

PREA Facility Audit Report: Final

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

Facility Type: Prison / Jail

Date Interim Report Submitted: 10/22/2018

Date Final Report Submitted: 05/02/2019

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

| AUDITOR INFORMATION | |
|-------------------------------------|--------------------------|
| Auditor name: | Caton, Alberto |
| Address: | |
| Email: | alberto.caton@stsvcs.com |
| Telephone number: | 916-714-9570 |
| Start Date of On-Site Audit: | 09/12/2018 |
| End Date of On-Site Audit: | 09/14/2018 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Public Safety Center Minimum Housing Unit 1 & 2 |
| Facility physical address: | 200 E. Hackett Rd, Modesto, California - 95358 |
| Facility Phone | 2095960421 |
| Facility mailing address: | California |
| The facility is: | <input checked="" type="radio"/> County <input type="radio"/> Federal <input type="radio"/> Municipal <input type="radio"/> State <input type="radio"/> Military <input type="radio"/> Private for profit <input type="radio"/> Private not for profit |
| Facility Type: | <input type="radio"/> Prison <input checked="" type="radio"/> Jail |

| Primary Contact | | | |
|-----------------------|--------------------------------|--------------------------|---------------------|
| Name: | Ken Sargent | Title: | Operations Sergeant |
| Email Address: | ksargent@stanislaussheriff.com | Telephone Number: | 2095960421 |

| Warden/Superintendent | | | |
|-----------------------|-----------------------------|--------------------------|--------------|
| Name: | Tim Kirk | Title: | Lieutenant |
| Email Address: | tkirk@stanislaussheriff.com | Telephone Number: | 209-525-5664 |

| Facility PREA Compliance Manager | | | |
|----------------------------------|-------------|-----------------------|--------------------------------|
| Name: | | Email Address: | |
| Name: | Ken Sargent | Email Address: | ksargent@stanislaussheriff.com |

| Facility Health Service Administrator | | | |
|---------------------------------------|---------------------------|--------------------------|--------------------------|
| Name: | Lisa Larranago | Title: | Medical Programs Manager |
| Email Address: | lisa.larranaga@cmgcos.com | Telephone Number: | 209-525-5667 |

| Facility Characteristics | | | |
|--|---------------|---------------------|--|
| Designed facility capacity: | 384 | | |
| Current population of facility: | 283 | | |
| Age Range | Adults: 18-70 | Youthful Residents: | |
| Facility security level/inmate custody levels: | 0 | | |
| Number of staff currently employed at the facility who may have contact with inmates: | 38 | | |

| 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: | | Title: | |
| 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 (US DOJ) – Certified PREA AUDITOR, Alberto F Caton to conduct the audit. The terms and scope of the audit have been memorialized in a written agreement between the County of Stanislaus and the contractor.

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

PRE-AUDIT PHASE

On August 8, 2018, the AUDITOR received notice from PREA Coordinator Deputy Eric Pearson that the audit contract had been approved; the same day, AUDITOR provided the audit notice and an audit notice posting confirmation form to Deputy Pearson and requested posting as soon as possible because the six-week mark for posting before the onsite audit had passed. On August 13, 2018, Deputy Pearson provided signed audit notice posting confirmation forms from both PREA Compliance Managers (PCMs) certifying that the notice was posted on August 9, 2018, in housing units, dayrooms, booking, education areas, hallways and inmate recreation areas. On August 31, 2018, the AUDITOR provided the PREA Audit Process Map and Checklist of Policies/Procedures and Other Documents to Deputy Pearson. On the same day, the AUDITOR received notice that the Pre-Audit Questionnaire (PAQ) for MHU had been finalized and was ready for review. With that notice, the AUDITOR initiated the review of the PAQ and documents provided, as well as completion of the pre-audit portion of the auditor compliance tool. On September 3, 2018, the AUDITOR provided a detailed schedule of activities to Deputy Pearson. Two days later, the AUDITOR held a kick-off telephonic conference call with Deputy Pearson, Facility Commander Lieutenant Tim Kirk, Administration Commander Lieutenant Frank Martinez, MHU PCM Sergeant Ken Sargent and Programs Coordinator Sergeant Pedro Beltran. The AUDITOR discussed the schedule of activities, requested input from staff and made changes accordingly. The AUDITOR also explained the audit process and expectations, responded to questions from participants in the call and provided the "Targeted Inmate Listing" form to Deputy Pearson. The form asks facility staff to identify inmates in the following PREA targeted categories:

- Inmates with a physical or cognitive disability
- Inmates with limited English proficiency (LEP)
- Inmates identified as transgender or intersex
- Inmates identified as lesbian, gay, or bisexual
- Inmates placed in segregated housing due to risk of sexual victimization

- Inmates who reported sexual abuse
- Inmates who disclosed prior sexual victimization during risk screening
- Youthful inmates (if housed at the facility)

On September 6, 2018, the AUDITOR interviewed a representative from Havens Women's Center of Stanislaus County, a rape crisis center identified by Deputy Pearson as the community-based victim advocate under contract with the agency; the representative confirmed that her organization provides victim advocate services to inmates in the Sheriff's custody.

ONSITE AUDIT PHASE

On September 12, 2018, the AUDITOR arrived at MHU with Deputy Pearson; greetings, introductions and the entrance briefing took place two days earlier at PSC-W with Deputy Pearson, Detention Captain Bill Duncan, Lieutenant Martinez, Facility Commander Lieutenant Kirk, Sergeant Beltran and PSC-W PCM Mark Johnson. The AUDITOR explained the audit process and expectations and answered a few questions from attendees.

MHU consists of a small inmate visiting room, a detached structure with a classroom and the medical office, and two housing units; all other services such as intake, booking, classification/risk-screening, etc. are centralized and conducted at PSC-W before transporting the inmates to MHU for housing. Meals are prepared at another facility and delivered to the housing units where they are served to inmates. The following is a summary of the site review of these centralized services at PSC-W two days earlier.

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

MHU Site Review

On the first day of the facility audit, Deputy Pearson reported that the MHU count was 293 and that there were no inmates who met any of the targeted categories. He started the MHU site review with the inmate visiting area at the entrance to the facility, then proceeded to a classroom in the education area and the medical office next door. The AUDITOR identified the audit notice and information posters on the walls in

the visiting room, the classroom and in the medical office; neither the visiting room nor the classroom were in use at the time and there was no staff or inmates in these areas. Deputy Pearson escorted the AUDITOR to Unit 1 and introduced three deputies posted in the reception area of the building. The unit has three housing pods designated as Pods A, B, and C; Pod A was deactivated for renovation and the AUDITOR conducted a brief tour to identify the layout and any potential blind spots. Deputy Pearson indicated that there were no surveillance cameras in Unit 1. The AUDITOR asked the deputies about PREA information provided to inmates and the deputies stated that the information pamphlets are provided to inmates during intake and there were none at Unit 1. The AUDITOR toured Pod B and noted that the audit notice was posted but the PREA information poster was not. The telephones were tested after the deputies were asked to turn them on; deputies turn the phones off while the dayroom is closed for activities and inmates are restricted to their dormitories. The phones were operational and provided dialing instructions for reporting sexual abuse. Inmates knew about reporting sexual abuse from the recording on the phones; however, inmates who had not used the phones appeared to not know anything about PREA or how to report sexual abuse. The showers are all single-person-use and the inmates did not express any concerns about cross-gender viewing or sexual safety. The AUDITOR asked about supervisory rounds and the inmates confirmed these rounds. The review of Pod C resulted in the same observations and inmate information as the review of Pod B. The AUDITOR asked the deputies and about the missing PREA information poster and they did not provide any explanation. Deputy Pearson promised to have the posters mounted in Unit 1 and was not sure about why they were missing. Deputy Pearson escorted the AUDITOR to Unit 2 and introduced MHU PCM and shift Sergeant Sargent; just like Unit 1, Unit 2 is staffed with three deputies, one in the deputy's station and two cover the three pods. The AUDITOR entered the deputy's station, observed the view into the three pods and spoke with deputies about cross-gender viewing, unannounced rounds and the video surveillance capabilities. A female deputy stated that she reports her presence when she enters the pods and other deputies pointed-out that inmates must be fully clothed before leaving their dormitories. Deputies indicated that they can always see the sergeant when he approaches their station and pointed out that there is no way for rounds to be unannounced. A deputy demonstrated the video surveillance capabilities which consists of nine cameras monitored by the stationed deputy. The AUDITOR toured all three pods, noted the posting of the audit notice and the PREA information poster, and tested the telephones. Conversations with inmates reflect that they are generally not concerned about sexual safety or cross-gender viewing. Unlike Unit 1, inmates must walk-out to the dayroom to access the bathroom and showers; this design provides greater supervision capabilities from the deputy's station and the showers are also single-person-use.

