring, recruitment, and enlisting the services of contractors. Policy 1000 explains the agency's requirement for a background investigation to verify a candidate's personal integrity and high ethical standards. A review of the files of four sworn employees, three contractor staff, and three volunteers reflects that the agency conducts thorough background investigations before hiring employees who may have contact with inmates or enlisting the services of contractors who may have contact with inmates.</p>

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

115.17(b)

The standard provision requires the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The PAQ reflects that agency policy requires consideration of incidents of sexual harassment before hiring or promoting anyone or enlisting the services of any contractor who may have contact with inmates. Policy 3.09.01 calls for considering incidents of sexual harassment in making the decisions in question. The HR Manager confirmed that the agency considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates, and explained that information on such incidents is obtained by checking with prior employers, and by contacting IA if it is a promotion.

Policy 3.09.01 and the interview with the HR Manager support a determination of compliance with the standard provision.

115.17(c)

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

- (1) Perform a criminal background records check; and
- (2) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The PAQ reflects that agency policy requires the criminal background records checks prescribed by the standard provision before hiring new employees who may have contact with inmates and that 629 of these checks were conducted on new hires in the past 12 months. The PREA Policy requires a background investigation before hiring employees who may have contact with inmates but does not specify the types of inquiries involved. The HR Manager confirmed that the agency conducts the criminal background records check prescribed by the standard provision and that it makes 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. During the review of the background investigation files with a representative of that office, the AUDITOR verified that criminal background records checks include the contacts in question.

The PREA Policy, the interview with the HR Manager, and the review of background investigation files with the representative support a determination of compliance with the standard provision.

115.17(d)

The standard provision requires the agency to also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The PAQ reflects that agency policy requires the prescribed criminal records check before enlisting the services of contractors who may have contact with inmates and that in the past 12 months these checks were conducted for 629 contracts for services in which staff would have contact with inmates. The PREA Policy requires a background investigation before enlisting the

services of contractors who may have contact with inmates but does not specify the types of inquiries involved. The HR Manager confirmed that the agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates. Deputy Pearson escorted the AUDITOR to the Bureau of Inmate Services where a deputy checks state and federal criminal databases before clearing volunteer applicants for access to agency jail facilities. The deputy reported that volunteers answer the three sexual misconduct questions as part of their annual training; that biennial rechecks are performed for all volunteers before their access passes are renewed; and that he maintains a log of all criminal records checks for volunteers. The AUDITOR reviewed the log and checked clearances for three volunteers; the check verified that the three questions were answered in all three cases, and that the criminal records check was completed before the access pass was issued.

The PREA Policy, the interview with the HR Manager, the review of background investigation files for contract employees, and the visit to the Bureau of Inmate Services support a determination of compliance with the standard provision.

115.17(e)

The standard provision requires the agency to either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. The PAQ reflects that agency policy either requires quinquennial criminal background records checks or that the agency has a system in place for capturing such information for current employees. The HR Manager reported that the agency receives subsequent arrest notifications from the California DOJ and from the FBI. During the review of background investigations files, the AUDITOR verified that subsequent arrest notification was in place for every file reviewed.

The interview with the HR Manager, and the review of background investigation files with the representative support a determination of compliance with the standard provision.

115.17(f)

The standard provision requires the agency to ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. The agency provided the Pre-Background Interview Questions, the PREA annual acknowledgement questions, and the PREA promotions questions; all three documents include the three sexual misconduct questions and impose upon employees a continuing affirmative duty to disclose any such misconduct. Prospective employees complete the Pre-Background Interview Questions as part of the hiring process, applicants for promotions complete the PREA promotions questions as part of the promotion process, and employees complete the PREA annual acknowledgement as part of the employee performance review process. The HR Manager confirmed that all applicants and employees who may have contact with inmates are asked the three sexual misconduct questions in written applications for hiring or promotions, and as part of employee performance reviews. She also confirmed that the agency imposes upon employees a continuing affirmative duty to disclose any such

misconduct, and provided an April 17, 2019 email she disseminated to all employees informing them of the requirement to acknowledge the three sexual misconduct statements as part of the performance evaluation process and prior to a promotion. The AUDITOR reviewed five of the 17 employee performance reviews completed since the agency implemented use of the PREA annual acknowledgement questions and in every case, the employee completed the form acknowledging the three sexual misconduct statements.

The Pre-Background Interview Questions, the PREA annual acknowledgement questions, the PREA promotions questions, the interview with the HR Manager, the email to all employees, and the review of the five employee performance reviews support a determination of compliance with the standard provision.

115.17(g)

The standard provision states that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The PAQ reflects that agency policy includes this standard provision. The PREA promotions questions and the PREA annual acknowledgement are official agency forms and inform employees that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The HR Manager confirmed that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination and that all employees have been informed of this provision.

The PREA promotions questions, the PREA annual acknowledgement, and the interview with the HR Manager support a determination of compliance with the standard provision.

115.17(h)

The standard provision states that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. The PREA Policy does not include this standard provision. The HR Manager confirmed that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. She stated that the County Counsel reviews such requests and approves the responses before she provides them to the prospective employer.

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

RECOMMENDED CORRECTIVE ACTIONS

115.17(a) – No corrective action required.

115.17(b) – No corrective action required.

115.17(c) – No corrective action required.

115.17(d) – No corrective action required.

115.17(e) – No corrective action required.

115.17(f) – No corrective action required.

115.17(g) – No corrective action required.

115.17(h) – No corrective action required.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Facility Commander <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Housing unit tour - Demonstration of video monitoring capability <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.18(a)</p> <p>The standard provision states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. The Detention Captain reported that all construction design and facility modifications require approval by the Board of State and Community Corrections (BSCC), which includes PREA considerations; for example, he stated, the modesty screens had to be modified to meet PREA standards. The Facility Commander confirmed that there has been acquisition of a new facility or substantial expansion or modification of existing facilities since August 20, 2012, and that the facility's ability to protect inmates from sexual abuse was considered. He explained that video monitoring cameras were placed strategically to ensure complete coverage of inmate access areas, thus eliminating any blind spots. During the site review, the AUDITOR noted that the strategic location of the control rooms allows direct lines of sight into every pod through large glass windows and there are no structures obstructing the view into the pods.</p> <p>The interviews with the Captain and the Commander, and the AUDITOR's site review observations support a determination of compliance with the standard provision.</p> <p>115.18(b)</p> <p>The standard provision states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The Captain pointed to the new surveillance camera system and reiterated that the BSCC approval</p>

process includes PREA considerations; he also cited the Offender Management System (OMS) or kiosks and explained that inmates have the ability to send messages directly to classification officers. The Facility Commander confirmed the installation of a new video monitoring system since August 20, 2012 and indicated that the facility's ability to protect inmates from sexual abuse was considered in the planning and design. He explained that the video monitoring system was designed strategically to cover potential blind spots and protect inmates from sexual abuse. During the site review, the control deputy demonstrated the facility's video surveillance capabilities by displaying the camera coverage and the various views from the monitoring screens. Where a structure such a staircase blocks the view from the control station, a camera has been installed to overcome the blind spot created by the staircase.

The interviews with the Captain and the Commander, the demonstration of the video surveillance capability, and the AUDITOR's site review observations support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.18(a) – No corrective action required.

115.18(b) – No corrective action required.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 602, Sexual Assault Investigations - Memorandum of Understanding (MOU) with the District Attorney and Memorial Medical Center (three-party agreement) - MOU with Haven Women's Center of Stanislaus County - Incident reports (9) - USDOJ Publication "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Compliance Manager - Deputy interviews (12) - SANE - Representative from Haven Women's Center <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>NOTE: the response protocols under review in this standard apply to the agency as a whole; therefore, incidents from other facilities are considered in making compliance determinations.</p> <p>115.21(a)</p> <p>The standard provision states that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PAQ reflects that the agency is responsible for all sexual abuse investigations and that it follows a uniform evidence protocol. Policy 602 specifies the agency's evidence protocol for maximizing the potential for obtaining usable evidence; the policy includes among other topics, investigator qualifications and training, interviewing victims, collecting and testing biological evidence and case disposition and review. The policy calls for involvement of a Sexual Assault Response Team or SART in the agency's response to a case of sexual assault. Although the protocol appears to be written primarily for response to sexual assault in the community, it is still applicable to confinement settings. The agency provided its three-party agreement with the District Attorney and Memorial Medical Center for SART services. The agreement lists each party's responsibilities, where applicable, in responding to an incident of sexual assault. Deputy interviews reflect that they are generally aware of the requirement to isolate inmates involved, protect the crime scene, collect</p>

evidence, transport inmates involved to the hospital for a "rape kit" or forensic medical examination, etc. When asked who is responsible for sexual abuse investigations, all identified the PREA Deputy (Deputy Pearson); eight included the patrol division, and seven included IA; none included CAP.

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

115.21(b)

The standard provision states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The PAQ reflects not applicable as it relates to developmentally appropriate for youth and confirms that the protocol is based upon the most recent edition of the specified publication or similarly comprehensive and authoritative protocols developed after 2011. The protocol specified in Policy 602 includes procedures for youthful victims and is based upon relevant sections of the California Penal Code; those relevant sections of the penal code are cited as reference in the protocol. After reviewing the publication referenced in the standard provision, the AUDITOR finds the agency's protocol to be consistent with the protocol outlined in the publication.

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

115.21(c)

The standard provision requires the agency to offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ reflects that the agency offers victims of sexual abuse access to forensic medical examinations performed by a SAFE or SANE at an outside facility free of charge; that the facility documents its efforts to provide a SAFE or SANE; that there was one forensic examination performed by a SAFE or SANE during the previous 12 months, and none performed by a qualified medical practitioner. The PREA Policy calls for medical staff to stabilize the victim before transportation to a medical facility for a "sexual assault examination" performed by a SAFE or SANE. In the three-party agreement, Memorial Medical Center agrees to provide forensic examinations and waive the fees. A SANE from Memorial Medical Center confirmed that the hospital conducts forensic medical examinations of inmates in the Sheriff's custody and reported that there is a team of 16 SANEs and if there is not one on duty, one would be called-in and the hospital would schedule the examination for a later time (usually within 12 hours) pending the arrival of a SANE. She was unable to confirm whether the clinic conducted any such examinations on inmates in the Sheriff's custody in the past 12 months because records are not kept and there are other examiners in the office. The incident reports reviewed included the single allegation (in the past 12 months) at another facility that

included a forensic medical examination of the victim. The report reflects that a SANE performed the examination and during the audit of that facility, the victim confirmed that the examination was conducted at the hospital.

The PREA Policy, the three-party agreement, the interview with the SANE, the incident report from the other facility, and the interview of the victim during the audit of the other facility support a determination of compliance with the standard provision.

115.21(d)

The standard provision requires the agency to attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The PAQ reflects that the agency attempts to make available a victim advocate from a rape crisis center and documents such efforts but does not provide any of the specified alternatives if a rape crisis center is not available. The PREA Policy calls for a "Victim Sexual Assault Advocate" to be requested from a rape crisis center at the time the victim is sent to the hospital. In the MOU Haven Women's Center agrees to provide the services prescribed by the standard provision. During a telephone interview, a representative from Haven Women's Center confirmed that her organization provides those services to inmate victims of sexual abuse at the facility pursuant to an MOU with the Sheriff Department; and that Haven has not responded to an incident involving an inmate in the Sheriff's custody in the past 12 months. The PCM confirmed that the PREA Coordinator would contact Haven Women's Center to ensure a victim advocate is made available to the victim. The AUDITOR reviewed nine incident reports where inmates alleged sexual abuse or sexual harassment. At least three of the reports reflect that Deputy Pearson informed the victim about Haven Women's Center and offered advocacy services. In cases where the allegation was unfounded, the services were not offered.

The MOU with Haven, the interview with the representative from Haven, the interview with the PCM, and the review of the incident reports support a determination of compliance with the standard provision.

115.21(e)

The standard provision states that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The PAQ reflects that if requested by the victim, the agency provides qualified resources for the events in question. The PREA Policy does not include a reference to this provision. The representative from Haven confirmed that the services provided include those prescribed by the standard provision and the PCM stated that such services would be

provided if requested by the victim.

The interviews with the PCM and the representative from Haven support a determination of compliance with the standard provision.

115.21(f)

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

The standard provision does not apply.

115.21(g)

The standard provision states that the requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

The Auditor is not required to audit this provision.

115.21(h)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.21(a) – No corrective action required.

115.21(b) – No corrective action required.

115.21(c) – No corrective action required.

115.21(d) – No corrective action required.

115.21(e) – No corrective action required.

115.21(f) – No corrective action required.

115.21(g) – No corrective action required.

115.21(h) – No corrective action required.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Agency website - Incident reports (9) - Investigative reports (9) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Investigative staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>NOTE: The protocols under review apply to the agency as whole; therefore, incidents from other facilities are considered in making compliance determinations.</p> <p>115.22(a)</p> <p>The standard provision requires the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ reflects that the agency ensures the specified investigations are completed; that in the past 12 months, the facility received one allegation that resulted in both administrative and criminal investigations; and that both investigations were completed. The PREA Policy requires "department members to investigate any allegation of sexual abuse." The Detention Captain confirmed that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment; he explained that allegations are referred to the PREA Coordinator or to IA; he explained that if the alleged conduct appears to be criminal, detectives from the Crimes Against People or CAP team conduct a criminal investigation and determine whether referral for criminal prosecution is warranted. The AUDITOR reviewed nine incident reports documenting allegations of sexual abuse or sexual harassment and in all cases, the allegation was investigated.</p> <p>The PREA Policy, the interview with the Detention Captain and the investigative reports reviewed support a determination of compliance with the standard provision.</p> <p>115.22(b)</p> <p>The standard provision requires the agency to have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve</p>

potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals. The PAQ reflects that the agency has the policy in question, that all referrals for investigation are documented, and that the policy is published on the agency's website. The PREA Policy calls for all allegations of sexual abuse to be thoroughly investigated when warranted by evidence and the AUDITOR verified that the policy is published on the agency's website at <https://www.scsdonline.com/ad/detention-facilities.html>. Incident reports reflect that referrals for investigation are documented and three investigators interviewed confirmed that agency policy requires all allegations of sexual abuse to be referred for investigation as specified by the standard provision.

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

115.22(c)

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

The standard provision does not apply.

115.22(d)

The standard provision states that any State entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The AUDITOR is not required to audit this provision.

115.22(e)

The standard provision states that any Department of Justice component responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations.

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.22(a) – No corrective action required.

115.22(b) – No corrective action required.

115.22(c) – No corrective action required.

115.22(d) – No corrective action required.

115.22(e) – No corrective action required.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - PREA Training Lesson Plan - Employee training records - Employee PREA training roster - PREA Training PowerPoint - Employee training acknowledgement forms <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputy interviews (12) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.31(a)</p> <p>The standard provision requires the agency to train all employees who may have contact with inmates on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (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. <p>The PAQ reflects that the agency trains all employees who may have contact with inmates on all ten topics prescribed by the standard provision. In addition to the Correctional Core Academy and the Supplemental Core Academy, the PREA Policy calls for employee training on the zero-tolerance policy, refresher PREA training during the annual in-service training, and for training on other PREA-related topics during new employee orientation. The agency provided the PREA Training Lesson Plan and the PREA PowerPoint presentation; all ten topics prescribed by the standard provision are covered in the lesson plan and in the presentation.</p>	

The AUDITOR reviewed training records of four sworn employees and three contract health care practitioners; all files reviewed reflect that the employee or practitioner received the PREA training in October of 2018. During interviews deputies and sergeants confirmed that they received training on the ten topics prescribed by the standard provision and were asked to elaborate on specific topics; two or three were not sure about a topic or two and the AUDITOR either used hypothetical scenarios or provided additional information to test the deputy's knowledge on specific topics. Training records also reflect that all Wellpath contract health care practitioners received PREA training in October 2018.

The PREA Policy, the lesson plan, the PowerPoint presentation, the training records reviewed, and the deputy and sergeant interviews support a determination of compliance with the standard provision.

115.31(b)

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

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

115.31(c)

The standard provision states that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The PAQ reflects that refresher training on PREA requirements is provided annually and the PREA Policy calls for in-service refresher training no less frequent than biennially. The training records reflect that staff training dates to October 2013 and that the training is provided annually as In-Service Training.

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

115.31(d)

The standard provision requires the agency to document, through employee signature or electronic verification, that employees understand the training they have received. The PAQ reflects that the agency documents employee training through signature or electronic verification, but the PREA Policy does not specify this requirement. The facility provided a roster reflecting that PREA training was provided to 315 participants on October 8, 2018.