Document Reviews

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

The AUDITOR randomly selected a sample of 15 inmate records from the files of inmates received in the past 12 months. The records reflect that risk-screening was completed on the day of arrival for all and that PREA education was provided within 30 days for all who remained at the facility for 30 days or more. The records do not reflect whether inmates were advised upon intake of the zero-tolerance policy and how to report sexual abuse; this would be accomplished if all inmates are issued the agency's PREA

pamphlet titled "Unlock the Silence" during intake processing.

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

Staff Interviews

On the first day, the AUDITOR selected all eight day-shift deputies on duty and four of the seven graveyard shift deputies for interviews and conducted deputy interviews through shift change and into the night. The next day, the interviews continued with day shift deputies. The AUDITOR interviewed a total of seven deputies and three sergeants, including two shift sergeants and a sergeant covering a deputy's post on overtime. Due to a high incidence of deputies declining to participate in random staff interviews, the AUDITOR was only able to conduct ten of these interviews. All ten interviews were conducted using the "Random Staff" interview protocol and in each case, the AUDITOR provided the introductory script before proceeding with the interview. On the second day, the AUDITOR interviewed the following individuals using the corresponding specialized staff interview protocols:

- PREA Compliance Manager
- Intermediate Level Facility Staff (Sergeant)
- Volunteer who has contact with inmates
- Staff charged with Monitoring Retaliation (Deputy Pearson)
- Non-security First Responder

All other applicable specialized staff interviews were conducted during the onsite audit at PSC-W and included:

- Agency Head Designee (Detention Captain)
- Facility Commander
- PREA Coordinator
- Medical and Mental Health Staff
- Administrative Captain and Human Resources Manager
- Investigative Staff - Administrative
- Facility-level investigator (Deputy Pearson)
- Staff who Perform Screening for Risk of Victimization (classification deputy)
- Incident Review Team (Deputy Pearson)
- Intake Deputy

Inmate Interviews

On the third day, using the housing roster provided by Deputy Pearson, the AUDITOR randomly selected inmates from both housing units for interviews. Deputy Pearson stated that there were no inmates meeting any of the targeted categories. After being accommodated in a private office, the AUDITOR interviewed 12 inmates in Unit 1 and could not recruit any others for interviews. A few inmates wanted to report non-PREA concerns and the AUDITOR agreed to listen and take notes in order to get their participation in the random interviews. Deputy Pearson and the AUDITOR walked from dorm-to-dorm and could not find any other inmates willing participate in interviews. Housing deputies used the public address system to request volunteers but to no avail. The AUDITOR moved to Unit 2 for inmate

interviews there and was only able to interview another three inmates. The Unit 1 efforts were repeated, and no other inmates volunteered for random interviews. The AUDITOR completed 15 inmate interviews, one of which was LEP; the AUDITOR is fluent in Spanish and conducted the interview in Spanish.

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. Using a spreadsheet provided by Deputy Pearson with sworn and medical staff training information, the AUDITOR used all deputies and sergeants on the A-Squad day and graveyard watch report as a review sample; training records reflect that all, except two deputies, received either In-Service Training or PREA CORE training in the past 12 months. Medical services are provided pursuant to a contract with California Forensic Medical Group or CFMG; Training records also reflect that all CFMG employees received training in the past 12 months. On September 19, 2018, the AUDITOR conducted a telephone interview of a detective from the Crimes Against People (CAP) unit who investigates allegations of sex abuse and on September 27, 2018, the AUDITOR conducted a telephone interview of the Sexual Assault Nurse Examiner or SANE identified by medical practitioners during the onsite review. These were the only outstanding interviews. During this phase, the AUDITOR requested additional documents from Deputy Pearson as needed to make audit determinations.

CORRECTIVE ACTION PHASE

Following submittal of the interim audit report, the AUDITOR provided a corrective action plan template to Deputy Pearson; the template was used to submit proposed corrective actions to the AUDITOR for review. The AUDITOR provided feedback and recommendations as needed and worked with Deputy Pearson on the development of the corrective actions through approval. On April 1, 2019, with approval remaining for only a few corrective actions the AUDITOR returned to the facility for re-inspection to verify certain corrective measures. During the re-inspection, Deputy Pearson escorted the AUDITOR through both housing units and through the intake and booking facility. The AUDITOR verified that the revised PREA information poster was posted in all inmate housing and program areas. Ten inmates (five from each housing unit) were selected at random for interviews; all inmates selected arrived at the facility within the previous two months. The AUDITOR displayed the PREA Pamphlet and asked the inmates if they received it on the day of arrival, whether they were asked the risk-assessment questions within 72 hours of arrival, whether they were asked the reassessment questions within 30 days of arrival, and whether they received the comprehensive education within 30 days of arrival. The facility did not identify any inmates with LEP or with disabilities to be interviewed about receiving the comprehensive education in their language or in accessible formats. The AUDITOR reviewed inmate records with Deputy Pearson and for all inmates who reported not receiving the pamphlet, not being asked the risk-assessment or reassessment questions, or not receiving the comprehensive education, Deputy Pearson provided documentation with their signatures acknowledging each event in question taking place within the required time-frame. On April 17, 2019, after approving the last corrective action, the AUDITOR gave written notice to agency officials that the facility's complete corrective action plan had been approved and the final audit report is due within 30 days of the corrective action plan approval.

AUDIT FINDINGS

Facility Characteristics:

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

The Public Safety Center is a jail complex operated by the Stanislaus County Sheriff's Department; it was activated in 1992 and currently consists four jail facilities. The MHU is a minimum-security facility with two free-standing housing units separated by a chain-link fence; Unit 1 was activated in 1994 and Unit 2 in 2013. Each housing unit has a design capacity of 192 beds and the facility's design capacity is 384 beds. Each housing unit has three two-story housing pods; each pod in Unit 1 has 16 four-bed dormitories and each pod in Unit 2 has four 16-bed dormitories. The three pods in each housing unit are arranged in L-shape as three quadrants of a square with the deputy's station in the center of the square. In Unit 1 the fourth quadrant is a vacant paved surface and in Unit 2 the fourth quadrant has two classrooms, the sergeant's office, a medical consultation area and a staff break-room. In each housing unit, the pods wraparound the deputies' station giving deputies a direct line of sight into each pod through a floor-to-ceiling security glass wall that separates each pod from the deputies' station. In each pod, there is an office and a food service area; meals are served in the dayroom and inmates eat at the tables in the dayroom. MHU has an average daily population of 296 for the last ten days of August 2018. The facility houses only adult male inmates ages 18 to 70 and admitted 4,147 inmates in the past 12 months, 3,039 of whom remained for 72 hours or more and 1,048 for 30 days or more. The facility operates under the leadership of the PSC-W Commander with five sergeants, 31 deputies, one intern and one trainee. Security coverage is provided by way of two 12-hour shifts with two squads per shift; Day Shift runs 0600-1800 hours with a sergeant and eight deputies and Graveyard Shift runs 1800-0600 hours with a sergeant and seven deputies. There are three deputies assigned to each housing unit; one remains at the deputies' station and two cover the housing pods. There are no segregated housing beds; inmates are moved to another facility for segregated housing as needed. One pod in Unit 2 is designated for inmates on protective custody status. The physical plant includes the two free-standing housing units, a separate structure close to the entrance gate with a classroom and a medical trailer attached to it, and the visiting complex at the entrance to the facility. There is no video surveillance in Unit 1; however, Unit 2 has nine cameras that cover the dayroom in each of the three pods. Video feed is monitored from the Unit 2 deputies' station and recordings are stored on a digital video recorder for 13 months.

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.

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|--------------------------------------|----|
| Number of standards exceeded: | 0 |
| Number of standards met: | 45 |
| Number of standards not met: | 0 |

From September 12 – 14, 2018, a PREA audit of Stanislaus County Sheriff's Public Safety Center's – Minimum Housing Unit found that the facility is generally not in compliance with the PREA standards. Of the 45 standards in the adult prisons and jails audit tool, the facility did not exceed any standards, met 26 standards and did not meet 19 standards. The facility met 58% of the 45 standards. Below is a summary of the standards exceeded, standards met, and standards not met.

****Standards Exceeded****

- None

****Standards Met****

PREVENTION PLANNING

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

RESPONSIVE PLANNING

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

TRAINING AND EDUCATION

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

REPORTING

- 115.52 - Exhaustion of administrative remedies.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.61 - Staff and agency reporting duties.
- 115.62 - Agency protection duties.
- 115.63 - Reporting to other confinement facilities.
- 115.65 - Coordinated response.
- 115.66 - Preservation of ability to protect inmates from contact with abusers.
- 115.68 - Post-allegation protective custody.

INVESTIGATIONS

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

DISCIPLINE

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

MEDICAL AND MENTAL CARE

- 115.81 - Medical and mental health screenings; history of sexual abuse.
- 115.82 - 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.

AUDITING AND CORRECTIVE ACTION

- 115.403 – Audit contents and finding

****Standards Not Met****

PREVENTION PLANNING

- 115.11 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
- 115.13 - Supervision and monitoring.
- 115.15 - Limits to cross-gender viewing and searches.
- 115.16 - Inmates with disabilities and inmates who are limited English proficient.
- 115.17 - Hiring and promotion decisions.

TRAINING AND EDUCATION

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.41 - Screening for risk of victimization and abusiveness.

REPORTING

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.64 - Staff first responder duties.
- 115.67 - Agency protection against retaliation.

DISCIPLINE

- 115.78 - Disciplinary sanctions for inmates.

DATA COLLECTION AND REVIEW

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

AUDITING AND CORRECTIVE ACTION

- 115.401 - Frequency and scope of audits

Pursuant to PREA Standard 115.404, the submission of the interim audit report on October 22, 2018, triggered the start of the 180-day corrective action period which ended on April 22, 2019. The AUDITOR and the agency worked jointly on the development of a corrective action plan to achieve compliance where standards were not met. The agency/facility designated an employee to work with the AUDITOR on the development of the corrective action plan. The AUDITOR reviewed updated policies, procedures and other documentation, and re-inspected relevant areas of the facility, as needed, to verify implementation of corrective action plan measures that were not reasonably verifiable with documentation, pictures, video or other media. Within 30 days of the end of the 180-day corrective action period, the AUDITOR issued a final determination indicating that the facility achieved compliance where standards were not met. During the "Corrective Action phase," the facility and the AUDITOR worked collaboratively in the development of corrective actions for every standard not met. On April 17, 2019, the AUDITOR approved the facility's entire corrective action plan and gave written notice to agency officials.

With the approval of the corrective action plan, the AUDITOR documented all “corrective actions taken” below each corresponding “recommended corrective action” and changed the audit findings for all standards not met from “Does not meet standard” to “Meets standard.” The AUDITOR updated the audit report with new information as needed before completing and submitting the final audit report to the agency. Under PREA Standard 115.405, the agency may lodge an appeal with the USDOJ regarding any specific audit finding it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor’s final determination. Under PREA Standard 115.403, the agency shall ensure the final audit report is published on its website. The report must be published within 90 days of receipt of the final audit report.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| | |
|--------|--|
| 115.11 | 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 3.09.01, Sexual Misconduct and Abuse (PREA Policy) - Agency organizational chart <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - 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>115.11(a)</p> <p>The standard provision requires the agency to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The PAQ reflects that the agency has a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment; that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; that the policy includes definitions of prohibited behaviors, sanctions for violating the policy, as well as strategies and responses for preventing the prohibited behaviors. PREA Policy 3.09.01 specifies the agency's zero-tolerance policy towards all forms of sexual abuse and sexual harassment, calls for investigating all allegations, specifies sanctions for violating the policy, calls for protecting inmates who are at risk of imminent sexual abuse, requires staff training, and specifies reporting requirements.</p> <p>The PREA Policy supports a determination of compliance with the standard provision.</p> <p>115.11(b)</p> <p>The standard provision requires the agency to employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ reflects that an upper-level, agency-wide PREA Coordinator with sufficient time and authority to oversee the agency's efforts to comply with the PREA standards has been designated but does not appear on the agency's organizational chart. The PREA Coordinator stated that PREA coordination is his only responsibility and that he has not had a lot of interaction with the PCMs at each of the agency's four facilities, but he got involved and coordinated placement of telephone stickers with two new PCMs. The PREA Coordinator reports to Administration Commander Lieutenant Martinez, whose position appears on the agency's organizational</p> |

structure but the PREA Coordinator's does not.

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

115.11(c)

The standard provision states that where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The PAQ reflects that the facility designated a PCM that does not appear on the organizational structure, reports to the facility commander and serves full-time as the Operations Sergeant for the facility. The PCM stated that he is not quite aware of his PCM responsibilities, but he works collaboratively with Deputy Pearson to get things done.

The interview with the PCM supports a determination of compliance with the standard provision. If not identified on the facility's organizational structure, the facility should consider including the PCM on its organizational structure. The PREA Coordinator and the facility commander should ensure the PCM is well informed of his PREA compliance responsibilities.

RECOMMENDED CORRECTIVE ACTIONS

115.11(a) – No corrective action required.

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

115.11(c) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

CORRECTIVE ACTION APPROVED

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| 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. The policy does not include provisions related to this standard.</p> <p>The standard provision does not apply because the agency does not contract with private agencies or other entities for the confinement of inmates.</p> <p>115.12(b) The standard provision states that any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The PAQ reflects that the standard provision does not apply.</p> <p>The standard provision does not apply because the agency does not contract with private agencies or other entities for the confinement of inmates.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.12(a) – No corrective action required.</p> <p>115.12(b) – No corrective action required.</p> |