During the onsite review of training records, the AUDITOR verified that all seven files reviewed included signed acknowledgments of understanding the training received.

The roster of training participants and the review of employee training records support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.31(a) – No corrective action required.

115.31(b) – No corrective action required.

115.31(c) – No corrective action required.

115.31(d) – No corrective action required.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - PREA Training Lesson Plan - PREA Training PowerPoint - Volunteer and contractor training acknowledgement forms - Volunteer and contractor training records <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Volunteers and contractors who have contact with inmates <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.32(a)</p> <p>The standard provision requires the agency to ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ reflects that all volunteers and contractors who may have contact with inmates have been trained on the prescribed topics and that the PREA training lesson plan was used. The PREA Policy calls for volunteer and contractor training on the zero-tolerance policy and other PREA-related topics during new employee orientation and annual in-service training. The agency provided the PREA Training Lesson Plan and the PREA PowerPoint presentation; all ten topics prescribed by the previous standard provision are covered in the lesson plan and in the presentation. The course overview of the PREA training lesson plan reflects that participants will learn how to prevent, detect, and respond to sexual abuse, sexual misconduct, and/or sexual harassment in an adult jail, as well as raise awareness of general guidelines and individuals affected by the standards. The AUDITOR reviewed training records of three contract health care practitioners and three volunteers; all files reviewed reflect that practitioners and volunteers received the PREA training in October of 2018. During interviews, volunteers and contract staff confirmed that they receive PREA training within the past 12 months.</p> <p>The PREA Policy, the lesson plan, the PowerPoint presentation, the review of training records, and the interviews with volunteers and contractors support a determination of compliance with the standard provision.</p> <p>115.32(b)</p> <p>The standard provision states that the level and type of training provided to volunteers and</p>

contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ reflects that the training is based upon the services provided and the level of contact with inmates, and that volunteers and contractors have been notified of the zero-tolerance policy and how to report sexual abuse. The PREA Policy mandates training for volunteers and contractors on the agency's zero-tolerance policy and the lesson plan reflects that the training includes the "mandated zero-tolerance policy under PREA." During interviews, volunteers and contract staff confirmed that they received training on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

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

115.32(c)

The standard provision requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received. The PAQ reflects that the agency maintains the specified documentation acknowledging understanding of training received. The AUDITOR reviewed training records of three contract employees and three volunteers, and every file included a signed acknowledgement of understanding the training received.

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

RECOMMENDED CORRECTIVE ACTIONS

115.32(a) – No corrective action required.

115.32(b) – No corrective action required.

115.32(c) – No corrective action required.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - PREA Policy 3.09.01 - PREA Information pamphlet (English and Spanish) - PREA information poster (English and Spanish) - PREA Education script - PREA Education video (English and Spanish) - Transparent PREA poster - Initial PREA Assessment forms - Inmate Comprehensive Education Acknowledgement form (education acknowledgement form) - Intake and education records - Agreement for ASL interpreter services (Lola O'Brien) - Agreement for Language interpreter services (Language Line) - Inmate Orientation and Rules Manual (orientation manual) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Intake staff - Random inmate interviews (26) - Inmates with LEP (1) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Housing units tour - Video TTYs <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.33(a)</p> <p>The standard provision states that during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The PAQ reflects that inmates receive the specified information during intake and Deputy Pearson provided missing information reflecting that 260 inmates were admitted to the facility during the past 12 months. All inmates received at the REACT facility are processed through the R&R facility at SDC-E and the SDC-E PAQ reflects that 100% of inmates admitted during the past 12 months received the information. The PREA Policy calls for all inmates to be informed of the zero-tolerance policy and how to report during the intake process either in writing or by viewing the video. The PREA information pamphlet, the PREA education video, the PREA information poster, the transparent PREA poster, and the orientation manual inform inmates of the zero-tolerance policy and how to report sexual abuse. Deputy Pearson provided 12 Initial PREA Assessment forms completed on January 22, 2019, the day the agency started</p>

requiring inmates to sign this form acknowledging receipt of the PREA pamphlet. The AUDITOR sat with Deputy Pearson and randomly selected intake and education records of 15 inmates received since January 22, 2019, and for every case, Deputy Pearson produced the Initial PREA Assessment form with the inmate's signature acknowledging receipt of the PREA pamphlet and knowing how to report sexual abuse/harassment. An Intake deputy confirmed that he informs inmates of the zero-tolerance policy and how to report sexual abuse during intake and stated that the PREA video is played in Intake and in the housing units. Six of 26 inmates interviewed reported not receiving the pamphlet or being informed of the zero-tolerance policy and how to report on the day arrival. On the last day of the audit, the AUDITOR re-reviewed intake records with Deputy Pearson and he provided signed acknowledgements of receiving the PREA pamphlet for the six inmates who reported not receiving the information on the day of arrival.

The PREA Policy, the PREA information pamphlet, the PREA education video, the PREA information poster, the transparent PREA poster, the orientation manual, the review of intake records, the re-review of intake records, the interview with the intake deputy, and the inmate interviews support a determination of compliance with the standard provision.

115.33(b)

The standard provision states that within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ does not provide the information requested. Providing the comprehensive PREA education is a centralized process lead by Deputy Pearson; the SDC-E PAQ reflects that 100% of inmates who remained at the facility for 30 days or more received the comprehensive education within 30 days of intake and that the PREA video is played on televisions. The PREA Policy calls for all inmates to receive education on the topics prescribed by the standard provision, in person or through video, within 30 days of intake. Deputy Pearson uses a script to provide in-person PREA education to inmates and the script includes all topics prescribed by the standard provision. The PREA video, the education acknowledgement form, and the orientation manual inform inmates of the topics prescribed by the standard provision; and the education acknowledgement form lists the date and time of booking and the date and time of the education to demonstrate compliance with the 30-day timeframe. The intake and education records reviewed with Deputy Pearson confirm that all 15 inmates signed the education acknowledgement form within 30 days of arrival. The Intake deputy confirmed that Deputy Pearson provides the comprehensive PREA education within 30 days of arrival and pointed-out that the PREA video is played in housing units. Ten of 26 inmates interviewed reported not receiving the PREA education and Deputy Pearson later provided signed education acknowledgement forms for the ten inmates who reported not receiving it; the acknowledgment forms were signed within 30 days of arrival.

The PREA Policy, the education script, the PREA video, the education acknowledgement form, the orientation manual, the review of education records, the re-review of education records, and the interview with the Intake deputy support a determination of compliance with the standard provision.

115.33(c)

The standard provision states that current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. The PAQ only confirms that agency policy requires the education for inter-facility transfers. Deputy Pearson later reported that all inmates receive the PREA education within 30 days of intake. The Intake deputy reported that classification officers interview inmates prior to transfer, and the education acknowledgement form informs inmates that the PREA policy is the same at all agency adult detention facilities. Neither the education records reviewed, nor the 26 interviews included inmates who arrived at the facility within one year of the effective date of the PREA standards; therefore, there were no cases to test for compliance with the standard provision.

The education acknowledgement form, the interview with the Intake deputy, the explanation from Deputy Pearson, and playing the video in housing units support a determination of compliance with the standard provision.

115.33(d)

The standard provision requires the agency to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ reflects that PREA education is provided in formats accessible to all inmates including those with disabilities and limitations specified by the standard provision. The PREA Policy calls for education to be provided in formats accessible to inmates with LEP, as well as those with visual, hearing and other disabilities. The video is played in English and Spanish; the orientation manual is available in five other languages; and not only does the agency use bilingual staff as needed to communicate with inmates with LEP, it also maintains an agreement with Language Line for telephone interpreter services. During the review of inmate education records, Deputy Pearson identified, from the records, the name of the deputy who interpreted for inmates with LEP during the PREA education. To accommodate inmates with disabilities that impact communication, the orientation manual is available in Braille; the PREA video is played with subtitles; there are two portable video TTYs; the agency maintains an agreement with Lola O'Brien for sign language interpreter services; and Deputy Pearson stated that he would take more time, use simple English, and check frequently for comprehension when providing the comprehensive education to inmates with intellectual disabilities. The one inmate with LEP interviewed confirmed that the facility provides information about sexual abuse and sexual harassment that he understands and that he understands English well enough to participate in the program at the facility. The facility did not list any inmates with disabilities for interview.

The PREA Policy, the video with subtitles in English and Spanish, the orientation manual in Braille and in other languages, the agreements for telephone interpreter services and for ASL, Deputy Pearson's accommodations for inmates with intellectual disabilities and documentation of staff interpreter used, the video TTYs, and the interview with the inmate with LEP support a determination of compliance with the standard provision.

115.33(e)

The standard provision the agency to maintain documentation of inmate participation in these education sessions. The PAQ reflects that the agency maintains the specified documentation

and the PREA Policy calls for inmate participation to be documented. The agency uses the education acknowledgment form to document inmate participation in the comprehensive PREA education; inmates sign this form acknowledging that they received the education. The AUDITOR reviewed inmate education records and all records reviewed included inmate signatures acknowledging receipt of PREA education.

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

115.33(f)

The standard provision states that in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The PAQ reflects that the agency ensures key PREA information is available to inmates as specified by the standard provision. The PREA Policy calls for posters with reporting and other key information to be posted in designated locations throughout the facility, such as housing units and other inmate access areas. During the site review, inmates confirmed that the video is played in housing units; the AUDITOR confirmed that fact, verified that the PREA poster is displayed in inmate access areas, and that the orientation manual is readily available to inmates.

The PREA Policy and the AUDITOR's site review observations and conversations with inmates support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.33(a) – No corrective action required.

115.33(b) – No corrective action required.

115.33(c) – No corrective action required.

115.33(d) – No corrective action required.

115.33(e) – No corrective action required.

115.33(f) – No corrective action required.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 602, Sexual Assault Investigations - Investigator certificates of completion - 40-hour course schedule <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Investigative staff (Administrative, Criminal and Deputy Pearson) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.34(a)</p> <p>The standard provision states that in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The PAQ reflects that agency policy requires the specified training for sexual abuse investigators. The PREA Policy does not include this training requirement. All three investigators confirmed that they received training specific to conducting sexual abuse investigations in confinement settings. Investigators described the topics as safeguarding the inmate; ensuring there is no re-victimization; restricting access to the victim; coordinating with other investigative entities; considering the emotional state of mind of the victim; interview techniques; identifying deceptive behavior, legal aspects; victim dynamics; interviewing victims including lesbian, gay, bisexual, and transgender (LGBT); referring cases for criminal prosecution; etc. Investigators provided training certificates for some of these courses.</p> <p>The investigator interviews and the training certificates support a determination of compliance with the standard provision.</p> <p>115.34(b)</p> <p>The standard provision states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Policy 602, Sexual Assault Investigations, calls for specialized investigator training and for investigators to be available for sexual assault investigations. The criminal (CAP) investigator provided the schedule for the 40-hour course she attended in January 2017, her certificate of completion, and reported that she took a Peace Officer Standards and Training (POST) refresher course in October 2018;</p>

the schedule for the 40-hour course includes topics prescribed by the standard provision. Deputy Pearson provided three certificates, PREA Investigator for Allegations of Inmate Sexual Abuse, PREA Preventing Sexual Misconduct Against Offenders, and Technique of Investigative Interviewing and Positive Persuasion. The administrative investigator reported that he received on-the-job training from his predecessor; his training includes interviewing techniques for sexual abuse victims, the criteria and evidence required to substantiate a case for administrative action, and formal training on the use of Miranda and Garrity warnings. He did not receive training on evidence collection because it is not within the scope of the investigations he conducts; he explained that he reviews the criminal investigation to identify evidence that might be relevant to the IA investigation.

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

115.34(c)

The standard provision requires the agency to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The PAQ reflects that the agency maintains documentation reflecting that investigators completed the mandated training and that 129 investigators at the facility completed the training. Investigators provided certificates of completion as evidence that they completed the specialized training. Certificates include PREA Investigator Training for Inmate Allegations of Sexual Abuse issued by the Public Agency Training Counsel, The Reid Technique of Investigative Interviewing & Positive Persuasion issued by the John Reid and Associates, and Sexual Assault Investigations (POST) issued by the Presley Institute of Criminal Investigations.

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

115.34(d)

The standard provision states that any State entity or Department of Justice component that investigates sexual abuse in confinement settings shall provide such training to its agents and investigators who conduct such investigations.

The auditor is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.34(a) – No corrective action required.

115.34(b) – No corrective action required.

115.34(c) – No corrective action required.

115.34(d) – No corrective action required.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - PREA Policy 3.09.01 - Medical and Mental Health training records (CFMG training roster) - Specialized PREA training website - Specialized Medical and Mental Health PREA Training quiz and evaluation - Acknowledgement and Receipt of PREA General Guidelines (acknowledgement form) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>NOTE: As a result of a merger, the provider of inmate health care services for the agency recently changed its name from California Forensic Medical Group (CFMG) to Wellpath.</p> <p>115.35(a)</p> <p>The standard provision requires the agency to ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (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. <p>The PAQ reflects that 20 or 100% of medical and mental health practitioners who work regularly at the facility received the training required by agency policy. The PREA Policy does not include this training requirement. Medical and mental health practitioners confirmed that they received PREA training on the four topics prescribed by the standard provision. The Health Services Administrator provided the web address for the webinar used to provide the specialized training to all practitioners and a completed post-training quiz and evaluation. The AUDITOR visited the website at https://www.ncchc.org/video-presentations and confirmed that the four topics prescribed by the standard provision are covered in the first four of six training modules.</p> <p>The specialized PREA training website, the completed post-training quiz and evaluation, and the interview with medical and mental health practitioners support a determination of compliance with the standard provision.</p>

115.35(b)

The standard provision states that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The PAQ reflects that medical staff at the facility do not conduct forensic medical examinations and the interviews with Wellpath practitioners confirmed this fact.

The standard provision does not apply.

115.35(c)

The standard provision requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The PAQ reflects that the agency maintains the documentation showing that practitioners completed the required training. In addition to the completed quiz and evaluation, the Health Services Administrator provided three completed training acknowledgement forms with practitioner signatures.

The completed quiz and evaluation and the completed training acknowledgement forms support a determination of compliance with the standard provision.

115.35(d)

The standard provision states that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. Deputy Pearson reported that Wellpath staff received training with the PREA PowerPoint presentation and he provided a complete roster of CFMG staff who received the PREA training dating back to 2013. Medical and mental health practitioners confirmed that they participate in annual refresher PREA training with security staff.

The statement from Deputy Pearson, the CFMG training roster, and the interviews with medical and mental health practitioners support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.35(a) – No corrective action required.

115.35(b) – No corrective action required.

115.35(c) – No corrective action required.

115.35(d) – No corrective action required.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 2-01.03, Intake and Processing - Initial PREA Assessment form - Transfer - PREA Assessment form - PREA Reassessment form - Completed PREA Assessments - Completed reassessments - Inmate Orientation and Rules Manual <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Classification officer - Random inmate interviews (26) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>NOTE: Classification officers conduct PREA risk-assessments at the R&R complex, which is part of the SDC-E facility; therefore, inmates at the REACT facility are assessed before arriving at the facility.</p> <p>115.41(a)</p> <p>The standard provision states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The PAQ reflects that the agency has a policy that requires the prescribed screening upon admission to the facility or transfer to another facility. The PREA Policy requires inmate risk assessment, during intake or initial classification, for risk of being sexually abused or being abusive towards other inmates and re-screening upon transfer to another facility. The Transfer – PREA Assessment form is used to ask inmates about sexual safety at the facility before being transferred to another facility. A classification deputy confirmed that he screens inmates upon admission for risk of victimization and abusiveness and again prior to a transfer to another facility. Four of 26 inmates interviewed had been in the Sheriff's custody longer than 12 months; therefore, they were not asked the risk-assessment question because their arrival was not within the 12-month audit period. Four of the other 22 inmates reported that they were not asked the risk assessments questions; however, Deputy Pearson produced signed Initial PREA Assessment forms for all four.</p> <p>Of the 22 inmates interviewed, who arrived during the audit period, 22 (or 100%) were</p>

assessed for risk of victimization and abusiveness. The PREA Policy, the Transfer – PREA Assessment form, the interview with the classification officer, the inmate interviews, and the subsequent review of completed PREA assessments with Deputy Pearson support a determination of compliance with the standard provision.