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| 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 - Facility Characteristics - PREA Policy - Staffing plan - Unit log books - Staff roster - Watch reports <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 housing units <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; and that</p> |

the plan is predicated upon an average daily population of 330 inmates. The Facility Characteristics reflect that the facility has a design capacity of 384 beds with an average daily population of 296 for the last ten days of August 2018. The facility houses only adult male inmates ages 18 to 70 and admitted 4,147 inmates in the past 12 months, 3,039 of whom remained for 72 hours or more and 1,048 for 30 days or more. The facility is classified as minimum security and operates with a commander, five sergeants, 31 deputies, one intern and one trainee. The staff roster reflects that security coverage is provided by way of two 12-hour shifts with two squads per shift; Day Shift runs 0600-1800 hours with a sergeant and eight deputies and Graveyard Shift runs 1800-0600 hours with a sergeant and seven deputies. There are no segregated housing beds; inmates are moved to another facility for segregated housing if needed. One pod in Unit 2 is designated for inmates on protective custody status. Each housing unit has three two-story housing pods and each pod has several dormitories. The pods wraparound the deputies' station in each housing unit giving deputies a direct line of sight into each pod through a floor-to-ceiling security glass wall. There is no video surveillance in Unit 1; however, Unit 2 has nine cameras that cover the dayroom in each of the three pods. Video feed is monitored from the Unit 2 deputies' station and recordings are stored on a digital video recorder for 13 months. Programs for inmates include education, religious services and visiting. Inmates in Unit 1 leave their housing unit to access a satellite classroom and Unit 2 has two classrooms inside the building. The PREA Policy calls for each facility to have a staffing plan and make its best effort to comply on a regular basis with the plan. As the staffing plan, the facility provided its staff roster that lists the staff coverage and shift hours discussed above. During the site review, the AUDITOR noted that each housing unit is staffed with three deputies. The facility commander reported that the staffing plan is maintained by the agency's BAS and identifies all allocated positions; the plan considers staff and inmate safety; Unit 1 was not designed with video monitoring, but Unit 2 was. He stated that the staffing plan is documented twice a day on the watch reports, the facility considers general detention practices by ensuring adequate staffing in each housing unit; the Grand Jury recommended video monitoring about three years ago; there have been no findings of inadequacy by any agencies or bodies. He added that the plan ensures there is a supervisor on duty at all times and a field training officer (FTOs) fills behind sergeants when necessary; the facility does not run a lot of programs but available programs are provided in each housing unit; California Code of Regulations, Title 15, and the Board of State and Community Corrections (BSCC) standards are considered and employees may be reassigned or staffing levels changed in response to sexual abuse incident review findings. The PCM reiterated that the staffing is determined by BAS; that the video monitoring in Unit 2 does not replace deputy coverage; the inmate population is minimum custody male general population and protective custody and not much variation in the staffing level is required. He described the staff coverage on both shifts, explained that inmate programs take place during the day shift Monday through Friday except for occasional evening chaplain services and stated that he was not aware of any prevalence of substantiated or unsubstantiated incidents of sexual abuse.

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

staffing shortages, security coverage at the satellite classroom for Unit 1, security coverage for religious services, the prospect of one classification deputy and one inmate in the isolated interview room in booking, how the facility compensates for the absence of video surveillance in Unit 1, the requirement to review watch reports on a daily basis to ensure compliance with authorized staffing levels, the requirement to document any deviations, the requirement for unannounced supervisory rounds to deter staff sexual abuse and sexual harassment, the prohibition for staff alerting other staff of the unannounced rounds, etc. The facility may consult the Moss Group's white paper on developing a PREA-compliant staffing plan; this could be a valuable resource for staffing plan development going forward. The Moss Group's white paper can be found at:

https://www.prearesourcecenter.org/sites/default/files/content/staffing_plan_final_w_bja_logo_submt.pdf. The facility should also consider viewing PREA Resource

Center's September 24, 2015 webinar with the same title as the white paper; the webinar is available at https://www.prearesourcecenter.org/training-and-technical-assistance/archived-webinars?field_web_keyword_search_value=&page=1.

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 standard provision does not apply but does not explain why. The PREA Policy requires all deviations from the staffing plan to be documented with justifications. The PREA Coordinator explained that deviations from the staffing plan are documented on the shift watch report and provided a sample of completed watch reports for day and night shifts for August 20, 2017 and March 20, 2018. The watch reports reflect that the facility documents deviations from the staffing plan including who was absent, reason for the absence and who filled the post; and justification for deviations are documented on the report as NCA or no coverage available. To check for compliance with the staffing plan, the facility commander stated that watch reports are reviewed daily, deviations are documented on watch reports and programs are suspended as needed in response to staffing shortages.

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

115.13(c)

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

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

did not provide documentation of any annual reviews of its staffing plan.

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

115.13(d)

The standard provision requires the agency to implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The PAQ reflects that supervisors are required to conduct and document unannounced rounds on all shifts and that alerting staff of the rounds is prohibited. The PREA Policy specifies the requirement for supervisory rounds on all shifts and forbids alerting staff when the rounds are in progress unless announcement is operationally required. The policy does not require documentation of the rounds. The facility provided security log pages for August 25, 2018, Shift 1 for both units and August 26, 2018, Shift 1 for Unit 1 and Shift 2 for Unit 2. The logs include the shift sergeant's signature in the designated space but no entry indicating that a supervisor conducted unannounced rounds. During the site review, the AUDITOR reviewed housing unit security logs in both housing units and did not find any entries for unannounced supervisory rounds. The shift sergeant acknowledged that no special entries are made in the log for these rounds and pointed out that in Unit 2 deputies can see the sergeant as he steps out of the office. Based upon that observation, the AUDITOR concluded that reviewing video of supervisory rounds in Unit 2 would not be productive because the video would not show rounds that are truly unannounced; the sergeant's office is about 50 feet from the deputies' station and is, in fact, visible from the deputies' station.

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

RECOMMENDED CORRECTIVE ACTIONS

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

115.13(b) – No corrective action required.

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

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

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

CORRECTIVE ACTION TAKEN

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

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

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

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

CORRECTIVE ACTION APPROVED

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| 115.14 | Youthful 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 - Housing unit tour</p> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.14(a) The standard provision states that a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The PAQ reflects that the facility has not housed youthful inmates in the past 12 months. The PREA Policy specifies the protections prescribed by the standard provision for youthful inmates. During the site review tour of housing units, the AUDITOR did not see any evidence of youthful inmates at the facility.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(b) The standard provision states that in areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(c) The standard provision requires the agency to make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> | |

115.14(a) – No corrective action required.

115.14(b) – No corrective action required.

115.14(c) – No corrective action required.

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| 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 - PREA Policy - Policy 900, Custodial Searches - Policy 9-03.03, Searches by Stage of Custody - Strip Searches - Academy training lesson plan "Handcuff and Searching Inmates" - CORE academy training records <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputies and sergeants - Random sample of inmates <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statements from staff - 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 has not conducted any cross-gender strip or visual body cavity searches in the past 12 months. Policy 9-03.03, Searches by Stage of Custody - Strip Searches, limits these searches to exigent circumstances only, except when performed by medical practitioners. During the site review staff confirmed that cross-gender strip or visual body cavity searches are not conducted.</p> <p>Policy 900 and statements from staff during the site review support a determination of compliance with the standard provision.</p> <p>115.15(b)</p> <p>The standard provision states that as of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The PAQ reflects that the searches in question are not allowed absent exigent circumstances, that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision and that there have been no such searches in the past 12</p> |

months. Policy 9-03.03 forbids all cross-gender pat-down searches absent exigent circumstances and forbids restricting female inmates' access to programs in order to comply with the provision. During the site review, the AUDITOR verified that the facility does not house female inmates.

The standard provision does not apply.