115.41(b)

The standard provision states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reflects that the policy requires the risk screening within 72 hours of intake and the SDC-E PAQ reflects that 2955 or 100% inmates admitted in the past 12 months who remained in the agency's custody for 72 hours or more were screened for risk of victimization or abusiveness within 72 hours of intake. The PREA Policy requires the risk screening prescribed by the standard provision during intake or within 72 hours. The Initial PREA Assessment form includes the date and time of arrival, and date and time of the risk-assessment to facilitate verification that it was completed within 72 hours. The AUDITOR reviewed 15 randomly selected screening files with Deputy Pearson and the files reflect that initial risk-assessments were completed within 72 hours in all 15 cases. The classification deputy confirmed that he conducts risk-assessments within 72 hours of intake. All inmates who confirmed being asked the risk-assessment questions reported that they were asked those questions during intake, and the four for whom Deputy Pearson provided signed risk-assessment forms were also assessed within 72 hours of intake.

The PREA Policy, the 15 files reviewed, the interview with the classification deputy, the interviews with the inmates who confirmed risk-assessments, and the subsequent file reviews with Deputy Pearson support a determination of compliance with the standard provision.

115.41(c)

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

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

115.41(d)

The standard provision states that the intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

- (1) Whether the inmate has a mental, physical, or developmental disability;
- (2) The age of the inmate;
- (3) The physical build of the inmate;
- (4) Whether the inmate has previously been incarcerated;
- (5) Whether the inmate's criminal history is exclusively nonviolent;
- (6) Whether the inmate has prior convictions for sex offenses against an adult or child;
- (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the inmate has previously experienced sexual victimization;
- (9) The inmate's own perception of vulnerability; and
- (10) Whether the inmate is detained solely for civil immigration purposes.

The PREA Policy does not specify the criteria prescribed by the standard provision. The classification officer reported that initial risk-assessments consist of interviewing the inmate using the Initial PREA Assessment form and obtaining “Yes” or “No” answers to all questions on the form. He stated that the assessment considers any history of sexual abuse, youthfulness, advanced age, mental illness or disabilities, physical built, gang affiliation, history of predatory behavior, history of sexual abusiveness in confinement, etc. The Initial PREA Assessment form asks 12 questions to assess an inmate’s risk of victimization; however, questions (5) and (6) above are not included.

The form bifurcates question 2 above into:

- “Youthful age - 21 or under” (Q2) and
- “Elderly age – 65 or older” (Q3)

It also bifurcates question 8 above into:

- “Former victim of prison rape or sexual assault” (Q1) and
- “History of any sexual abuse” (Q8).

The form asks the following questions not prescribed by the standard provision:

- “History of correctional facility consensual sex (adult/juvenile)” Q9
- “History or protective custody (adult/juvenile)” Q10

The AUDITOR requested to observe risk-assessments, but classification officers indicated that there were no assessments scheduled, and that they were dealing with an ongoing incident. During the audit of two other facilities a few months earlier the AUDITOR observed two risk-assessments at the same intake facility and asked about the two missing criterion (questions 5 and 6 above); the classification officer explained that the missing criterion is considered and is obtained from the review of the inmate’s criminal history.

Although questions (5) and (6) are not included in the Initial PREA Assessment form, the previous classification officer’s assertion that the criterion is considered and the information is obtained when the inmate’s criminal history is reviewed is accepted as valid because it is conventional knowledge that correctional facilities always review criminal history as part of an inmate’s initial classification. The Initial PREA Assessment form, the interview with the classification officer, and the explanation from the previous classification officer support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should revise the Initial PREA Assessment form to include the following questions:

(5) Whether the inmate’s criminal history is exclusively nonviolent;

(6) Whether the inmate has prior convictions for sex offenses against an adult or child;

This would provide documentary evidence that these factors, prescribed by the standard provision, are always considered and never overlooked when assessing an inmate’s risk of victimization.

115.41(e)

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

- "Current gang affiliation or security threat group" (Q3)

- "History of correctional facility consensual sex" (Q5)

The classification officer's response is documented in (d) above.

The Initial PREA Assessment form and the interview with the classification officer support a determination of compliance with the standard provision.

115.41(f)

The standard provision states that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ reflects that the policy requires the reassessments prescribed by the standard provision and that 1,669 or 100% of inmates admitted to the agency's custody in the past 12 months who remained for 30 days or more were reassessed within 30 days of intake. The PREA Policy calls for the reassessment prescribed by the standard provision. The PREA reassessment form lists the intake date and the reassessment date to facilitate verification that the reassessment was completed within 30 days of intake. The reassessment form calls for reviewing any write-ups the inmate may have received, housing changes since arrival, asks whether the inmate identifies as LGBTQ or intersex, whether the inmate has been the victim of any assaults since arrival, the inmate's own perception of vulnerability, and whether the inmate experienced any form of sexual abuse or sexual harassment since arrival. The classification officer reported that reassessments are completed within 30 days of arrival using the PREA Transfer assessment form. The review of 15 randomly selected risk-assessment files reflect that reassessments were completed within 30 days of intake in all 15 cases. Of the 26 inmates interviewed, 22 arrived during the audit period; 18 of those 22 reported being asked the initial risk-assessment questions (four said they were not); of those 18, one was not yet due for reassessment because he or she had not been in the Sheriff's custody for 30 days; of the remaining 17, ten reported not being asked the reassessment questions; for these ten inmates and the four who reported not being asked the initial risk-assessment questions (14 total), Deputy Pearson provided reassessment forms completed within 30 days of arrival.

Of the 22 inmates received during the audit period, 21 were due for reassessment. Of those 21, seven acknowledged being asked the reassessment questions and Deputy Pearson provided signed reassessment forms for the other 14; thus 21 of 21 were reassessed within 30 days of intake; a showing of 100% compliance. The PREA Policy, the reassessment form, the review of 15 intake files, the interview with the classification officer, and the subsequent review of intake files with Deputy Pearson support a determination of compliance with the standard provision.

115.41(g)

The standard provision states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PAQ reflects that the policy requires the reassessments prescribed by the standard provision. The PREA Policy includes the requirement of the standard provision. In addition to 30-day reassessments, the reassessment form was designed for reassessments when warranted for any of the reasons specified by the standard provision. The classification officer confirmed that an inmate's risk

level is reassessed as needed for any the reasons specified by the standard provision. During the review of the 15 risk-assessment cases, Deputy Pearson identified one inmate who was reassessed after alleging sexual abuse and produced the completed reassessment form, which reflects that the inmate was reassessed the day after making the allegation.

The PREA Policy, the reassessment form, the interview with the classification officer, and the reassessment conducted following an allegation of sexual abuse support a determination of compliance with the standard provision.

115.41(h)

The standard provision states that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. The PAQ reflects that the policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information regarding the questions specified by the standard provision. The PREA Policy states that “inmates may not be disciplined for refusing to answer particular questions or for not disclosing complete information.” The classification officer confirmed that inmates are not disciplined for refusing to answer or for not disclosing complete information related to the specified risk-assessment questions.

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

115.41(i)

The standard provision requires the agency to implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate’s detriment by staff or other inmates. Policy 2-01.03 calls for “custodial personnel to ensure information collected is kept confidential.” The PREA Coordinator, the PCM, and the classification officer confirmed that the agency outlined who can have access to inmate risk-assessments, that only classification officers and sergeants are allowed access, and that the information is available only on a need to know basis.

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

RECOMMENDED CORRECTIVE ACTIONS

115.41(a) – No corrective action required.

115.41(b) – No corrective action required.

115.41(c) – No corrective action required.

115.41(d) – No corrective action required.

115.41(e) – No corrective action required.

115.41(f) – No corrective action required.

115.41(g) – No corrective action required.

115.41(h) – No corrective action required.

115.41(i) – No corrective action required.

115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 2-01.03, Intake and Processing - Policy 3-04.01, PREA Policy - Intake risk-screenings (15) - Classification Update memorandum - Email from Deputy Pearson - ICJIS printout (bimonthly reassessments) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator - PREA Compliance Manager - Classification officer - Inmate identified as transgender (SDC-E) - Inmate identified as gay (SDC-E) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Housing units - Inmate showers <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>NOTE: Inmate classification is a centralized process for the entire Public Safety Center jail complex; therefore, relevant classification actions involving inmates at other facilities will be considered in making compliance determinations.</p> <p>115.42(a)</p> <p>The standard provision requires the agency to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PAQ reflects that the agency/facility uses information from the risk screening required by § 115.41 as prescribed by the standard provision. The PREA Policy requires staff to notify the Classification Unit whenever there is concern that an inmate may be vulnerable to sexual victimization or if an inmate displays predatory behavior. An October 9, 2017, Classification Update memorandum tells staff that criminal history, criminal sophistication and behavior will dictate inmate housing. The PCM reported that the information is used to ensure housing and program decisions consider risk factors identified during risk screening to keep potential victims separate from potential predators. The classification officer stated that intake risk-screening information is used to inform housing and program assignments to make sure inmates are not housed or assigned to programs that would place them at risk of sexual victimization or provide opportunities for</p>

predatory behavior. The AUDITOR requested documentation of cases where intake risk-screening information informed housing and program decisions and the facility did not have any examples handy. During the review of 15 intake risk-screenings Deputy Pearson and the AUDITOR were vigilant for cases where the inmate was deemed a potential victim or potential aggressor and no such cases were identified.

The PREA Policy, the classification update, and the interviews with the PCM and the classification officer support a determination of compliance with the standard provision.

115.42(b)

The standard provision requires the agency to make individualized determinations about how to ensure the safety of each inmate. Policy 2-01.03 requires classification officers to make independent classification decisions in accordance with established classification policy, and the PREA Policy requires staff to immediately notify classification if there are concerns that an inmate may be subject to victimization or if an inmate displays predatory behavior. Deputy Pearson explained that a transgender woman at another facility was moved to female temporary housing and now she is assigned to permanent female housing. He mentioned that an inmate at another facility informed his cellmate of his bisexual orientation and told him (the cellmate) he was looking for a free husband; the cellmate complained to staff, staff rehoused the bisexual inmate and he remains without a cellmate. The AUDITOR interviewed the bisexual inmate, he indicated that a decision was made to keep him single-celled, and that other inmates may not want to be housed with him because he is gay.

Policy 2-01.03, the PREA Policy, the interview with the bisexual inmate, and Deputy Pearson's explanation support a determination of compliance with the standard provision.

115.42(c)

The standard provision states that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The PAQ reflects that the agency/facility makes housing and program assignments for transgender or intersex inmates on a case-by-case basis. The PREA Policy does not include this requirement. The PCM stated that inmates are assessed during intake and that housing and program assignments are done on a case-by-case basis. An inmate identified as transgender, at another facility, confirmed that staff asked questions about her safety, such as whether she wanted male or female housing and whether she could program in female housing.

The interviews with the PCM and the inmate identified as transgender support a determination of compliance with the standard provision.

115.42(d)

The standard provision states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The PCM reported that classification reviews are conducted every 30 days for all inmates and that the reviews consider changes in criminal charges, disciplinaries, program opportunities, safety concerns, etc. The classification officer

confirmed that placement and program assignments for each transgender inmate is reassessed at least twice per year and include a general overview of risk factors related to sexual victimization or abusiveness and whether housing and program changes are needed; he pointed out that these reassessments are done every 60 days and they include a conversation with the inmate. The AUDITOR requested documentation of such reviews and Deputy Pearson provided an email with a printout of the Integrated Criminal Justice Information System (ICJIS) remark history for the inmate identified as transgender; in the email, he reiterated that classification reassessments are conducted every 60 days for all inmates, and that the inmate's safety, disciplinary history, criminal charges, and other factors are used to inform housing decisions. The printout list classification and disciplinary entries and reflects that reassessments are done every two months. The entries also reflect that the PREA Coordinator has been involved in making housing and program decisions for this inmate.

The standard calls for reassessments at least twice per year and the agency conducts these reassessments six times per year. The email from Deputy Pearson, the ICJIS printout and the interviews with the PCM and the classification officer support a determination that the practice EXCEEDS the requirement of the standard provision.

115.42(e)

The standard provision states that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. The PCM and the classification officer confirmed that a transgender inmate's own views are given the consideration prescribed by the standard provision. The inmate identified as transgender stated that staff asked questions about her safety, such as whether she wanted male or female housing and whether she could program in female housing.

The interviews with the PCM, the classification officer, and the inmate identified as transgender support a determination of compliance with the standard provision.

115.42(f)

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

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

115.42(g)

The standard provision states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The PREA Coordinator stated that the facility does not have any such housing units and pointed-out that housing decisions for the inmates in question are made on a case-by-case basis. The PCM confirmed that the facility is not subject to a consent decree, legal settlement, or legal judgment for the purpose specified by the

standard provision. During the site review, the AUDITOR did not see any evidence of the types of housing specified by the standard provision.

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

RECOMMENDED CORRECTIVE ACTIONS

115.42(a) – No corrective action required.

115.42(b) – No corrective action required.

115.42(c) – No corrective action required.

115.42(d) – No corrective action required.

115.42(e) – No corrective action required.

115.42(f) – No corrective action required.

115.42(g) – No corrective action required.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - PREA Policy <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.43(a)</p> <p>The standard provision states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The PAQ reflects that the agency has a policy prohibiting placement of inmates at high risk of victimization in involuntary segregation without the assessment and determination prescribed by the standard provision, and that in the past 12 months, no inmates were held in segregated housing for one to 24 hours pending completion of the assessment. The PREA Policy includes this provision. The facility commander stated that the inmate's safety is of greater importance and that classification officers would review housing alternatives before considering segregated housing. REACT facility does not include segregated housing and no inmates from REACT facility were placed in segregated housing for risk of sexual victimization during the audit period; therefore, there were no records of such housing assignments to review.</p> <p>The PREA Policy, the interview with the facility commander, and the facility's ability to avoid placing inmates at high risk of sexual victimization in segregated housing support a determination of compliance with the standard provision.</p> <p>115.43(b)</p> <p>The standard provision states that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p> <ol style="list-style-type: none"> (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

While inmates at REACT facility may be placed in segregated housing at another facility, REACT facility does not operate any form of segregated housing.

The standard provision does not apply.

115.43(c)

The standard provision requires the facility to assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ reflects that no inmates at risk of sexual victimization were placed in segregated housing for more than 30 days. While inmates at REACT facility may be placed in segregated housing at another facility, REACT facility does not operate any form of segregated housing.

The standard provision does not apply.

115.43(d)

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

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

While inmates at REACT facility may be placed in segregated housing at another facility, REACT facility does not operate any form of segregated housing.

The standard provision does not apply.

115.43(e)

The standard provision states that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. While inmates at REACT facility may be placed in segregated housing at another facility, REACT facility does not operate any form of segregated housing.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.43(a) – No corrective action required.

115.43(b) – No corrective action required.

115.43(c) – No corrective action required.

115.43(d) – No corrective action required.

115.43(e) – No corrective action required.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 2-01.05, Consular Notification - Inmate Orientation and Rules Manual (orientation manual) - PREA Information pamphlet - PREA Information poster - Transparent poster - PREA Video <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputy interviews (12) - Random inmate interviews (26) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statements from inmates - Housing unit posters <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.51(a)</p> <p>The standard provision requires the agency to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The PAQ reflects that the agency established procedures that allow multiple ways for inmates to report sexual abuse as specified by the standard provision. The PREA Policy specifies multiple reporting methods for inmates. The PREA information poster, the PREA video, the transparent poster, the orientation manual, and the pamphlet provide multiple reporting methods, including sending a request form, telling a deputy, and reporting confidentially by calling the posted hotline number. Deputies reported several methods for inmates to report sexual abuse including telling a deputy, a sergeant, medical staff, sending a kite or request form, using the kiosk, or calling the hotline number on the information poster. Inmates reported several methods as well, including telling a deputy, telling medical staff, telling a teacher, sending a kite, reporting to Haven Women's Center, using the kiosk (OMS), using the hotline, or telling a friend. Conversations with inmates during the site review reflects that they are aware of reporting methods and the AUDITOR verified that the PREA poster is displayed on bulletin boards in every housing pod.</p> <p>The PREA Policy, the PREA video, the information poster, the transparent poster, the orientation manual, the PREA pamphlet, the interviews with deputies, the interviews with inmates, the conversations with inmates, and the AUDITOR's observations during the site</p>

review support a determination of compliance with the standard provision.

115.51(b)

The standard provision requires the agency to also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The PAQ reflects that the agency provides at least one way for inmates to report sexual abuse as specified by the standard provision, and that the agency has a policy that requires inmates detained solely on immigration holds to be provided information on how to contact the consulate of their choice or the Department of Homeland Security (DHS). The PREA Policy does not include a reference to this provision. Policy 2-01.05 includes a procedure where an offer to contact the embassy or consulate is extended to foreign nationals. The PREA Policy, the PREA pamphlet, the orientation manual, and all PREA posters lists the California Attorney General's (AG's) Office of Public Inquiry. The PCM stated that the PREA posters identify Haven Women's Center as an outside entity that accepts reports of sexual abuse from inmates and list a hotline number for this purpose. Fourteen of 26 inmates interviewed, or 54%, identified an outside entity that is not part of the agency to whom they could report sexual abuse; and 15, or 58%, know they can remain anonymous. The agency does not have a written or verbal agreement with Haven Women's Center, the California Attorney General's Office, or any other outside entity that has agreed to receive reports of sexual abuse from inmates in the Sheriff's custody and immediately forward such reports to agency officials allowing the inmate to remain anonymous upon request.

The AG's Office of Public Inquiry number does not accept reports of sexual abuse from inmates in the Sheriff's custody and does not forward any reports to agency officials. All written materials referenced above erroneously identify that office as an outside entity to which inmates can report sexual abuse with the expectation that the office will forward their reports to agency officials. The agreement with Haven Women's Center does not include this function and requiring inmates to request it shifts the agency's responsibility under the standard provision to the inmate reporting the sexual abuse. Neither of the two outside entities identified support a determination of compliance with the standard provision.

115.51(c)

The standard provision requires staff to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. The PAQ reflects that the agency has a policy mandating that staff accept reports of sexual abuse as prescribed by the standard provision. The PREA Policy includes the requirement of the standard provision. During interviews, deputies and sergeants confirmed that staff is required to accept reports made verbally, in writing, anonymously, and from third parties, and promptly document any verbal reports.

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

115.51(d)

The standard provision requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ points to the PREA Policy but does not answer the questions about agency procedures for staff to privately report sexual abuse and how staff are informed of the procedure. The PREA Policy allows staff to bypass the chain of command and report sexual abuse to any supervisor or manager. Deputy interviews reflect that staff would use a variety of methods to report sexual abuse if they wanted the report to remain private, including telling a sergeant directly, telling the next person in the chain of command, and using the ICJIS check box that transmits the report directly to the PREA Deputy without anyone else seeing the report.

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

RECOMMENDED CORRECTIVE ACTIONS

115.51(a) – No corrective action required.

115.51(b) – The agency must provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, that has agreed to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. All written material that provides inaccurate contact information must be corrected to provide contact information for the entity that agreed to provide the specified service.

115.51(c) – No corrective action required.

115.51(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.51(b) – The agency provided an MOU dated November 19, 2019, signed by agency heads of the Modesto Police Department (MPD) and the Stanislaus Sheriff's Office. In the MOU, MPD agrees to receive calls from inmates in the Sheriff's custody who wish to report sexual abuse to an entity that is not part of the Sheriff's department. MPD will refer the caller to their Special Victims Unit Sergeant where the recipient of the call will transfer the caller to Deputy Pearson. Deputy Pearson provided updated English and Spanish versions of the PREA brochure and the PREA poster with the phone number for MPD. The poster explains how this reporting option works but the brochure does not. The AUDITOR called the MPD phone number and left a message; a sergeant returned the call, confirmed that the service is in place as described in the MOU and stated that he was working on adding a recording to inform inmate callers how to proceed if they wish to report sexual abuse at the jail. This arrangement satisfies the requirement of the standard provision.

CORRECTIVE ACTION APPROVED

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3-03.03, Inmate Grievances - Inmate Orientation and Rules Manual - Inmate grievance form <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.52(a)</p> <p>The standard provision states that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The PAQ reflects that the agency has administrative procedures for dealing with inmate grievances regarding sexual abuse. The PREA Policy reflects that inmates may report sexual abuse by submitting a PREA grievance on an inmate request form as either standard or emergency filing.</p> <p>The facility is not exempt from the standard.</p> <p>115.52(b)</p> <p>The standard provision states that:</p> <ol style="list-style-type: none"> (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the grounds that the applicable statute of limitations has expired. <p>The PAQ reflects that agency policy allows inmates to file a grievance regarding an allegation of sexual abuse at any time and that they are not required to use an informal grievance process or otherwise attempt to resolve with staff. Under the PREA Policy, Policy 3-03.03, and the orientation manual, inmates may submit a formal PREA grievance at any time to the facility's operations supervisor and the grievance will be forwarded to the PREA Coordinator.</p>

The PREA Policy, Policy 3-03.03, and the orientation manual support a determination of compliance with the standard provision.

115.52(c)

The standard provision requires the agency to ensure that:

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

The PAQ reflects that agency policy allows inmates to file a grievance without having to submit it to the staff member who is the subject of the complaint and ensures the grievance is not submitted to that staff member for response. Under the PREA Policy, Policy 3-03.03, and the orientation manual, inmates may submit the grievance to a staff member who is not the subject of the complaint and the grievance will not be referred to the staff member who is the subject of the complaint.

The PREA Policy, Policy 3-03.03, and the orientation manual support a determination of compliance with the standard provision.

115.52(d)

The standard provision states that:

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

The PAQ reflects that agency policy and procedure requires a decision on the merits of a grievance alleging sexual abuse within the time frame prescribed by the standard provision; that in the past 12 months, there have been no grievances filed alleging sexual abuse; and that the agency always notifies an inmate in writing when it files for an extension and includes the date by which a decision will be made. The PREA Policy, Policy 3-03.03, and the orientation manual include this provision; however, the PREA Policy and the orientation manual do not include Item (4) above, but Policy 3-03.03 does. The grievance form does not specify the response time period and the facility did not identify any inmates who filed grievances alleging sexual abuse for the AUDITOR to interview.

The PREA Policy, Policy 3-03.03, and the orientation manual support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should consider revising the grievance form to include applicable timelines related to submitting a grievance and receiving a response at each level of review. Item 4 above would be of critical importance to an inmate awaiting a response to an active grievance alleging sexual abuse; if the inmate is not informed of this provision via the orientation manual

or other source of information provided to inmates, the inmate would likely not elevate the grievance to the next level of review as authorized by the standard provision and Policy 3-03.03.

115.52(e)

The standard provision states that:

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

(2) If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.

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

The PAQ reflects that agency policy allows third parties specified in the standard provision to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and file such requests on behalf of inmates, and that no grievances alleging sexual abuse have been filed in the past 12 months. The PREA Policy and Policy 3-03.03 include this provision but do not include Item (2) above. The orientation manual does not include this provision.

The absence of Item 2 from agency policy or failure to follow provisions of Item 2 does not constitute a violation of the PREA standards because Item 2 is permissive under the standard provision. The PREA Policy and Policy 3-03.03 support a determination of compliance with the standard provision.

115.52(f)

The standard provision states that:

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

(2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The PAQ reflects that the agency has a procedure for filing an emergency grievance alleging a substantial risk of imminent sexual abuse, that the procedure includes the timelines specified by the standard provision, and that no such grievance has been received in the past 12 months. The PREA Policy and Policy 3-03.03 include this provision and call for the shift supervisor or classification officer to review the grievance and determine if there are safety concerns that require immediate housing change. Both policies include all timelines specified by the standard provision. The orientation manual states that inmates may submit an emergency grievance to the shift supervisor if the inmate is subject to a substantial risk of imminent sexual abuse but does not specify the required response timelines.

The PREA Policy, Policy 3-03.03, and the orientation manual support a determination of compliance with the standard provision.

115.52(g)

The standard provision states that the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith. The PAQ reflects that the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to cases in which the grievance is filed in bad faith; and that in the past 12 months, no inmates have been disciplined for filing such grievance. Under the PREA Policy, Policy 3-03.03, and the orientation manual, inmates may be disciplined for intentionally filing a frivolous grievance or a grievance where no emergency exists.

The agency should strike the provision of its policy where an inmate may be disciplined for filing a grievance “where no emergency exists.” While the standard allows the agency to discipline an inmate where the agency demonstrates that the inmate filed the grievance in bad faith, the standard provision does not allow the agency to discipline an inmate for filing a grievance where no emergency exists. Ultimately the determination of whether an emergency exists rests with agency officials, not with the inmate. An inmate may, in good faith, file a grievance alleging a substantial risk of imminent sexual abuse; such inmate should not be disciplined because agency officials determine that no emergency exists. Demonstrating that an inmate filed a grievance in bad faith places a higher burden on agency officials than does determining that no emergency exists. The policy does not support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.52(a) – No corrective action required.

115.52(b) – No corrective action required.

115.52(c) – No corrective action required.

115.52(d) – No corrective action required.

115.52(e) – No corrective action required.

115.52(f) – No corrective action required.

115.52(g) – The agency shall revise its policies and other written material to ensure inmates are not disciplined for filing an emergency grievance alleging a substantial risk of imminent sexual abuse when agency officials determine that no emergency exists.

CORRECTIVE ACTION TAKEN

115.52(g) - The agency provided its revised policy; the revised policy states “An inmate may be disciplined for intentionally filing a frivolous grievance only when the disciplinary officer can

demonstrate that the grievance was filed in bad faith.”

CORRECTIVE ACTION APPROVED

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 2-01.05, Consular Notification - PREA Information Poster - PREA Information Pamphlet - Inmate Orientation and Rules Manual - PREA Video - MOU with Haven Women’s Center <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Random inmate interviews (26) - Representative from Haven Women’s Center <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - PREA Information Posters in housing pods <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.53(a)</p> <p>The standard provision states that the facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The PAQ reflects that the facility provides the information and access specified by the standard provision and points to the PREA Policy and the pamphlet. The PREA Policy specifies that inmates have a right to a victim advocate and support services related to an incident of sexual abuse at the facility; however, the services prescribed by the standard provision refer to services for sexual abuse survivors seeking emotional support for past sexual victimization, not to the agency’s response to a recent incident of sexual abuse at the facility. The English and the Spanish versions of the PREA poster inform inmates that emotional support services related to sexual abuse can be obtained by contacting a victim advocate at Haven Women’s Center; the poster provides the toll-free number and a mailing address. The PREA pamphlet provides the hotline number for Haven Women’s Center and tells inmates that communication with a victim advocate is confidential; and, the orientation manual states that services are available to help inmates through tough times if the inmate chooses to use them. Policy 2-01.05 includes a procedure where foreign nationals are offered an opportunity to contact their embassy or consulate during intake processing; however, the SDC-E PCM and Deputy Pearson reported that the</p>

agency does not hold persons detained solely for civil immigration purposes. Inmate interviews reflect that a substantial percentage of inmates are not well informed about the emotional support services in question; however, if needed, the PREA video includes general information about these services, and the information poster provides details and contact information for Haven Women's Center. The facility did not have any inmates who reported sexual abuse for interviews. The MOU with Haven reflects that the services are provided; the representative from Haven confirmed that her organization provides the services prescribed by the standard provision to inmates in the Sheriff's custody, and that interpreter services are provided through Language Line or bilingual employees. During the site review, the AUDITOR verified that the information posters are displayed in all housing pods.

The requirement to provide contact information for immigrant services does not apply because the agency does not hold persons detained solely for civil immigration purposes. Policy 2-01.05, the PREA poster, the MOU with Haven, the interview with the representative from Haven, the site review observations, and the PREA video support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should revise the pamphlet and the orientation manual to provide the same information as the PREA poster. The PREA information pamphlet provides the hotline number for Haven Women's Center and tells inmates that communications with a victim advocate are confidential; however, it does not clearly identify Haven as the entity that provides the emotional support services and does not provide a mailing address. The orientation manual tells inmates that services are available to help inmates going through tough times but does not provide any details. Providing different information about the same support services could be confusing to inmates.

115.53(b)

The standard provision requires the facility to inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The PAQ reflects that the facility informs inmates, prior to giving them access, of the extent to which communications with outside support services will be monitored and of applicable mandatory reporting laws. The representative from Haven confirmed her awareness that the information poster tells inmates about the limitations of confidentiality. During the site review, the AUDITOR verified that the PREA poster is displayed in every housing pod in close proximity to inmate telephones; it tells inmates that phone calls to victim advocates are not monitored or recorded, informs them of the limitations of confidentiality in their communications with victim advocates, and tells them about the state's mandatory reporting laws.

The PREA posters, the site review observations, and the interview with the representative from Haven support a determination of compliance with the standard provision.

115.53(c)

The standard provision requires the agency to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such

agreements. The PAQ reflects that the agency/facility maintains copies of an MOU for the services in question. The MOU with Haven Women's Center is evidence that the agency maintains an agreement with a community service provider for the confidential emotional support services prescribed by the standard provision; and, the representative from Haven confirmed that her organization provides confidential emotional support services.

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

RECOMMENDED CORRECTIVE ACTIONS

115.53(a) – No corrective action required.

115.53(b) – No corrective action required.

115.53(c) – No corrective action required.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Agency's Website - Adult Detention Division PREA Third-Party Report Form <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None required <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.54(a)</p> <p>The standard provision requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ reflects that the agency/facility provides a method to receive third-party reports as specified by the standard provision and distributes the information publicly via the agency's website; the PAQ points to the Third-Party Reporting form. The Adult Detention Division's PREA Third-Party Report Form 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. The AUDITOR visited the agency's website at https://www.scsdonline.com/89-report-online/online-reporting.html and found the reporting form.</p> <p>While the agency may have established a method to receive third-party reports of sexual abuse and sexual harassment, the agency has not distributed publicly information on how to make such reports. The form is not easy to find; even with the benefit of knowing that the form is on the website, the AUDITOR still had difficulty finding it. Navigating from the home page, a third-party must select "Department Forms" on the home page, then "Detention" to get to form. The user has to be aware of this method of reporting and know how to navigate to the form from the home page. The visit to the agency's website does not support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.54(a) – The agency shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>CORRECTIVE ACTION TAKEN</p>

115.54(a) – The agency added a “PREA Prison Rape Elimination Act” button to its website home page. The AUDITOR visited the website at www.scsdonline.com, clicked on the PREA button, and was taken to a page with the agency’s PREA information, which includes a link to the “PREA Third Party Reporting Form.” The PREA information page <https://www.scsdonline.com/prea.html> tells members of the public how to file a third-party complaint of sexual abuse, retaliation, or harassment of an inmate by completing the Third-Party Reporting form and submitting it in person or by mail to the PREA Coordinator at the posted address. The new PREA button on the home page satisfies the requirement of the standard provision to distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.

CORRECTIVE ACTION APPROVED

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 1008, Anti-Retaliation - Wellpath PREA Acknowledgement of Mandatory Reporting and Consent form (acknowledgement and consent form) - Incident/Investigative reports (10) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - PREA Coordinator - Deputy interviews - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Deputy Pearson's call to the county's Adult Protective Services (APS) <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.61(a)</p> <p>The standard provision calls for the agency to require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ reflects that the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment as specified by the standard, provision. The PREA Policy requires staff to inform victims of sexual abuse that department members are mandatory reporters under the California Penal Code; and, Policy 1008, Anti-Retaliation, prohibits retaliation against employees. Deputy interviews reflect that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect or violation of responsibilities as specified by the standard provision.</p> <p>The PREA Policy, Policy 1008, and the deputy interviews support a determination of compliance with the standard provision.</p> <p>115.61(b)</p> <p>The standard provision states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and</p>

other security and management decisions. The PAQ reflects that agency policy prohibits staff from revealing information related to a sexual abuse allegation except for the reasons specified by the standard provision. Apart from reporting to supervisors and other officials for treatment and investigation, the PREA Policy forbids revealing information related to sexual abuse to anyone other than those who need to know. Interviews with the deputies reflect that they would not reveal any information related to an allegation of sexual abuse to anyone other than people who need to know.

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

115.61(c)

The standard provision states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. The PREA Policy does not include a reference to this provision. Medical and Mental Health practitioners confirmed that they are required to report sexual abuse pursuant to paragraph (a) above, that they disclose the limitations of confidentiality and their duty to report to inmates using the acknowledgement and consent form, that inmates sign the form and it is scanned into the electronic medical record, and that they have not had to report any case of sexual abuse at the facility. Practitioners stated that inmates sign the acknowledgement and consent form during intake processing and provided three completed forms as proof of practice.

The intent of the standard provision is for each practitioner to inform his or her inmate patient of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Providing this information to inmates upon arrival alone does not satisfy the requirement of the standard provision, which is to ensure inmates are informed of the practitioner's duty to report any allegation of sexual abuse in confinement before the inmate discloses any such incident with the expectation that the practitioner would keep it confidential. The AUDITOR provided the PREA Final Rule public comments for this standard provision to Wellpath managers at the facility. The practice of informing inmates of practitioners' duty to report and the limitations of confidentiality during intake as opposed to "at the initiation of services" does not support a determination of compliance with the standard provision.