115.15(c)

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

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

115.15(d)

The standard provision requires the facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ reflects that the facility implemented the policies and procedures prescribed by the standard provision and PREA Policy 3.09.01 specifies these procedures. During the site review, the AUDITOR visited the deputies' station in both housing units and did not identify any cross-gender viewing concerns. Showers in Unit 1 are inside the dormitories and in Unit 2, inmates must leave their dormitories to access the showers in the dayroom area. Showers are single-person-use in both housing units and shower doors provide adequate privacy. Bathroom stalls are in the dormitory area with privacy partitions that protect against cross-gender viewing. Staff reported that inmates must be fully clothed when they enter the dayroom. A female deputy in Unit 2 stated that she announces her presence before entering any pod. During interviews, deputies and sergeants confirmed that inmates are able to perform bodily functions and change clothing without being viewed by staff of the opposite gender and that staff of the opposite gender announce their presence before entering inmate housing areas. During interviews, one inmate claimed that he and other inmates were stripped-searched in a room in Unit 2 while a female deputy and female teacher walked-by; another inmate said he has seen inmates taking bird-baths at the sinks during housing unit lock-downs; and a third inmate in Unit 1 claimed that a female deputy drops-in unannounced without allowing time to cover-up. Seven of 15 inmates interviewed reported that announcements are not made when staff of the opposite gender enter their housing area and three inmates alleged that they have seen inmates unclothed in the presence of staff of female staff.

The PREA Policy, the AUDITOR's observations during the site review and deputy interviews support a determination of compliance with the standard provision. However, inmate

interviews raise cross-gender viewing concerns that should not be ignored. The AUDITOR recognizes that upon learning that a female employee is on duty, inmates are on notice for the remainder of the shift and are expected to take necessary precautions to avoid cross-gender viewing situations because the employee is not required to keep announcing her presence every time she enters the dayroom; however, staff must educate inmates about these expectations so they are not caught by surprise when female staff enter their housing area. These allegations were shared with the facility commander, Deputy Pearson and the PCM during the exit briefing. The AUDITOR recommends staff training and closer supervisory monitoring.

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. PREA Policy 3.09.01 prohibits these searches. Deputy interviews suggest there could be more staff training on this provision of agency policy; only six of ten deputies interviewed are aware of this provision of the agency's policy. The AUDITOR did not interview any transgender inmates on this provision because the facility did not identify any.

The PREA Policy supports a determination of compliance with the standard provision. Without a report of an incident in which a search of this type was conducted, there is no evidence of a violation of 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 prescribed training and the facility provided an academy training lesson plan titled "Handcuff and Searching Inmates." The lesson plan provides training on searching suspects during an arrest and although it includes searching a suspect of the opposite gender, it does not address searching transgender and intersex inmates. The rosters provided reflect that several deputies completed the Corrections Officer CORE Academy between 2013 and 2018; however, there are no specific training lesson plans reflecting that the training prescribed by the standard provision is included. A review of deputy training records verified the aforementioned cross-gender searches of a suspect during an arrest, but not the prescribed training. Eight of 10 deputies interviewed reported receiving the training, two indicated they would have a male deputy search the bottom half and a female deputy search the top half of a transgender woman. The AUDITOR informed these deputies that the PREA Resource Center's frequently asked questions strongly discourages this practice and calls for transgender inmates to be allowed to choose the gender of the officer to conduct the pat-down search. The other two deputies reported not receiving the training.

Neither the lesson plans provided, nor the deputy training records support a determination of

compliance with the standard provision. Training on cross-gender pat-down searches is not the same as training on pat-down searches of transgender and intersex inmates; that is why the standard provision makes a distinction in specifying these training requirements.

RECOMMENDED CORRECTIVE ACTIONS

115.15(a) – No corrective action required.

115.15(b) – No corrective action required.

115.15(c) – No corrective action required.

115.15(d) – No corrective action required.

115.15(e) – No corrective action required.

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

CORRECTIVE ACTION TAKEN

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

CORRECTIVE ACTION APPROVED

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

accommodation. The agency provided a contract with Lola O'Brien, ASL interpreting services; in the contract, Lola O'Brien agrees to provide ASL interpreter services for clients of the County of Stanislaus; the contract is valid through the end of the current fiscal year and is renewed annually. The contract does not specifically include or exclude inmates in the Sheriff's custody and Deputy Pearson is not aware of any instance in which these services were employed for inmates. The Detention Captain identified five mental health deputies and a jail-based competency program among resources available to accommodate inmates with disabilities. During the site review, the AUDITOR asked about written materials in alternative formats and the PREA Coordinator did not identify any. The PREA poster, in particular the transparent poster, is written in relatively small text and could be difficult to read for inmates with limited visual acuity. There were no posters in Unit 1. The facility does not use a video for PREA education, and the inmate handbook does not include the required PREA education; only the PREA poster and the information pamphlet provide PREA information to inmates and neither of these documents are available in large print. The facility has not identified a methodology for providing PREA information to inmates with intellectual disabilities or limited reading ability.

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

115.16(b)

The standard provision requires the agency to take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The PAQ reflects that the agency takes the reasonable steps to ensure meaningful access for inmates with LEP to the agency's efforts specified by the standard provision. The PREA Policy calls for inmate PREA education to be provided in formats accessible to inmates with LEP but does not specify how staff will establish communication with these inmates. The Language Line agreement reflects that the services include over-the-phone interpretation, onsite services, translation and localization services, video services, and other services. The contract was established on May 1, 2015 and is renewed automatically every year. The Inmate Rule Book informs inmates about the zero-tolerance policy and filing a grievance to report sexual abuse; it also reflects that there is a Spanish version which was not provided to the AUDITOR. The PREA Pamphlet is available in Spanish and the information poster includes information in Spanish, but the facility does not use an education video in Spanish and has not provided written materials in

other languages. The Detention Captain stated that procedures are available in English and Spanish and the agency/facility is able to establish contact with consulates as needed. The inmate with LEP reported that he was able to understand the information he received about sexual abuse and sexual harassment.

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

115.16(c)

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

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

RECOMMENDED CORRECTIVE ACTIONS

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

with disabilities, including intellectual disabilities, limited reading skills, and blindness or low vision.

115.16(b) – No corrective action required.

115.16(c) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

CORRECTIVE ACTION APPROVED

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| 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 1000, Recruitment and Selection - Policy 1010, Reporting Employee Convictions - PREA Policy 3.09.01 - Employee files - Contractor files - DOJ Notice of subsequent arrest notification <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Human Resources (HR) Manager - Administrative Services Captain (Background Investigations) <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>115.17(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 requires a background investigation before hiring or promoting employees or enlisting the services of contractors, who may have contact with inmates, who have engaged in the specified sexual misconduct. Policy 1010 explains how convictions for certain offenses may restrict or prohibit an employee from performing official duties or carrying a firearm and how people with felony convictions are barred from employment as peace officers under California law. Policy 1000 explains the agency's requirement for a background investigation to verify a candidate's personal integrity and high ethical standards. A review of the files of 15 employees, sworn, non-sworn and contractor, reflects that the agency conducts thorough background investigations before hiring employees who may have contact with inmates or enlisting the services of contractors who may have</p> |

contact with inmates.

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

115.17(b)

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

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

115.17(c)

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

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

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

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

115.17(d)

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

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

115.17(e)

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

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

115.17(f)

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

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

115.17(g)

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

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

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

115.17(h)

The standard provision states that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Neither of the three policies provided include the provisions in question. The HR Manager reported that the agency provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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

RECOMMENDED CORRECTIVE ACTIONS

115.17(a) – No corrective action required.

115.17(b) – No corrective action required.

115.17(c) – No corrective action required.

115.17(d) – No corrective action required.

115.17(e) – No corrective action required.

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

115.17(g) – No corrective action required.