115.61(d)

The standard provision states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The PREA Policy does not include a reference to this provision. The facility commander stated that everything is handled the same by the PREA Deputy and classification officers, and that investigators are notified. The PREA Coordinator stated that the agency does not house people under 18 years of age. Deputy Pearson reported that he contacted the county's adult protective services or APS and the shift supervisor stated that the Sheriff's Department had no obligation to report instances of sexual abuse within the jails to APS because APS forwards such reports to the Sheriff's Department. Since the Sheriff's Department investigates allegations of sexual abuse in its facilities, there is no need to report such cases to APS.

The interviews with the facility commander and the PREA Coordinator, as well as Deputy Pearson's call to the county's APS support a determination of compliance with the standard provision.

115.61(e)

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

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

RECOMMENDED CORRECTIVE ACTIONS

115.61(a) – No corrective action required.

115.61(b) – No corrective action required.

115.61(c) – Medical and mental health practitioners shall inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

115.61(d) – No corrective action required.

115.61(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.61(c) – The facility proposed a procedure where inmates would be informed of practitioners' duty to report and the limitations of confidentiality during intake and again during a ten-day medical screening. The facility views these encounters as "the initiation of services" and believes that informing inmates during these two encounters satisfies the requirement. The AUDITOR pointed out that relying on inmates to remember what was told to them following intake would not satisfy the intent of the standard provision, that some inmates did not recall receiving the information brochure or being asked the risk-assessment questions, that the standard provision calls for practitioners to inform inmates at the initiation of services, and that each practitioner is to ensure his or her inmate patient is aware of the limitations of confidentiality and duty to report at the initiation of services. The AUDITOR proposed displaying a poster that informs inmates of the limitations of confidentiality and the practitioner's duty to report in all medical consultation rooms, for practitioners to direct the inmate's attention to the poster or explain it if necessary at the initiation of services, and document in the health record that the inmate was informed. The AUDITOR suggested contacting the PREA Resource Center (PRC) for clarification. The PRC's opinion is consistent with that of the AUDITOR and it appears the facility had some difficulty with its request for clarification from the PRC. Eventually, the facility agreed with the recommendation and

displayed English and Spanish versions of a poster with the required information in all consultation rooms. The facility reported that practitioners will discuss the poster with their patients at the initiation of services and document accordingly in the health record. Per the AUDITOR's request, the facility provided the posters and two examples of practitioner documentation in patients' health record. In the examples, a practitioner documented that she informed the patient of her duty to report allegations of sexual abuse. This practice satisfies the intent of the standard provision and the facility provided evidence of institutionalization.

CORRECTIVE ACTION APPROVED

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - PREA Incident report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Facility Commander - Deputy interviews (12) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.62(a)</p> <p>The standard provision states that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The PAQ reflects that the agency/facility responds as prescribed by the standard provision upon learning that an inmate is at substantial risk of imminent sexual abuse and that there was no such situation in the past 12 months. The PREA Policy calls for department members to take immediate action to protect inmates who are reasonably believed to be subject to a substantial risk of imminent sexual abuse. Interviews with the Detention Captain, the facility commander, and 12 deputies and sergeants reflect that facility staff takes immediate action to protect an inmate who is subject to a substantial risk of imminent sexual abuse. Interviewees indicated that the inmate would be immediately removed from danger and the classification office would be notified to move the inmate to safe housing. One PREA incident report reflects that an inmate at the facility was being pressured for sex and upon receiving the allegation, staff immediately removed the alleged victim from the pod pending Deputy Pearson's arrival; the alleged perpetrator was moved to another facility.</p> <p>The PREA Policy, the interviews with the Detention Captain, the facility commander, and the deputies, as well as the review of the incident report support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.62(a) – No corrective action required.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - OTA Notification form letter - Agency website <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Facility Commander <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.63(a)</p> <p>The standard provision states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ reflects that the agency has a policy requiring the notification prescribed by the standard provision and that in the previous 12 months, the facility has not received any such allegation. The PREA Policy requires the BAS Commander to notify the head of the other agency of the allegation in writing. The agency provided the OTA Notification, a form letter used to provide the notification in question; the form letter informs the head of the other agency that a report of the allegation is on file with the PREA Coordinator and provides a contact phone number.</p> <p>The PREA Policy and the OTA Notification form letter support a determination of compliance with the standard provision.</p> <p>115.63(b)</p> <p>The standard provision states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ reflects that agency policy requires the notification as soon as possible but no later than 72 hours after receiving the allegation. The PREA Policy requires written notification as soon as possible, but not later than 72 hours after receiving the allegation. The OTA Notification form letter does not specify that the notification is provided within 72 hours of receiving the allegation.</p> <p>The PREA Policy supports a determination of compliance with the standard provision.</p> <p>AUDITOR RECOMMENDATION:</p>

The OTA Notification form letter should be revised to demonstrate compliance with the 72-hour notification timeframe. The standard provision does not require the notification letter to state that the notification is provided within 72 hours; however, that statement in the letter would provide evidence of compliance. Alternatively, the agency could include the date and time the allegation was received and the date and time the notification was provided to the other agency.

115.63(c)

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

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

115.63(d)

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

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

RECOMMENDED CORRECTIVE ACTIONS

115.63(a) – No corrective action required.

115.63(b) – No corrective action required.

115.63(c) – No corrective action required.

115.63(d) – No corrective action required.

115.64	Staff first responder duties
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - PREA Incident reports (9) - Laminated cards with first responder duties <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputy interviews <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.64(a)</p> <p>The standard provision states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>The PAQ reflects that the agency has a first responder policy for allegations of sexual abuse; that the policy requires the first security staff responder to take the actions prescribed by the standard provision; that there was one allegation during the past 12 months and the first security staff responder separated the victim and abuser; that staff was notified within a time period that allowed for collection of physical evidence; and that the first security staff responder preserved and protected the crime scene and provided the prescribed instructions to the victim and to the perpetrator. The PREA Policy calls for the first security staff responder to perform the four steps in question; however, the wording of the policy seems to require department members to perform these duties within 72 hours, instead of requiring immediate action from the security first responder. Deputies were asked to describe actions they would take if they were the first responder to an incident of sexual abuse at the facility; all 12 deputies identified the four steps prescribed by the standard provision; most were in possession of a laminated card with first responder duties issued to all staff. The one PREA</p>	

incident report reflects that the alleged perpetrator pursued sex with the victim and climbed into bed with her one night while they were both clothed; there was no physical evidence to secure and a third inmate reported the incident after the fact. Upon learning about the incident, the sergeant removed the victim from the pod and notified Deputy Pearson; the alleged perpetrator was moved to another facility.

Based upon the events described in the PREA incident report, staff performed the first of the four prescribed duties and the other three were not required. The PREA Policy, the laminated cards, the deputy interviews, and the PREA incident report reviewed support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should review the PREA Policy and ensure the security first responder duties are consistent with those prescribed by the standard provision.

115.64(b)

The standard provision states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reflects that agency policy requires a non-security first responder to take the two specified steps; and that in the past 12 months, the facility did not have any allegations where non-security staff was the first responder. The PREA Policy calls for a volunteer or contractor first responder to “follow all procedures listed above to ensure the preservation of evidence and the integrity of an investigation.” The PREA incident report did not identify a non-security first responder.

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

AUDITOR RECOMMENDATION:

The agency should revisit the first responder policy for contractors and volunteers; requiring them to perform first responder duties other than those prescribed by the standard provision could require additional training and performance of duties normally attributed to sworn personnel.

RECOMMENDED CORRECTIVE ACTIONS

115.64(a) – No corrective action required.

115.64(b) – No corrective action required.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Memorandum of Understanding (MOU) with the District Attorney and Memorial Medical Center (three-party agreement) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - Representative from Haven Women’s Center <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.65(a)</p> <p>The standard provision requires the facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PAQ reflects that the facility developed a written institutional plan to coordinate actions specified by the standard provision. The PREA Policy specifies the agency’s response plan in great detail and the plan identifies, in coordinated fashion, the actions to be taken by all responders identified by the standard provision, as well as those of victim advocates. The facility commander confirmed that the institutional plan includes specific roles for medical, mental health, investigators and facility leadership; he explained that medical practitioners respond to assess immediate medical needs, investigators respond to conduct preliminary investigations, the PREA Deputy responds to assess the situation and ensure response protocols are followed, and the inmate is transported to the hospital for forensic medical examination. The representative from Haven Women’s Center confirmed that her organization would be involved in a coordinated response to an incident of sexual abuse at the facility. The three-party agreement with the District Attorney and Memorial Medical Center for SART services lists each party’s responsibilities, where applicable, in responding to an incident of sexual assault.</p> <p>The standard provision requires a facility-specific institutional plan; the plan detailed in the policy is an agency response plan. The agency operates four facilities that are connected to each other physically and operationally. PREA response coordination, health care services, investigations, classification, and all other functions related to a coordinated response are centralized; thus, for the most part, coordinated response to an incident of sexual abuse at any facility would involve the same individuals. With that in mind, the AUDITOR accepts the plan detailed in the policy as the institutional plan for each facility. The PREA Policy, the three-</p>

party agreement, and the interviews with the facility commander and the representative from Haven support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.65(a) – No corrective action required.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - MOU Between the County and the Deputy Sheriff's Association <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.66(a)</p> <p>The standard provision states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The PAQ reflects that the agency entered into or renewed collective bargaining agreement since the implementation of the PREA standards. The facility provided the most recent MOU Between the County and the Deputy Sheriff's Association; the MOU reflects that the County retains certain exclusive rights that include the right to direct the workforce and take appropriate personnel actions. The Detention Captain confirmed that the agreement permits the agency to remove alleged staff sexual abusers from contact with inmates pending an investigation or a determination of whether and to what extent employee discipline is warranted.</p> <p>The MOU with the deputy sheriff's association and the interview with the Detention Captain support a determination of compliance with the standard provision.</p> <p>115.66(b)</p> <p>The standard provision states that nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p> <p>The AUDITOR is not required to audit this provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p>

115.66(a) – No corrective action required.

115.66(b) – No corrective action required.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 1008, Anti-Retaliation - Retaliation Monitoring Report (monitoring form) - Completed monitoring forms (3) - Incident/Investigative report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Facility commander - Staff member charged with monitoring retaliation (Deputy Pearson) - Inmates who reported sexual abuse (2) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.67(a)</p> <p>The standard provision requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and shall designate which staff members or departments are charged with monitoring retaliation. The PAQ reflects that the agency has a policy to protect inmates and staff who report sexual abuse or cooperate with investigations from retaliation and identifies PREA Deputy Pearson as the person charged with monitoring for possible retaliation. The PREA Policy prohibits “retaliation against inmates or staff who report or cooperate with an investigation of sexual abuse or sexual harassment.” Policy 1008, Anti-Retaliation, prohibits retaliation against employees, provides examples of actions that constitute retaliation, tells staff to report retaliation to any supervisor, and specifies responsibilities of supervisors and command staff in response to retaliation.</p> <p>The PREA Policy and Policy 1008 support a determination of compliance with the standard provision.</p> <p>115.67(b)</p> <p>The standard provision requires the agency to employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The PREA Policy requires all cases involving sexual abuse or sexual</p>

harassment to be referred to Internal Affairs, all referrals to be documented, and the facility commander to act promptly to remedy any retaliation; the policy does not specify any protection measures. Policy 1008 specifies some protection measures for monitoring retaliation against an employee. The Detention Captain stated that the agency deals with retaliation the same way it deals with allegations of sexual abuse, that is by removing the employee or inmate suspected of retaliation and investigating the allegation; and that the classification team and the PREA Coordinator monitor for possible retaliation. The facility commander stated that protection measures include classification officers assessing the inmate to ensure he or she is safe and rehousing if necessary; and that deputies remain vigilant for possible retaliation, and they notify supervisors and classification if it is detected. Deputy Pearson stated that he might have the inmate moved if needed for protection; PREA incident report (Incident 1098) reflects that the alleged aggressor was moved to another housing unit.

The PREA Policy, Policy 1008, the interviews with the Captain, the facility commander, and Deputy Pearson, and the review of the PREA incident report support a determination of compliance with the standard provision.

115.67(c)

The standard provision states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ reflects that the agency/facility monitors the conduct or treatment of inmates or staff for 90 days; that the agency acts promptly to remedy such retaliation and continues monitoring beyond 90 days if needed; and that there have been no incidents of retaliation in the past 12 months. The PREA Policy requires the facility commander to ensure the conduct and treatment of individuals who report sexual abuse or cooperate with investigations is monitored for signs of retaliation. The policy calls for the commander to act promptly to remedy any incident of retaliation, and requires monitoring for at least 90 days from the date of the reporting or cooperation, monitoring beyond 90 days if there are indications of a need to continue, and for the end of monitoring if the allegation is unfounded. The monitoring form includes fields for documenting 30, 60, and 90-day check-ins with the inmate, and a field for additional monitoring beyond 90 days if necessary. Deputy Pearson provided completed monitoring forms for two 2018 cases at another facility. The facility commander stated that he gets the supervisor involved if a staff member is suspected of retaliation, that a determination is made about removing the employee or rehousing the inmate, that the matter is referred to investigators, that disciplinary action is taken if appropriate, and that classification officers assess the inmate victim for proper housing to protect him or her from retaliation. Deputy Pearson stated that he monitors disciplinaries, bed moves, the inmate's access to commissary, food safety, etc., for 90 days or longer if there is still a concern about retaliation; that he interviews the inmate to see if he or she suspects retaliation; that he tracks his monitoring activities on a chalk board; and that he reviews disciplinary hearing results for findings that could be indicative of retaliation. He explained that he starts monitoring for retaliation when he first interviews the alleged victim in response to the

report of sexual abuse or sexual harassment. He added that IA monitors if a staff member is involved. One inmate at another facility who accused an employee of sexual abuse stated that she suspects there is retaliation; Deputy Pearson provided his 30-day retaliation monitoring report reflecting that the inmate did not allege retaliation when he interviewed her for the 30-day check-in; the report lists the date for the next interview or 60-day check-in. He stated that the investigation is ongoing and provided thorough responses to the AUDITOR's follow-up questions regarding the concerns expressed by the inmate.

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

115.67(d)

The standard provision states that in the case of inmates, such monitoring shall also include periodic status checks. The PREA Policy does not include a reference to periodic status checks. Deputy Pearson stated that he completes a monitoring form, which includes documentation of periodic check-in interviews with the inmate being monitored for retaliation; he provided three completed monitoring forms as evidence.

The interview with Deputy Pearson and the completed monitoring forms support a determination of compliance with the standard provision.

115.67(e)

The standard provision states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. The PREA Policy does not include this requirement. The Captain stated that there would be follow-up to ensure there is no retaliation, and that necessary moves would be made to protect the individual from the aggressor. The facility commander stated that deputies remain vigilant if retaliation is suspected, that he gets the supervisor involved if a staff member is suspected of retaliation, that a determination is made about removing the employee or moving the inmate, that the matter is referred to investigators, that disciplinary action is taken if appropriate, and that classification officers assess the inmate victim for proper housing to protect him or her from retaliation.

115.67(f)

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

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.67(a) – No corrective action required.

115.67(b) – No corrective action required.

115.67(c) – No corrective action required.

115.67(d) – No corrective action required.

115.67(e) – No corrective action required.