115.17(h) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

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

CORRECTIVE ACTION APPROVED

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| 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"> - Video monitoring system - 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>115.18(a)</p> <p>The standard provision states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012. The Detention Captain stated that any modifications undertaken by the agency requires approval by the BSCC and their approval includes PREA considerations. The facility commander identified the construction of Unit 2 with single-person-use showers and the placement of the showers outside the dormitories to curtail the prospect of sexual assault in the shower area. He also reported that Unit 1 will install lockable shower doors to keep inmates out while the showers are not in use and lower partitions will be installed for toilet stalls to improve visibility for deputies. During the site review, the AUDITOR was able to appreciate the improvement in sexual safety for inmates attributed to the placement of the showers in Unit 2, compared to the placement in Unit 1. With the new placement, inmates must exit their dormitories to use the shower providing direct deputy supervision of inmate access to showers.</p> <p>The interviews with the Detention Captain and the Facility Commander and the AUDITOR's observations during the site review support a determination of compliance with the standard provision.</p> <p>115.18(b)</p> <p>The standard provision states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. The</p> |

Detention Captain stated that the facility has limited video surveillance capabilities and the agency is in the process of updating that capability. The AUDITOR recommended maintaining documentation of the agency's consideration of how such technology may enhance the agency's ability to protect inmates from sexual abuse. The Facility Commander reported that Unit 1 does not have a video surveillance system, but Unit 2 does and the facility's ability to protect inmates from sexual abuse was considered in the design and placement of surveillance cameras.

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

RECOMMENDED CORRECTIVE ACTIONS

115.18(a) – No corrective action required.

115.18(b) – No corrective action required.

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| 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 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 (2) - 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 - Deputies and sergeants - Representative from Haven Women's Center - SANE - Inmates who reported sexual abuse (3) <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 protect the crime scene, collect evidence, transport inmates</p> |

involved to the hospital for a "rape kit" or forensic medical examination; some even described conventional methods for bagging evidence with bodily fluids and using gloves. When asked who is responsible for sexual abuse investigations, all but two identified the PREA Deputy (Deputy Pearson); those two identified the patrol division as the entity responsible for sexual abuse investigations. Only one deputy was not aware of the agency's uniform evidence protocol.

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

115.21(b)

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

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

115.21(c)

The standard provision requires the agency to offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or SANEs where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ reflects that the agency offers victims of sexual abuse access to forensic medical examinations performed by a SAFE or SANE at an outside facility free of charge; the facility documents its efforts to provide a SAFE or SANE and there was one forensic examination performed by a SAFE or SANE during the previous 12 months. In the three-party agreement, Memorial Medical Center agrees to provide forensic examinations and waive the fees. A SANE from Memorial Medical Center confirmed that the hospital conducts forensic medical examinations of inmates in the Sheriff's custody and reported that there is a team of 16 SANEs and if there is not one on duty, one would be called-in and the hospital would schedule the examination for a later time (usually within 12 hours) pending the arrival of a SANE. She also confirmed that inmates in the Sheriff's custody have been brought to the clinic for examination and treatment and that victim advocate services were provided by Haven Women's Center.

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

115.21(d)

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

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

115.21(e)

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

The interviews with the representative from Haven and the inmate who received victim advocate services support a determination of compliance with the standard provision. The PREA Coordinator and the facility commander should ensure the PCM is trained on the protocols in question.

115.21(f)

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

The standard provision does not apply.

115.21(g)

The AUDITOR is not required to audit this provision.

115.21(h)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.21(a) – No corrective action required.

115.21(b) – No corrective action required.

115.21(c) – No corrective action required.

115.21(d) – No corrective action required.

115.21(e) – No corrective action required.

115.21(f) – No corrective action required.

115.21(g) – No corrective action required.

115.21(h) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Agency website - Incident reports - Investigative reports (9) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Investigative staff (3) <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 an administrative investigation and was referred for criminal investigation. The PREA Policy calls for all allegations of sexual abuse to be thoroughly investigated when warranted by evidence. The Detention Captain stated that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment; he added that the PREA Coordinator contacts detectives from the Crimes Against People or CAP team, that they provide an investigator, and that they determine whether referral for criminal prosecution is warranted. The nine investigative reports confirm that allegations of sexual abuse are in fact investigated.</p> <p>The PREA Policy, the interview with the Detention Captain and the investigative reports reviewed support a determination of compliance with the standard provision.</p> <p>115.22(b)</p> <p>The standard provision requires the agency to have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such</p> |

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

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

115.22(c)

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

The standard provision does not apply.

115.22(d)

The AUDITOR is not required to audit this provision.

115.22(e)

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.22(a) – No corrective action required.

115.22(b) – No corrective action required.

115.22(c) – No corrective action required.

115.22(d) – No corrective action required.

115.22(e) – No corrective action required.

| | |
|--------|--|
| 115.31 | Employee training |
| | 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 - Employee training records - PowerPoint presentation (PREA) - Binder with training acknowledgement forms (deputies and medical) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputies and sergeants <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Tour of housing units <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. The PREA Policy requires training for all employees who may have contact with inmates; only the first two training topics prescribed by the standard provision are listed in the policy. The training is to be provided during employee orientation and included in the correctional core academy curriculum. The PowerPoint used for staff training includes seven of the ten topics prescribed by the standard provision; missing are items (4), (9) and (10) above. Deputy Pearson stated that the video included in the PowerPoint presentation does not include the missing topics either. The AUDITOR reviewed employee training records and used all deputies and sergeants on the A-Squad day and</p> |

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

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

115.31(b)

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

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

115.31(c)

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

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

115.31(d)

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

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

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

RECOMMENDED CORRECTIVE ACTIONS

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

115.31(b) – No corrective action required.

115.31(c) – No corrective action required.

115.31(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

CORRECTIVE ACTION APPROVED

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| 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 - PREA Policy 3.09.01 - PowerPoint presentation (PREA) - NIC website for “PREA: Your Role Responding to Sexual Abuse” - Volunteer and contractor training certificates <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Volunteer who has 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 100% of volunteers and contractors who may have contact with inmates have been trained on the prescribed topics and that an NIC online course titled “PREA: Your Role Responding to Sexual Abuse” was used. The PREA Policy calls for volunteers and contractors to be notified of the zero-tolerance policy and their responsibilities regarding prevention, detection and response, and charges the PREA Coordinator with providing orientation training at regular intervals. The NIC website reflects that the aforementioned course provides a comprehensive overview of PREA and is designed to increase awareness of the dynamics of sexual abuse in corrections and teaches participants how to respond to allegations of sexual abuse in confinement facilities. Deputy Pearson stated that volunteers and contractors were trained initially with the PREA PowerPoint and then with the NIC online course. He provided training certificates for contractors and volunteers who completed the online training. During an interview a volunteer acknowledged receiving training on the prescribed topics.</p> <p>The PREA Policy, the PowerPoint, the NIC online course, the training certificates, and the interview with a volunteer support a determination of compliance with the standard provision.</p> <p>115.32(b)</p> <p>The standard provision states that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and</p> |

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

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

115.32(c)

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

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

RECOMMENDED CORRECTIVE ACTIONS

115.32(a) – No corrective action required.

115.32(b) – No corrective action required.

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

CORRECTIVE ACTION TAKEN

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

CORRECTIVE ACTION APPROVED

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| 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 - Information pamphlet - PREA information poster - Contract for ASL interpreter services - Inmate Rule Book - Acknowledgement of receipt of PREA guidelines - Acknowledgement of receipt of PREA training <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Intake staff - Random sample of inmates - Inmates with disabilities (5) - Inmates with LEP (4) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Housing units tour <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.33(a)</p> <p>The standard provision states that during the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The PAQ reflects that inmates receive the specified information during intake and that 2924 or 70.5% of the 4147 inmates admitted to the facility during the past 12 months received the information. The PREA Policy calls for all inmates to be informed of the zero-tolerance policy and how to report during the intake process either in writing or by viewing the video. The PREA information pamphlet and the transparent information poster inform inmates of the zero-tolerance policy and how to report. Inmates are asked to sign two PREA acknowledgement forms; on one form, inmates acknowledge attending PREA training, reading and understanding the PREA policy, familiarity with the responsibilities, and receiving a copy for their review and records; on the other form, inmates acknowledge receiving the PREA general guidelines, reading and understanding the guidelines, familiarity with the responsibilities, and receiving a copy for their review and records. The intake officer reported that the information pamphlet with the zero-tolerance policy and how to report is provided to inmates during intake processing. Four of 15 inmates interviewed (27%) reported receiving the pamphlet or seeing information about sexual abuse posted in booking when they arrived at the facility. Five inmates reported having to sign the acknowledgement form without having an opportunity to read it and without receiving the pamphlet. Seven inmates said they learned about reporting</p> |

sexual abuse from the recording on the phone and/or from the information poster. Telephones include a recorded prompt that provides dialing instructions for reporting sexual abuse.

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

115.33(b)

The standard provision states that within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ reflects that during the past 12 months, 1048 inmates remained at the facility for 30 days or more and the PREA Coordinator reported that all 1048 received the comprehensive education within 30 days of intake. The PREA Policy calls for all inmates to receive the education in person or through video on the topics prescribed by the standard provision within 30 days of intake. The intake officer identified the information pamphlet as the tool used for comprehensive PREA education. The pamphlet provides definitions for sexual assault, tells inmates why they should report it, how to report sexual abuse and to whom, and includes limited detail about what happens after a report is made; it does not tell inmates about their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents or cooperating with an investigation. A random sample of 15 inmate PREA education files maintained by Deputy Pearson reflect that PREA education was provided within 30 days of arrival in all cases in which the inmate remained at the facility for 30 days or more. Seven of 15 inmates interviewed (46%) reported receiving information about their rights under PREA and only four reported receiving the pamphlet. The percentage documented for inmate interviews in (a) above applies for this provision as well because the pamphlet is the tool the facility uses for comprehensive education.

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

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

AUDITOR NOTE:

Several inmates reported being told to sign the acknowledgement forms without having an opportunity to read it and not receiving a copy for their records. Inmates are told to sign a form acknowledging that they received PREA Training presented by the agency and the intake officer reported that the pamphlet is the tool used for PREA education. If there is not an actual presentation of PREA education, inmates should not be required to sign a form acknowledging an event that did not take place. The allegations from these inmates are troubling to say the

least and should be taken seriously by agency management.

115.33(c)

The standard provision states that current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. The PAQ reflects that due to releases and transfers, all inmates who did not receive the comprehensive education within 30 days of intake do not receive the computer education; the number of inmates who are past due and have not received the education was not provided. It also reflects that agency policy requires education on policy differences at facilities inmates are transferred to as specified by the standard provision. The PREA Policy does not specify this requirement and the intake officer stated that this catch-up education is not provided. The agency/facility did not provide evidence of inmates receiving education, upon transfer, about differences in policies and procedures between the sending facility and the receiving facility.

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

115.33(d)

The standard provision requires the agency to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ reflects that PREA education is provided in formats accessible to all inmates including those with disabilities and limitations specified by the standard provision. The PREA Policy calls for education to be provided in formats accessible to inmates with LEP, as well as those with visual, hearing and other disabilities. The facility provided a contract for ASL services with Lola O'Brien; it is not clear if the services would be available to provide the comprehensive PREA education to an inmate who relies on ASL for communication and Deputy Pearson does not know if the services have been used for communication with an inmate. The facility provided the Spanish version of the information pamphlet and the inmate with LEP reported that the information is on posters and on the telephone and that he is aware of his rights under PREA. The AUDITOR did not interview any inmates with disabilities because the facility did not identify any.

The PREA policy and the interview with the inmate with LEP support a determination of

compliance with the standard provision; however, use of the information pamphlet and the information posters alone does not. The facility has not demonstrated a capability to provide comprehensive inmate education in alternative formats or explained how staff would accommodate an inmate who relies on sign language for communication, or an inmate with blindness, or intellectual disability, or limited reading ability to ensure equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment by way of the comprehensive PREA education. There is a panoply of resources available to accommodate people with the disabilities in question; many of these resources are available through local community advocacy organizations and relevant state and federal agencies. With regard to inmates with LEP, the agency/facility could consider preparing a written summary of the comprehensive education program and reading it to inmates who are LEP using a language line interpreter, or having it translated into the most prevalent non-English languages in the inmate populace. In any event, the importance of maintaining accurate records of inmate participation in the comprehensive PREA education cannot be overstated.

115.33(e)

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

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

115.33(f)

The standard provision states that in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The PAQ reflects that the agency ensures key PREA information is available to inmates as specified by the standard provision. The PREA Policy calls for posters with reporting and other key information to be posted in designated locations throughout the facility, such as housing units and other inmate access areas. The site review revealed that there are posters on the walls in Unit 2 but not in Unit 1.

The PREA Policy tends support a determination of compliance with the standard provision; however, the AUDITOR's observations during the site review do not. Having received PREA training about the agency's zero-tolerance policy and the importance of reporting sexual abuse, the Unit 1 deputies could have been more vigilant in ensuring compliance with the PREA Policy's requirement for the posters and supporting the agency's efforts to tell inmates how to report via the information posters. The AUDITOR notes that the posters are not available in large print and could be difficult to read for inmates with low vision, and that the posters in some housing units were torn and should be replaced.

RECOMMENDED CORRECTIVE ACTIONS

115.33(a) – The facility shall ensure all inmates are informed of the zero-tolerance policy and

how to report sexual abuse during intake. Providing the information pamphlet to every inmate satisfies this requirement.

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

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

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

115.33(e) – No corrective action required.

115.33(f) – The agency shall ensure that key PREA information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats. The agency/facility should be prepared to provide documentary evidence that PREA information is continuously and readily available or visible to inmates.

CORRECTIVE ACTION TAKEN

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

receiving the pamphlet the day they arrived at the facility. For those who reported not receiving the pamphlet, Deputy Pearson later provided their signed acknowledgement of receipt during intake.

115.33(b) - The agency reports that comprehensive education will be provided in person and inmates will sign a form acknowledging that they understood the information provided. The education will include the zero-tolerance policy, inmates' rights to be free from sexual abuse and retaliation and the agency's response to such incidents. The Inmate Comprehensive Education Acknowledgement form only provides minimal information about the prescribed topics; the AUDITOR still needs to review a script or other material used to provide the comprehensive education. Deputy Pearson provided a script with comprehensive PREA information and it includes the topics prescribed by the standard provision. A PREA Resource Center video will be played in the centralized intake area and in housing units that have such capability. Inmates in holding cells must be able to see and hear the video where it is played in a centralized intake area. The Information Technology department is currently working on getting the video to be compatible with the agency's system and the new process started January 7, 2019. During the re-inspection, some inmates reported not receiving the comprehensive education and Deputy Pearson later provided their signed acknowledgement of receiving the education. The AUDITOR viewed the televisions in Booking where the video is played with subtitles in English and in Spanish; however, the video can only be viewed and heard by someone sitting in the waiting area; it is not visible or audible from any holding cell. The facility is providing the comprehensive education in person as opposed to using a video and in all ten cases sampled, the education was provided within 30 days of arrival.

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

115.33(d) – The agency reported that comprehensive education will be provided in person using the script, that no handout will be provided to inmates, and that an interpreter will be used for inmates with LEP. The PREA Education video should be played with subtitles and in English and in Spanish. Deputy Pearson stated that he would take more time, use simple English and check frequently for comprehension when providing the comprehensive education to inmates with intellectual disabilities. He also stated that he would use a sign language interpreter if an inmate relies on that form of communication. During the re-inspection, the facility did not identify any inmates with a disability or with LEP for interview.