115.67(f) – No corrective action required.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - PREA Policy - PREA incident report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - Staff who supervise inmates in segregated housing <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.68(a)</p> <p>The standard provision states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. The PAQ reflects that the agency has a policy prohibiting the placement of inmates who allege sexual abuse in involuntary segregated housing without the assessments required under 115.43, and that no inmates have been placed in segregated housing for the reason in question in the past 12 months. The PREA Policy includes the provisions of 115.43. The facility commander stated that the inmate's safety is of greater importance and that classification officers would review housing alternatives before considering segregated housing, that inmates who report sexual abuse are not placed in involuntary segregated housing, that classification officers are on duty 24/7 to conduct an assessment for alternative safe housing, and that no inmates who reported sexual abuse have been placed in involuntary segregated housing in the past 12 months. The deputy who supervises inmates in segregated housing reported that an inmate who reported sexual abuse would still have access to programs, privileges, and education, but not work opportunities; that all restrictions would include the documentation required under 115.43; that the facility would try to find appropriate safe housing where the inmate would not be exposed to repercussion for reporting or to further abuse; that placement in segregated housing would be substantially shorter than 30 days; that there would be an initial 30-day review, followed by regular 60-day reviews to determine if continued placement in involuntary segregated housing is needed; and that he is not aware of any case in which an inmate was held in involuntary segregated housing for an extended period as a means of protection from likely abusers. Deputy Pearson believes the deputy from segregated housing may have been referring to regular classification reviews; he assured the reviews prescribed by the standard provision would be conducted every 30 days and identified where the PREA Policy requires 30-day reviews for inmates held in involuntary segregated housing for risk of sexual victimization. The PREA incident report reflects that the alleged perpetrator was moved to another facility and the inmate who reported, and the alleged victim remained in the pod.</p>

The PREA Policy, the interview with the facility commander, the clarification from Deputy Pearson, and the review of the PREA incident report support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.68(a) – No corrective action required.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 600, Investigation and Prosecution - Policy 602, Sexual Assault Investigations - PREA incident reports (9) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Investigative staff - Facility commander - PREA Coordinator - PCM <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.71(a)</p> <p>The standard provision states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ reflects that the agency has a policy related to criminal and administrative investigations. The PREA Policy calls for department members to thoroughly investigate any allegation of sexual abuse and Policy 600, Investigation and Prosecution, calls for crimes to be investigated thoroughly and with due diligence. Interviews with the criminal, administrative, and facility investigators reflect that investigations of sexual abuse allegations are initiated as soon as the allegations are received; investigators further asserted that anonymous reports are taken just as seriously and are handled the same as other reports. A review of nine investigative reports reflect that inmate victims are interviewed by investigators shortly after the allegation is received and there are no indications that the investigations are anything other than thorough and objective. In a case involving an inmate with mental illness, the report reflects that the investigators were serious about making sense of the inmate's statements and appeared to be persistent in trying to determine if there was a case of sexual abuse.</p> <p>The PREA Policy, Policy 600, the interviews with investigators, and the review of investigative reports support a determination of compliance with the standard provision.</p> <p>115.71(b)</p> <p>The standard provision states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to §</p>

115.34. Policy 602, Sexual Assault Investigations, calls for specialized investigator training and for investigators to be available for sexual assault investigations. All three investigators reported receiving specialized training through different sources; the criminal and the facility investigators received formal training and the administrative investigator received on-the-job training from his predecessor. The criminal investigator provided the schedule for the 40-hour course she attended in January 2017, her certificate of completion, and reported that she took a Peace Officer Standards and Training (POST) refresher course in October 2018; the schedule for the 40-hour course includes topics prescribed by the standard provision. Deputy Pearson provided three certificates, PREA Investigator for Allegations of Inmate Sexual Abuse, PREA Preventing Sexual Misconduct Against Offenders, and Technique of Investigative Interviewing and Positive Persuasion. The administrative investigator reported that he received on-the-job training from his predecessor; his training includes interviewing techniques for sexual abuse victims, the criteria and evidence required to substantiate a case for administrative action, and formal training on the use of Miranda and Garrity warnings. He did not receive training on evidence collection because it is not within the scope of the investigations he conducts; he explained that he reviews the criminal investigation to identify evidence that might be relevant to the IA investigation.

Policy 602, the interviews with investigators, and the training material provided support a determination of compliance with the standard provision.

115.71(c)

The standard provision states that investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. Policy 602 specifies primary considerations of sexual assault investigators; and those considerations include interviewing victims and alleged perpetrators and preserving evidence. The policy reflects that the victim has the right to be informed if there is a match between the assailant's deoxyribonucleic acid (DNA) profile and DNA contained in existing databases but does not specifically require reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator. Interview with investigators reflect that they perform the investigative tasks specified by the standard provision; that sometimes the first security responder may conduct a preliminary investigation; that investigators make an early determination of the need for a forensic medical examination, interview the victim and witnesses, gather evidence, review video footage where available, and review prior complaints involving the alleged perpetrator. If a staff member is involved, the administrative investigator coordinates with the criminal investigator and, if appropriate, arranges to have the employee removed from duties that involve inmate contact; the criminal investigator discusses the case with the district attorney (DA) and works in collaboration with the administrative investigator if necessary. Investigators provided examples of direct and circumstantial evidence and described their role in the investigative process. The investigative reports reflect that investigators have interviewed victims, witnesses, and alleged perpetrators; that they collected physical evidence; that they reviewed video footage, written communications, inmate phone calls, and inmate criminal history; and that they coordinated transportation for forensic medical examination. All three investigators reported that they review prior complaints and reports of sexual abuse involving the alleged perpetrator; the criminal and the administrative investigator said they document their reviews and the facility

investigator said he does not.

Policy 602, the interview with investigators, and the review of investigative reports support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The standard provision does not require documentation of the review of prior complaints and reports involving the alleged perpetrator; however, investigators should document these reviews to establish a record that shows compliance during an audit.

115.71(d)

The standard provision states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The criminal investigator stated that she does not conduct compelled interviews and pointed-out that she works with the DA; the other two investigators do not investigate criminal cases.

The interview with the criminal investigator supports a determination of compliance with the standard provision.

115.71(e)

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

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

115.71(f)

The standard provision states that administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The administrative investigator explained that the investigative process includes a review of employee files, and that available resources are exhausted to reach an investigative finding. Administrative investigations are documented in written reports and include a

determination of whether the employee violated agency policy; if there is a parallel criminal investigation, that report would be included with the administrative report and will reflect the finding relative to the allegation. Deputy Pearson reported that his reports document available evidence, witness statements, physical evidence, the steps taken during the course of the investigation, as well as summaries of statements of victims, witnesses and sometimes perpetrators. None of the investigative reports reviewed included an internal affairs administrative investigation. The review of the nine PREA incident reports reflects that Deputy Pearson includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings in the narrative portion at the end of each report.

The interview with the administrative investigator and Deputy Pearson, and the review of the PREA incident reports support a determination of compliance with the standard provision.

115.71(g)

The standard provision states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The criminal investigator reported that criminal investigations are documented in written reports and include surveillance camera footage, photographs, video recordings of interviews, etc. During the interview, the criminal investigator produced one of her investigative reports and the AUDITOR verified that it includes a thorough description of physical, testimonial, and documentary evidence with copies of all documentary evidence where feasible.

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

115.71(h)

The standard provision states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The PAQ reflects that substantiated allegations of conduct that appear to be criminal are referred for prosecution and that zero cases have been referred for prosecution since August 20, 2012. The PREA Policy includes this provision. The criminal investigator stated that cases are referred for prosecution as soon all the evidence is received and reviewed; if the case is substantiated and the evidence is clear, the case is referred for prosecution immediately. None of the investigative reports reviewed resulted in referral for criminal prosecution.

The PREA Policy and the interview with the criminal investigator support a determination of compliance with the standard provision.

115.71(i)

The standard provision requires the agency to retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PAQ reflects that the agency retains the written reports in question for the prescribed period. The agency only provided investigative reports for allegations received during the audit period and some involve alleged abusers who are no longer in the agency's custody.

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

115.71(j)

The standard provision states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. All three investigators confirmed that investigations would continue to completion under the situations specified by the standard provision. None of the investigative reports reviewed reflect that the investigation was terminated because the victim or alleged abuser was released from the agency's custody.

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

115.71(k)

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

The AUDITOR is not required to audit this standard provision.

115.71(l)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.71(a) – No corrective action required.

115.71(b) – No corrective action required.

115.71(c) – No corrective action required.

115.71(d) – No corrective action required.

115.71(e) – No corrective action required.

115.71(f) – No corrective action required.

115.71(g) – No corrective action required.

115.71(h) – No corrective action required.

115.71(i) – No corrective action required.

115.71(j) – No corrective action required.

115.71(k) – No corrective action required.

115.71(l) – No corrective action required.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3.09.01, Sexual Misconduct and Abuse - PREA incident reports (9) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Investigative staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.72(a)</p> <p>The standard provision states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PAQ reflects that the agency does not impose a standard of proof higher than a preponderance of the evidence. Policy 3.09.01 specifies this standard of proof for sexual abuse investigations. The administrative investigator and Deputy Pearson confirmed that they use the preponderance of the evidence standard; the criminal investigator stated that she gathers all the evidence, refers cases to the DA, and they make the determination. Investigative reports from Deputy Pearson specify the investigative finding, but not the standard of proof.</p> <p>The standard does not require documentation of the standard of proof; however, it is a good idea to include it in investigative reports as documented proof of compliance with the standard. Policy 3.09.01 and the interviews with investigators support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.72(a) – No corrective action required.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Investigative reports (9) - Inmate notification letters (4) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - Investigative staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.73(a)</p> <p>The standard provision states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PAQ reflects that the agency has a policy that requires the notification in question, that the agency/facility completed one investigation in the past 12 months and the inmate was not notified (verbally or in writing) of the results of the investigation. The PREA Policy requires the notification prescribed by the standard provision. The facility commander stated that Deputy Pearson provides written notification to the inmate victim. The administrative investigator stated that the PREA Deputy makes the notification and Deputy Pearson confirmed that he notifies the inmate victim via memorandum. The criminal investigator confirmed that she notifies victims verbally and records the notification in her log; she provided a closed case file with the log reflecting the notification. The AUDITOR reviewed two inmate notification letters provided to inmate victims, the victim at REACT facility and a victim at another facility. In PREA incidents 1108 and 1109, Deputy Pearson documented at the end of the incident report that he notified the alleged victim of the investigative finding.</p> <p>The incident reports reviewed reflect that Deputy Pearson was unable to notify two inmates who were released prior to the completion of the investigation into their allegations. He provided two written notifications and documented two others in the incident reports. The PREA Policy, the interviews with the facility commander and the investigators, the completed notification letters, the incident reports reviewed, and the criminal investigation case file reviewed support a determination of compliance with the standard provision.</p> <p>115.73(b)</p> <p>The standard provision states that if the agency did not conduct the investigation, it shall</p>

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

The standard provision does not apply.

115.73(c)

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

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

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse at the hands of a staff member and that there have been no substantiated or unsubstantiated allegations against a staff member in the past 12 months. The PREA Policy requires the notifications prescribed by the standard provision. An inmate at another facility reported sexual harassment and sexual abuse by a female employee and told the AUDITOR the employee has been seen in her housing unit since, but there was no interaction between her and the employee; Deputy Pearson stated that the inmate did not believe there was retaliation, that the investigation is still on-going, and that the incident report is still in draft format. Two other allegations against staff were closed as unfounded and the inmates were no longer in the agency's custody. None of the investigative reports reviewed reflect that any of the four events in question occurred where the allegation involved an employee.

The PREA Policy, the investigative reports reviewed, and the additional information from Deputy Pearson support a determination of compliance with the standard provision.

115.73(d)

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

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

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse at the hands of another inmate. The PREA Policy requires the notifications prescribed by the standard provision and Deputy Pearson confirmed that no sexual abuse allegations were referred for criminal prosecution during the audit period.

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

115.73(e)

The standard provision states that all such notifications or attempted notifications shall be documented. The PAQ reflects that agency policy requires these notifications to be documented, and that there were no notifications to inmates provided in the past 12 months. The PREA Policy requires all notifications to be documented. The agency documented four notifications to inmates who alleged sexual abuse.

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

115.73(f)

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

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.73(a) – No corrective action required.

115.73(b) – No corrective action required.

115.73(c) – No corrective action required.

115.73(d) – No corrective action required.

115.73(e) – No corrective action required.

115.73(f) – No corrective action required.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3.09.01 - Investigative reports (9) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None required <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.76(a)</p> <p>The standard provision states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PAQ reflects that staff is subject to disciplinary sanctions including termination for violating the sexual abuse or sexual harassment policies. The PREA Policy includes the requirement of the standard provision.</p> <p>The PREA Policy and the absence of a need to impose disciplinary sanctions on staff for violating agency sexual abuse or sexual harassment policies support a determination of compliance with the standard provision.</p> <p>115.76(b)</p> <p>The standard provision states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ reflects that in the past 12 months, no staff from the facility have violated agency sexual abuse or sexual harassment policies. Policy 3.09.01 includes the requirement of the standard provision. Neither of the nine investigative reports reviewed reflect that a staff member was found to have engaged in sexual abuse.</p> <p>The PREA Policy and the review of investigative reports support a determination of compliance with the standard provision.</p> <p>115.76(c)</p> <p>The standard provision states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ reflects that sanctions for violations of agency policies</p>

relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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, and that no staff member has been disciplined for violating agency sexual abuse policy in the previous 12 months. The PREA Policy does not include a reference to this provision. None of the nine investigative reports reviewed reflect that a staff member was found to have violated agency sexual abuse policy.

The investigative reports and the absence of a need to discipline staff for violating agency sexual abuse policies support a determination of compliance with the standard provision.

115.76(d)

The standard provision states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ reflects that all terminations or resignations in lieu of termination for violating agency sexual abuse policies are reported as prescribed by the standard provision and that no staff member at the facility has been reported to law enforcement or to licensing bodies, for the reasons in question, in the past 12 months. Policy 3.09.01 calls for reporting these terminations and resignations to law enforcement agencies but does not require reporting to relevant licensing bodies.

The PREA Policy and the absence of a need to report staff terminations or resignations for the reasons in question support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should consider revising its policy to require notification to relevant licensing bodies.

RECOMMENDED CORRECTIVE ACTIONS

115.76(a) – No corrective action required.

115.76(b) – No corrective action required.

115.76(c) – No corrective action required.

115.76(d) – No corrective action required.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3.09.01 - Investigative reports (9) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.77(a)</p> <p>The standard provision states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ reflects that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to licensing bodies, be prohibited from contact with inmates, and that no contractors or volunteers have been reported as prescribed by the standard provision in the past 12 months. The PREA Policy calls for reporting the misconduct to the Patrol watch commander and to the CAP Unit but does not include the other provisions of the standard. None of the nine investigative reports reviewed reflect that a contractor or volunteer was found to have engaged in sexual abuse of an inmate.</p> <p>The PREA Policy and the investigative reports support a determination of compliance with the standard provision.</p> <p>115.77(b)</p> <p>The standard provision states that the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PAQ reflects that the facility takes appropriate remedial measures and includes the considerations in question. Policy 3.09.01 includes the requirements of the standard provision. The facility commander stated that a contractor or volunteer who violates agency sexual abuse or sexual harassment policies would be removed from the facility and their jail pass would be suspended pending investigation</p> <p>Policy 3.09.01 and the interview with the facility commander support a determination of compliance with the standard provision.</p>

RECOMMENDED CORRECTIVE ACTIONS

115.77(a) – No corrective action required.

115.77(b) – No corrective action required.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3.09.01 - Inmate Orientation and Rules Manual - Investigative reports <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.78(a)</p> <p>The standard provision states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The PAQ reflects that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process for the reason specified by the standard provision, and that in the past 12 months there was one administrative finding of inmate-on-inmate sexual abuse at the facility but no criminal finding of guilt. The PREA Policy includes this provision. The orientation manual informs inmates about the agency's formal disciplinary process, lists examples of misconduct classified as major violations and those classified as minor violations, and outlines hearing procedures, inmates' rights, and the disciplinary appeals process; it also specifies that inmates are subject to disciplinary sanctions for sexual misconduct. The AUDITOR requested the disciplinary report for the administrative finding referenced in the PAQ and Deputy Pearson explained that the PAQ question was misunderstood, that the one case was closed as unsubstantiated, and that there were no administrative findings of inmate-on-inmate sexual abuse at the facility during the past 12 months. None of the investigative reports reviewed resulted in a finding of inmate-on-inmate sexual abuse.</p> <p>The PREA Policy, the orientation manual, Deputy Pearson's explanation, and the review of investigative reports support a determination of compliance with the standard provision.</p> <p>115.78(b)</p> <p>The standard provision states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions</p>

imposed for comparable offenses by other inmates with similar histories. The PREA Policy does not include this requirement. The facility commander confirmed that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and sanctions imposed for comparable offenses by other inmates with similar histories; and he stated that inmates are subject to a variety of sanctions including loss of worktime credits (credit towards sentence reduction), confinement to quarters, placement in disciplinary detention, loss of privileges and extra-duty for an administrative finding of inmate-on-inmate sexual abuse.

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

115.78(c)

The standard provision states that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The PREA Policy and Policy 3.09.01 include this requirement, and the facility commander confirmed that the disciplinary process includes the specified considerations when determining what type of sanction, if any, should be imposed where the inmate has a mental disability or mental illness.

The PREA Policy, Policy 3.09.01, and the interview with the facility commander support a determination of compliance with the standard provision.

115.78(d)

The standard provision states that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The PAQ reflects that the facility does not offer the therapy in question. Mental health practitioners confirmed that the facility offers the therapy in question but does not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Practitioners explained that individual cases may be referred to the County's Behavioral Health Recovery Services (BHRS) for treatment where the practitioner believes the inmate's behavior is related to underlying reasons or motivations for sexual abuse and that facility mental health practitioners would deal with symptoms of distress if they believe there is an immediate need for intervention. During the post-audit phase, the AUDITOR contacted the PREA Coordinator for clarification and the medical team informed him that Wellpath offers mental health services to the victim and perpetrator of PREA incidents in the form of helping with psychological symptoms such as depression or anxiety as a result of the incident; that medical staff does not offer therapy to the perpetrators to address the underlying reasons for committing sexual abuse; that since it is difficult to predict how long inmates will remain in the Sheriff's custody, Wellpath would not begin the process of un-packing some serious issues only to have the inmate released from custody without resolving those issues and potentially hindering the inmate's successful reintegration into society; that for the therapy specified by the standard provision, the inmate would be advised to seek help at the BHRS upon release from custody, but Wellpath does not offer the type of therapy in question.

The subsequent clarification from mental health practitioners supports a determination of

compliance with the standard provision.

115.78(e)

The standard provision states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PAQ reflects that the agency disciplines inmates for sexual conduct with staff only under the specified circumstances. The PREA Policy includes the requirement of this standard provision. The orientation manual reflects that inmates are subject to disciplinary sanctions for “making sexual proposal or threat to another” and for “illegal sexual activity.” None of the investigative reports reviewed resulted in a finding of sexual activity between inmate and staff.

The PREA Policy, the orientation manual, and the review of investigative reports support a determination of compliance with the standard provision.

115.78(f)

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

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

115.78(g)

The standard provision states that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The PAQ reflects that the agency prohibits sexual activity between inmates, and that the agency deems such activity to be sexual abuse only where the agency determines the activity was coerced. The PREA Policy does not include this standard provision. The orientation manual lists “engaging in sexual acts” as a prohibited act. None of the investigative reports reviewed reflect that a case of consensual sex was deemed to constitute sexual abuse.

The orientation manual and the review of investigative reports support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.78(a) – No corrective action required.

115.78(b) – No corrective action required.

115.78(c) – No corrective action required.

115.78(d) – No corrective action required.

115.78(e) – No corrective action required.

115.78(f) – No corrective action required.

115.78(g) – No corrective action required.

115.81	Medical and mental health screenings; history of sexual abuse
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Stanislaus County Adult Detention Division Medical Screening (medical screening form) - Offer of Treatment Services - CMGC PREA Acknowledgement of Mandatory Reporting and Consent form (acknowledgement and consent form) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Staff responsible for risk screening - Medical and Mental Health staff - Inmate who disclosed sexual victimization (at SDC-E) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statement from nurse in Health Care Services Administration - Statement from intake deputy <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.81(a)</p> <p>The standard provision states that if the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility is not a prison.</p> <p>The standard provision does not apply.</p> <p>115.81(b)</p> <p>The standard provision states that if the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The facility is not a prison.</p> <p>The standard provision does not apply.</p> <p>115.81(c)</p> <p>The standard provision states that if the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The PAQ reflects that the facility offers a follow-up meeting, with a medical or mental health practitioner, to</p>	

inmates who disclose prior sexual victimization; that the meeting is offered within 14 days of intake; that in the past 12 months 100% of inmates who disclosed prior victimization during screening were offered a meeting with medical or mental health; and that medical and mental health staff maintain secondary materials documenting compliance. During the site review, an intake deputy provided a blank medical screening form and stated that inmates who disclose prior sexual victimization are seen by mental health within 14 days; the form is completed for every new arrival and question 15 asks inmates if they previously experienced sexual victimization. A nurse in Health Care Services Administration confirmed that inmates who disclose prior sexual victimization during intake processing are referred to mental health services and are seen the next day. REACT facility did not identify any inmates who disclosed sexual victimization during intake processing; however, the single inmate at SDC-E who disclosed prior sexual victimization confirmed that he was offered consultation with a mental health practitioner. That inmate arrived at the facility 13 days earlier and had not yet seen a practitioner; the AUDITOR informed Deputy Pearson that the inmate disclosed prior sexual victimization and had not yet seen a mental health practitioner. During the site review, the AUDITOR asked to review a sample of medical records to verify the referrals in question, but staff were occupied and did not have time to accommodate the request.

The medical screening form, the statements from the nurse and the intake deputy during the site review, and the interview with the inmate who disclosed prior victimization support a determination of compliance with the standard provision.

115.81(d)

The standard provision states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The PAQ reflects that the information in question is not strictly limited to medical and mental health practitioners, and that it is shared with other staff only as necessary for the specified reasons. Medical and mental health staff provided three completed CMGC (Wellpath) PREA Acknowledgement of Mandatory Reporting and Consent forms; the form tells inmates that medical and mental health staff are mandatory reporters and that information related to sexual abuse within a facility shall be limited to the people and the reasons specified by the standard provision.

The completed acknowledgement and consent forms support a determination of compliance with the standard provision.

115.81(e)

The standard provision states that medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The PAQ reflects that medical and mental health practitioners obtain informed consent from inmates under the specified circumstances. In Part II of the acknowledgement and consent form, inmates who disclose sexual victimization that occurred in the community are asked to authorize CMGC staff to release relevant information to all essential personnel to facilitate investigation, treatment, and case management related to the disclosed sexual abuse. Medical and mental health staff confirmed that an inmate's written consent is obtained before

reporting prior sexual victimization that did not occur in an institutional setting; staff pointed to the acknowledgement and consent form and provided three completed forms as proof of practice.

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

RECOMMENDED CORRECTIVE ACTIONS

115.81(a) – No corrective action required.

115.81(b) – No corrective action required.

115.81(c) – No corrective action required.

115.81(d) – No corrective action required.

115.81(e) – No corrective action required.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3.09.01 - Agreement with Memorial Medical Center - PREA incident report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statement from nurse in Health Care Services Administration <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.82(a)</p> <p>The standard provision states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The PAQ reflects that victims of sexual abuse receive the prescribed access to treatment and services; that the scope of such services is determined as specified by the standard provision; and that medical and mental health practitioners maintain secondary materials documenting the response by medical and non-medical staff, and the scope of services provided to a victim of sexual abuse. The PREA Policy requires jail medical staff to assess and stabilize the victim in preparation for transportation to a medical facility where a forensic medical examination will be performed by a SAFE or a SANE. The agreement with Memorial Medical Center reflects that treatment provided to inmate victims of sexual abuse include emergency postcoital contraception care and antibiotic for sexually transmitted diseases. Medical and mental health staff confirmed that inmates receive timely, unimpeded access to the medical treatment specified by the standard provision, that the scope is determined by medical and mental health practitioners according to their professional judgment, and that treatment and follow-up is provided as soon as the incident is reported to medical staff. During the site review, a nurse stated that practitioners provide first aid and are involved in the facility's coordinated response. The inmate victim in the one allegation received was no longer in the Sheriff's custody and not available for interview; however, the PREA incident report reflects that she was offered and declined medical and mental health services.</p> <p>The PREA Policy, the agreement with Memorial Medical Center, the interview with medical and mental health practitioners, the statement from the nurse during the site review, and the review of the PREA incident report support a determination of compliance with the standard</p>

provision.

115.82(b)

The standard provision states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The PREA Policy calls for the inmate to be assigned a custody escort or for the PREA Coordinator to remain with the victim throughout the entire process. The PREA incident report reflects that staff removed the inmate victim from the pod upon learning about the allegation.

The PREA Policy and the PREA incident report reviewed support a determination of compliance with the standard provision.

115.82(c)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the information and access prescribed by the standard provision. The PREA Policy calls for medical personnel to offer testing for pregnancy, sexually transmitted diseases Human Immunodeficiency Virus (HIV), and follow-up care. The agreement with Memorial Medical Center reflects that treatment provided to inmate victims of sexual abuse include emergency postcoital contraception care and antibiotic for sexually transmitted diseases. Medical and mental health staff confirmed that inmate victims of sexual abuse while incarcerated are offered the information and access to the medical care specified by the standard provision.

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

115.82(d)

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with an investigation. The PREA Policy states that the provision of medical care shall not be contingent upon the victim's willingness to press charges and Policy 3.09.01 calls for treatment at no cost to the victim. The inmate victim in the one allegation did not require treatment services.

The PREA Policy and Policy 3.09.01 support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.82(a) – No corrective action required.

115.82(b) – No corrective action required.

115.82(c) – No corrective action required.

115.82(d) – No corrective action required.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

POLICIES AND OTHER DOCUMENTS REVIEWED

- PAQ
- Policy 3.09.01
- Policy 8-01.01, Medical Services
- Agreement with Memorial Medical Center

PEOPLE INTERVIEWED

- Medical and Mental Health staff

SITE REVIEW OBSERVATIONS

- None required

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

115.83(a)

The standard provision requires the facility to offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PAQ reflects that the facility offers medical and mental health evaluation and, as appropriate, treatment under the circumstances specified by the standard provision. Policy 3.09.01 calls for medical and mental health staff to conduct an urgent assessment of victims upon return to the facility. During the site review, the AUDITOR toured the medical department, spoke with medical staff and viewed patient consultation areas; a nurse confirmed that inmate victims of sexual abuse are offered medical and mental health evaluations and treatment as needed. In the agreement Memorial Medical Center agrees to provide medical counseling and referral, as well as medication administration of post-coital contraceptive and antibiotic for the prevention of sexually transmitted diseases, among other medical interventions.

Policy 3.09.01, the site review observations, the conversation with the nurse, and the agreement with Memorial Medical Center support a determination of compliance with the standard provision.

115.83(b)

The standard provision states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Policy 3.09.01 calls for follow-up consultation with medical and mental health practitioners upon return from the hospital but not continued care following transfer to, or placement in, other facilities, or following release from custody. Medical and mental health staff reported that inmate victims of sexual abuse receive baseline testing for sexually transmitted diseases and follow-up care, as well as mental health services, and discharge

planning for community follow-up care. In the agreement, Memorial Medical Center agrees to provide follow-up examination and pathology, as needed, a week or two after the assault. The inmate victim in the one allegation received was no longer in custody.

Policy 3.09.01, the interview with medical practitioners, and the agreement with Memorial Medical Center support a determination of compliance with the standard provision.

115.83(c)

The standard provision requires the facility to provide such victims with medical and mental health services consistent with the community level of care. The PREA Policy calls for transporting victims of sexual assault to a community hospital and the agency has an agreement with Memorial Medical Center, a licensed community hospital, to provide the level of care prescribed by the standard provision. Practitioners confirmed that inmate victims of sexual abuse receive medical and mental health services consistent with the community level of care.

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

115.83(d)

The standard provision states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ reflects that female victims of sexually abusive vaginal penetration are offered the prescribed care. Policy 3.09.01 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.

Policy 3.09.01 and the interview with medical staff support a determination of compliance with the standard provision.

115.83(e)

The standard provision states that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The PAQ reflects that if pregnancy results from sexual abuse while incarcerated, the victim would receive the prescribed information and services. Neither the PREA Policy nor Policy 3.09.01 include the requirement of this standard provision. Medical staff confirmed that if pregnancy results from a sexual assault, the victim would receive the information and access to the services in question.

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

115.83(f)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the specified tests. The PREA Policy includes the requirement of this standard provision. In the agreement Memorial Medical Center agrees to provide antibiotic for the prevention of sexually transmitted diseases. During the site review, the nurse confirmed that inmates would be tested for sexually transmitted

diseases.

The PREA Policy, the agreement Memorial Medical Center, and the statement from the nurse support a determination of compliance with the standard provision.

115.83(g)

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with an investigation. Policy 8-01.01 lists "medical examination and treatments as a result of sexual assault" among the situations for which health care service co-pay charges are exempt.

Policy 8-01.01 supports a determination of compliance with the standard provision.

115.83(h)

The standard provision states that all prisons attempt to conduct a mental health evaluation of all known inmate on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. The PAQ reflects that the standard provision does not apply because the facility is not a prison. The facility is not a prison.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.83(a) – No corrective action required.

115.83(b) – No corrective action required.

115.83(c) – No corrective action required.

115.83(d) – No corrective action required.

115.83(e) – No corrective action required.

115.83(f) – No corrective action required.

115.83(g) – No corrective action required.

115.83(h) – No corrective action required.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Incident review reports (2) - PREA Incident Reports <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - PREA Compliance Manager - Incident Review Team <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.86(a)</p> <p>The standard provision requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PAQ reflects that the facility conducts incident reviews under the circumstances specified by the standard provision, and that one substantiated or unsubstantiated sexual abuse investigation was completed in the past 12 months. The PREA Policy calls for an incident review at the conclusion of every sexual abuse investigation; it does not exclude investigations where the allegation is unfounded. The AUDITOR requested incident review reports for all investigations completed in the past 12 months where the allegation was substantiated or unsubstantiated, including allegations from other facilities; Deputy Pearson provided two incident review reports including the report for the one case at REACT facility. The two reports reflect that the reviews were conducted after the investigations concluded.</p> <p>The two incident review reports support a determination of compliance with the standard provision.</p> <p>115.86(b)</p> <p>The standard provision states that such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ reflects that the facility completes the incident review within 30 days of concluding the investigation, and that an incident review was completed within 30 days for the one investigation completed in the past 12 months. The PREA Policy calls for a report of findings to be submitted to the adult detention commander within 30 days. The facility commander confirmed that the team conducts incident reviews shortly after the conclusion of the investigation. The incident review reports do not consistently include the date</p>

the investigation was concluded; in one case, the AUDITOR reviewed the PREA incident report for the conclusion date; and in both cases, the review was conducted within 30 days of the conclusion of the investigation.

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

AUDITOR RECOMMENDATION:

The agency should consider listing the conclusion date of the investigation in every incident review report to establish that the review was conducted within 30 days of that conclusion date.

115.86(c)

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

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

AUDITOR RECOMMENDATION:

The agency should consider including the names and titles of incident review team members in incident review reports as proof of compliance with the standard provision.

115.86(d)

The standard provision states that the review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - (4) Assess the adequacy of staffing levels in that area during different shifts;
 - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.
- The PAQ reflects that the facility prepares a report of the incident review findings, including but

not limited to determinations made pursuant to (d)(1) - (d)(5) above and any recommendations for improvement, and submits the report to the facility commander and PREA Compliance Manager. The PREA Policy includes the requirements of the standard provision. The facility commander stated that an incident review report with findings and recommendations for improvement is sent to him and to the PCM. The PCM confirmed that the facility conducts incident reviews at the conclusion of every investigation where the allegation is substantiated or unsubstantiated, that the team prepares a report that identifies policy and procedure changes, group dynamics that may have contributed to the incident, barriers identified during the tour of the area where the incident occurred, changes in surveillance coverage, and that the report is submitted to the Detention Captain within 30 days. He confirmed that the reports are forwarded to him, that he reviews and implements recommended corrective actions, that he documents if the corrective actions are not implemented, and that he has not noticed any trends or taken any corrective actions because he has not had any incidents. The AUDITOR reviewed the two incident review reports and found that the six considerations and assessments prescribed by the standard provision are included, and both reports specify that there are no recommendations for improvement. The incident review team (PREA Coordinator, a BAS Sergeant, and Deputy Pearson) confirmed that team reviews include all considerations and assessments prescribed by the standard provision, including examination of the area where the abuse occurred as specified by 115.86(d)(3); that the team prepares a report of its findings that includes the team's determinations and recommendations for improvement; and that the report is submitted to the facility commander and the PCM.

The PREA Policy; the review of the incident review reports; and the interviews with the facility commander, the PCM, and the incident review team support a determination of compliance with the standard provision.

115.86(e)

The standard provision states that the facility shall implement the recommendations for improvement or shall document its reasons for not doing so. The PAQ reflects that the facility implements the recommendations for improvement or documents its reasons for not doing so. The PREA Policy includes the requirements of the standard provision. The PCM reported that he has not had to take any corrective actions and Deputy Pearson stated that there has not been any case in which a recommendation was not implemented by the facility. The AUDITOR reviewed the incident review reports and found that neither report recommended corrective actions.

The PREA Policy, the interview with the PCM, the statement from Deputy Pearson, and the review of the incident review reports support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.86(a) – No corrective action required.

115.86(b) – No corrective action required.

115.86(c) – No corrective action required.

115.86(d) – No corrective action required.

115.86(e) – No corrective action required.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Sample aggregated data - Incident reports - Investigative reports - Incident review reports - USDOJ Survey of Sexual Victimization, Form (SSV-IA) - Incident-based data collection - 2018 PREA Annual Statistical Report - Letter from USDOJ <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None required <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.87(a)</p> <p>The standard provision requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PAQ reflects that the agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. The PREA Policy does not include the requirement of this standard provision. For every allegation of sexual abuse, Deputy Pearson completes the USDOJ's Survey of Sexual Victimization, Form (SSV-IA), a standardized instrument with relevant definitions. The AUDITOR reviewed the agency's incident-based data collection with Deputy Pearson and verified that all data points in the form SSV-IA are included.</p> <p>The review of the incident-based data collection and the Form SSV-IA support a determination of compliance with the standard provision.</p> <p>115.87(b)</p> <p>The standard provision requires the agency to aggregate the incident-based sexual abuse data at least annually. The PAQ reflects that the agency aggregates its data at least annually. The AUDITOR reviewed the agency's incident-based data collection with Deputy Pearson and verified that the data is aggregated and sorted by calendar year.</p> <p>The review of the agency's aggregated incident-based sexual abuse data supports a</p>

determination of compliance with the standard provision.

115.87(c)

The standard provision states that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PAQ reflects that the standardized instrument includes the specified data. The PREA Policy does not include the requirement of this standard provision. The AUDITOR reviewed the agency's incident-based sexual abuse data collection with Deputy Pearson and verified that all data points in the form SSV-IA are included.

The review of the incident-based data collection and the Form SSV-IA support a determination of compliance with the standard provision.

115.87(d)

The standard provision requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PAQ reflects that the agency maintains, reviews, and collects data as specified by the standard provision. The PREA Policy does not include the requirement of this standard provision. Deputy Pearson provided the 2018 PREA Annual Statistical Report, which includes an assessment of the agency's incident-based sexual abuse data; the report provides an analysis of incident-based data from PREA incident reports, investigative findings, and incident reviews.

The review of 2018 PREA Annual Statistical Report supports a determination of compliance with the standard provision.

115.87(e)

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

The standard provision does not apply.

115.87(f)

The standard provision states that upon request, the agency shall provide all such data from the previous calendar year to the Department of Justice no later than June 30. The PAQ reflects that the agency provided prior year data to the USDOJ. Deputy Pearson stated that he submits the USDOJ SSV surveys online; the AUDITOR followed-up on the response and Deputy Pearson provided a letter dated November 13, 2018, from the USDOJ Bureau of Justice Statistics requesting data for its 2017 survey of sexual victimization. The letter requested completion of the survey form online by January 11, 2019, and Deputy Pearson stated that he completed the survey form (SSV-3) within a few days of receiving the request.

The letter from the USDOJ and the additional information from Deputy Pearson support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.87(a) – No corrective action required.

115.87(b) – No corrective action required.

115.87(c) – No corrective action required.

115.87(d) – No corrective action required.

115.87(e) – No corrective action required.

115.87(f) – No corrective action required.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3.09.01 - 2017 Annual report - 2018 Annual report (draft) - Agency's website <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - PREA Coordinator - PREA Compliance Manager <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.88(a)</p> <p>The standard provision states that the agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ol style="list-style-type: none"> (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p>The PAQ reflects that the agency reviews data collected and aggregated for the specified reasons, that the prescribed actions are included, and that the agency prepares an annual report of its findings from the sources specified by the standard provision. Policy 3.09.01 requires the PREA Coordinator to prepare an annual report but does not include the purpose specified by the standard provision. The Detention Captain stated that the agency includes investigative staff, data from ICJIS, and the PREA Coordinator in its review of data collected and aggregated to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The PREA Coordinator confirmed that the agency reviews 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; that the reviews are done annually in December; and that the agency takes corrective action on an ongoing basis based upon the reviews. He explained that the review looks at the data and statistics for trends to determine how to avoid reoccurrence; that incident reviews evaluate camera angles, policy and procedures, inmate classification, staffing levels, staff training needs, and facility layout plan. The PCM stated that</p>

the data identifies problem areas; and that the facility, compares the data to the prior year's data, takes corrective action, prepares an annual report, and makes it available to the public on the website. The AUDITOR reviewed the agency's 2017 and 2018 annual reports; the reports provide statistical data sorted by Inmate-on-Inmate Allegations and Staff-on-Inmate Allegations. For each facility operated by the agency, the report provides investigation dispositions for "non-consensual sexual acts," "abusive sexual contact," and "sexual harassment."

The agency did not prepare a separate annual report for each facility; instead, the agency's annual report provides a review of aggregated data for each facility and for the agency as a whole, thus satisfying the requirement of the standard provision in one agency-wide report. The PREA Policy, the interviews with the Detention Captain, the PREA Coordinator, and the PCM, as well as the review to the two annual reports support a determination of compliance with the standard provision.

115.88(b)

The standard provision states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The PAQ reflects that the annual report includes the prescribed comparison and assessment. The reports compare the number of inmate-on-inmate allegations and staff-on-inmate allegations from year-to-year, as well as the number of "non-consensual sexual acts," "abusive sexual contact," and "sexual harassment" from year-to-year. They also include an area for listing problem areas, an area for listing corrective actions, matrices with year-to-year comparisons of data collected and corrective actions, and an assessment of the agency's progress in addressing sexual abuse.

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

115.88(c)

The standard provision states that the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The PAQ reflects that the report is approved by the agency head and made available to the public through the agency's website. Policy 3.09.01 calls for data collected to be made available to the public at least annually through the website or other means. The Detention Captain confirmed that the agency head approves the annual report; the 2017 report includes the Sheriff's signature and appears on the agency's website; the draft 2018 report includes a block for the Sheriff's signature but does not yet appear on the website.

The standard provision calls for making the annual report readily available to the public on the agency's website and even with the benefit of knowing that the reports are on the website, the AUDITOR still had difficulty finding them. Navigating from the home page to the annual reports is very cumbersome; a member of the public must select "Department Forms" on the home page, then "Detention" to get to PREA documents the agency is required to make available to the public; "Detention Forms" is rather misleading to someone looking for inmate sexual abuse/sexual harassment information. There should be a link or other indicator on the home page telling members of the public about inmate sexual abuse/sexual harassment information and how to get to documents with the information. If the website does not inform members of

the public about the information and how to access it, the information is, in effect, hidden from the public and the intent of the standard provision is not satisfied. The review of the two annual reports supports a determination of compliance with the standard provision; however, the review of the website does not.

115.88(d)

The standard provision states that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted. The PAQ reflects that the agency redacts material from annual reports for the specified reasons and indicates the nature of redacted material. Policy 3.09.01 includes the requirement of the standard provision. The PREA Coordinator reported that personally identifiable information such as date of birth and information related to facility security is redacted from the annual report. The two annual reports reviewed include the language of the standard provision, but do not specify whether any information has been redacted. A comparison of the 2017 report to the draft 2018 report reflects that no information was redacted from the published 2017 report.

The standard provision does not require the agency to redact any material; therefore, the absence of redacted material is not indicative of non-compliance. The review and comparison of the two annual reports and the interview with the PREA Coordinator support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.88(a) – No corrective action required.

115.88(b) – No corrective action required.

115.88(c) – The agency shall make its annual reports readily available to the public through its website.

115.88(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.88(c) – The agency added a “PREA Prison Rape Elimination Act” button to its website home page. The AUDITOR visited the website at www.scsdonline.com, clicked on the PREA button, and was taken to a page with the agency’s PREA information, which includes a “PREA Reports and Statistics” link. This link leads to the “Forms” page <https://www.scsdonline.com/online-svcs/forms/category/19-prea.html> which includes the agency’s PREA Annual Statistical Reports dating to 2012. The new PREA button on the home page satisfies the requirement of the standard provision for the agency to make its report readily available to the public through its website.

CORRECTIVE ACTION APPROVED

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 3-04.01, PREA Policy - Policy 3.09.01 - Sexual abuse data collection - Agency's website <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Visit to Deputy Pearson's office <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.89(a)</p> <p>The standard provision requires the agency to ensure that data collected pursuant to § 115.87 are securely retained. The PAQ reflects that the agency ensures incident-based and aggregated data is securely retained. The PREA Policy calls for all data related to allegations of sexual abuse to be stored in a secure location. The PREA Coordinator stated that the agency ensures data collected is securely retained by keeping the data under lock and key and allowing access only by individuals with a need to know. Deputy Pearson stated that the data is kept in his office and that only he and his supervisor have a key. The AUDITOR visited the office in question and verified that Deputy Pearson locks it before leaving.</p> <p>The PREA Policy, the interview with the PREA Coordinator, the statement from Deputy Pearson, and the AUDITOR's observations support a determination of compliance with the standard provision.</p> <p>115.89(b)</p> <p>The standard provision requires the agency to make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. The PAQ reflects that agency policy calls for aggregated data to be made available to the public at least annually through its website. The PREA Policy requires all related data from facilities under the agency's control to be made available in accordance with California law. The AUDITOR visited the agency's website and verified that the aggregated data has been uploaded.</p> <p>The standard provision calls for making the data readily available to the public on the agency's website and even with the benefit of knowing that the aggregated data is on the website, the</p>

AUDITOR still had difficulty finding it. Navigating from the home page to the aggregated data is very cumbersome; a member of the public must select "Department Forms" on the home page, then "Detention" to get to PREA documents the agency is required to make available to the public; "Detention Forms" is rather misleading to someone looking for inmate sexual abuse/sexual harassment data. There should be a link or other indicator on the home page telling members of the public about inmate sexual abuse/sexual harassment data and how to get to documents with the data. If the website does not inform members of the public about the data and how to access it, the data is, in effect, hidden from the public and the intent of the standard provision is not satisfied. The review of the website does not support a determination of compliance with the standard provision.

115.89(c)

The standard provision states that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The PAQ reflects that the agency removes all personal identifiers before releasing aggregated data to the public and maintains the data for at least 10 years after the initial collection. Policy 3.09.01 includes the requirement of the standard provision. The AUDITOR reviewed the aggregated data on the website and verified that names and identification numbers of victims have been blacked-out and there are no personal identifiers for perpetrators or anyone else involved.

Policy 3.09.01 and the review of the aggregated data on the website support a determination of compliance with the standard provision.

115.89(d)

The standard provision requires the agency to maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. Policy 3.09.01 includes the requirement of the standard provision. The sexual abuse data on the website dates to 2013 when the agency started collecting data.

The review of the data on the website supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.89(a) – No corrective action required.

115.89(b) – The agency shall make its aggregated sexual abuse data readily available to the public through its website.

115.89(c) – No corrective action required.

115.89(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.89(b) – The agency added a "PREA Prison Rape Elimination Act" button to its website home page. The AUDITOR visited the website at www.scsdonline.com, clicked on the PREA

button, and was taken to a page with the agency's PREA information, which includes a "PREA Reports and Statistics" link. This link leads to the "Forms" page <https://www.scsdonline.com/online-svcs/forms/category/19-prea.html> which includes the agency's sexual abuse aggregated data dating to 2013. The new PREA button on the home page satisfies the requirement of the standard provision for the agency to make its aggregated sexual abuse data readily available to the public through its website at least annually.

CORRECTIVE ACTION APPROVED

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.401 (a) The standard provision states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The agency's website does not reflect that any facility operated by the agency was audited during the prior three-year audit cycle. All four agency facilities have been audited during the current audit cycle, that is before August 20, 2019.</p> <p>This is informational only and does not impact the over-all compliance determination for the standard.</p> <p>115.401 (b) The standard provision states that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. This is the third year of the current audit cycle and the agency did not ensure any type of facility it operates is audited during the first two years of the current audit cycle. All four facilities have been audited during the current audit cycle.</p> <p>The standard provision was not met.</p> <p>115.401 (h) The standard provision states that the auditor shall have access to, and shall observe, all areas of the audited facilities. The AUDITOR had access to and observed all areas of the audited facility during the onsite audit.</p> <p>The standard provision was met.</p> <p>115.401 (i) The standard provision states that the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The AUDITOR was permitted to request and receive copies of any relevant documents (including electronically stored information) during the "onsite" and the "evidence review and interim report" phases. The agency/facility did not provide copies of relevant documents where those documents were not available.</p> <p>The standard provision was met.</p> <p>115.401 (m)</p>

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

The standard provision was met.

115.401 (n)

The standard provision states that inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Inmates were permitted to send confidential correspondence to the AUDITOR.

The standard provision was met.

RECOMMENDED CORRECTIVE ACTIONS

115.401(a) - No corrective action required.

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

115.401(h) - No corrective action required.

115.401(i) - No corrective action required.

115.401(m) - No corrective action required.

115.401(n) - No corrective action required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.403 (f) The standard provision states that the agency shall ensure that the auditor's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. The AUDITOR issued final audit reports for two other facilities and both audit reports appear on the agency's website.</p> <p>The standard provision was met.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.403 (f) - No corrective action required.</p>

Appendix: Provision Findings

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

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?	yes

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	yes
	Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)	yes

115.12 (a)	Contracting with other entities for the confinement of inmates	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.12 (b)	Contracting with other entities for the confinement of inmates	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	na

115.13 (a)	Supervision and monitoring	
	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 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 consideration: Any applicable State or local laws, regulations, or standards?	yes
	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

115.13 (b)	Supervision and monitoring	
	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

115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes

115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

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

115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes

115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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 with inmates with disabilities including inmates who: Have intellectual disabilities?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes

115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes

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

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

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

115.17 (h)	Hiring and promotion decisions	
	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

115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	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

115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	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

115.21 (h)	Evidence protocol and forensic medical examinations	
	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

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

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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).)	na

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes

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

115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes

115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

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

115.33 (a)	Inmate education	
	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

115.33 (b)	Inmate education	
	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

115.33 (c)	Inmate education	
	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

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

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

115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes

115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators 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

115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.35 (a)	Specialized training: Medical and mental health care	
	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 suspicions 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

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

115.35 (c)	Specialized training: Medical and mental health care	
	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

115.35 (d)	Specialized training: Medical and mental health care	
	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

115.41 (a)	Screening for risk of victimization and abusiveness	
	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

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

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

115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, 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

115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to 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

115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes

115.42 (a)	Use of screening information	
	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

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

115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes

115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes

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

115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes

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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts 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

115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

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

115.43 (e)	Protective Custody	
	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

115.51 (a)	Inmate reporting	
	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

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na

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

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

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

115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes

115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes

115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes

115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

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

115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes

115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes

115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes

115.61 (e)	Staff and agency reporting duties	
	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

115.62 (a)	Agency protection duties	
	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

115.63 (a)	Reporting to other confinement facilities	
	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

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

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

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

115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes

115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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

115.67 (a)	Agency protection against retaliation	
	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

115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

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

115.67 (e)	Agency protection against retaliation	
	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

115.68 (a)	Post-allegation protective custody	
	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

115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes

115.71 (b)	Criminal and administrative agency investigations	
	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

115.71 (c)	Criminal and administrative agency investigations	
	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

115.71 (d)	Criminal and administrative agency investigations	
	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

115.71 (e)	Criminal and administrative agency investigations	
	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

115.71 (f)	Criminal and administrative agency investigations	
	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

115.71 (g)	Criminal and administrative agency investigations	
	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

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

115.71 (i)	Criminal and administrative agency investigations	
	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

115.71 (j)	Criminal and administrative agency investigations	
	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

115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	na

115.72 (a)	Evidentiary standard for administrative investigations	
	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

115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	na

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

115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

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

115.76 (c)	Disciplinary sanctions for staff	
	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

115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

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

115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes

115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	Disciplinary sanctions for inmates	
	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

115.78 (d)	Disciplinary sanctions for inmates	
	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

115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes

115.78 (g)	Disciplinary sanctions for inmates	
	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

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening?	yes

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes

115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes

115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes

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

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

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

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

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

115.86 (a)	Sexual abuse incident reviews	
	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

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

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

115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

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

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes

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

115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	
	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

115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na

115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

115.88 (b)	Data review for corrective action	
	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

115.88 (c)	Data review for corrective action	
	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

115.88 (d)	Data review for corrective action	
	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

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

115.89 (b)	Data storage, publication, and destruction	
	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

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

115.89 (d)	Data storage, publication, and destruction	
	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

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

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

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

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

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

115.401 (n)	Frequency and scope of audits	
	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

115.403 (f)	Audit contents and findings	
	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.)	na