CORRECTIVE ACTION APPROVED

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| 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 - PREA Policy 3.09.01 - 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. Investigative staff reported that they received the prescribed specialized training as it applies to the scope of investigations they are responsible for, e.g.: administrative investigator did not receive training on the use of the Miranda warning or the criminal investigator did not receive training on the use of the Garrity warning.</p> <p>The investigator interviews support a determination of compliance with the standard provision.</p> <p>115.34(b)</p> <p>The standard provision states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The PREA Policy does not include this training requirement. Investigators described how investigations are initiated, specific tasks performed in the course of conducting an investigation, examples of what constitutes direct evidence versus circumstantial evidence and techniques used for interviewing victims, suspects and witnesses. The criminal (CAP) investigator provided the schedule for the 40-hour course she attended as proof that the prescribed topics were included, and Deputy Pearson provided three certificates, PREA Investigator for Allegations of Inmate Sexual Abuse, Preventing Sexual Misconduct Against Offenders and Technique of Investigative Interviewing and Positive Persuasion.</p> |

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

115.34(c)

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

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

115.34(d)

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.34(a) – No corrective action required.

115.34(b) – No corrective action required.

115.34(c) – No corrective action required.

115.34(d) – No corrective action required.

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| 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 <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>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 agency policy includes provisions on training for medical and mental health practitioners and that 100 or 100% of practitioners who work regularly at the facility received the mandated training. The PREA Policy does not include this training requirement. The AUDITOR randomly selected a sample of 15 CFMG employee training records and 13 were current on training. Training records reflect that a substantial majority of CFMG employees at the agency received training in October 2017. Medical and mental health practitioners reported that they received training via a webinar, by participating in training with security staff, and that they receive annual refresher training on PREA. During the interview, CFMG staff confirmed that their training includes the four topics prescribed by the standard provision.</p> <p>The CFMG training records and the interview with CFMG medical and mental health practitioners support a determination of compliance with the standard provision.</p> <p>115.35(b)</p> <p>The standard provision states that if medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations. The PAQ reflects that medical staff at the facility do not conduct forensic medical examinations and the CFMG interviews confirmed this fact; CFMG staff provided</p> |

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

The standard provision does not apply.

115.35(c)

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

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

115.35(d)

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

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

RECOMMENDED CORRECTIVE ACTIONS

115.35(a) – No corrective action required.

115.35(b) – No corrective action required.

115.35(c) – No corrective action required.

115.35(d) – No corrective action required.

| | |
|--------|--|
| 115.41 | 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 - PREA Policy 3.09.01 - Initial PREA Assessment form - Transfer - PREA Assessment form - Inmate risk assessments - Inmate rule book - Incident reports <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator - PREA Compliance Manager - Staff responsible for risk screening - Random sample of inmates <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Actual risk-screenings in booking (2) - Conversation with classification officer - Visit to classification 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>115.41(a)</p> <p>The standard provision states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The PAQ reflects that the agency has a policy that requires the prescribed screening upon admission to the facility or transfer to another facility. The PREA Policy requires inmate risk assessment, during intake or initial classification, for risk of being sexually abused or being abusive towards other inmates and re-screening upon transfer to another facility. A classification officer provided a blank Transfer - PREA Assessment form [see upload 115.41(a)] used to ask inmates about sexual safety at the facility before being transferred to another facility but did not provide any completed forms to demonstrate that the practice is in place. A classification officer who conducts risk-screenings reported that inmates are screened upon admission for risk of victimization or abusiveness towards other inmates and that they are screened for these risks before transferring to another facility. Of the 15 inmates interviewed, 3 (or 20%) reported being asked the risk-screening questions. Eight inmates reported that they were only asked about their sexual orientation, (whether they like men or women); these were not counted as properly screened. The AUDITOR observed two risk-screenings and the classification officer asked all risk-screening questions on the form.</p> |

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

115.41(b)

The standard provision states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reflects that the policy requires the risk screening within 72 hours of intake and that 2,924 (or 92%) of the 3,039 inmates admitted in the past 12 months who remained at the facility for 72 hours or more were screened for risk of victimization and abusiveness within 72 hours of intake. The classification officer reported that all inmates are screened for risk of victimization and abusiveness within 72 hours of intake. The sample of 15 inmates that arrived in the past 12 months reflect that 3 (or 20%) reported being asked the risk-screening questions in booking, or during intake processing.

The interview with the classification officer and the two risk-screenings observed in booking support a determination of compliance with the standard provision; however, 12 (or 80%) of the 15 inmates sampled reported that they were not asked the risk-screening questions. Since the evidence reflect that inmates were not assessed under subsection (a) above, that means they were not assessed within 72 hours either.

115.41(c)

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

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

115.41(d)

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

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

The form asks 12 questions to assess an inmate's risk of victimization; however, questions (5)

and (6) above are not asked. The form asks the following questions not prescribed by the standard provision:

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

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

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

115.41(e)

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

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

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

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

115.41(f)

The standard provision states that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ reflects that the policy requires the reassessments prescribed by the standard provision and the PREA Coordinator reported that of the 1048 inmates admitted to the facility in the past 12 months, who remained for 30 days or more, 1048 or 100% were reassessed. The PREA Policy calls for the reassessment prescribed by the standard provision. Of the 15 inmates sampled, zero reported being asked the risk-screening questions again after their arrival and the classification officer reported that inmates are not reassessed as prescribed by this provision.

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

115.41(g)

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

The PREA Policy and the interview with the classification officer tend to support a determination of compliance with the standard provision. However, the facility's non-responsiveness to the request for reassessments does not. While reclassification may be completed based upon review of an incident report and review of the Integrated Criminal Justice Information System or ICJIS, a proper reassessment cannot be completed without the inmate's response to applicable risk-screening questions.

115.41(h)

The standard provision states that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. The PAQ reflects that the policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information regarding the questions specified by the standard provision. Neither the PREA Policy nor the inmate rule book include a reference to inmate discipline for the reasons in question. The classification officer stated that inmates are not disciplined for the reasons specified by the standard provision.

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

115.41(i)

The standard provision requires the agency to implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. The PREA Policy does not include a reference to this standard provision. The PREA Coordinator, the PCM, and the classification officer reported that the agency outlined who can have access to inmate risk-assessments and explained that only classification officers and sergeants are allowed access and that the information is available on a need to know basis. During the site review, the AUDITOR inquired about access to inmate risk-assessments and classification officers provided the same response.

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

RECOMMENDED CORRECTIVE ACTIONS

115.41(a) – The facility shall ensure all inmates are assessed during intake and upon transfer to another facility for their risk of being sexually abused by other inmates or being sexually

abusive towards other inmates. Classification officers shall ensure the assessment collects information necessary to ensure the ten risk factors in Subsection (d) and the three risk factors in Subsection (e) are considered in making assessment of an inmate's risk of victimization and risk of abusiveness towards other inmates.

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

115.41(c) – No corrective action required.

115.41(d) – No corrective action required.

115.41(e) – No corrective action required.

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

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

115.41(h) – No corrective action required.

115.41(i) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

115.41(b) – The agency provided its written procedure, which calls for risk-assessments within 72 hours and during intake or initial classification. A compliance determination cannot be based solely upon review of written procedure; the PREA audit process also require review of intake files to determine compliance. The standard provision requires risk-assessment within 72 hours of arrival at the facility. The agency must provide the date and time of arrival at the facility and the date and time of the initial assessment to allow calculation of the number of

hours from arrival to initial assessment. The agency revised its Initial PREA Assessment form to include date and time of arrival, and date and time of the assessment. The agency provided 12 assessment forms for inmates who arrived on January 22, 2019, and in each case, the initial assessment was completed within 72 hours of arrival. During the re-inspection, all inmates who recalled the risk-assessment questions reported that the questions were asked during intake.

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

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

CORRECTIVE ACTION APPROVED

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| 115.42 | Use of screening information |
| | 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 - Classification Update memorandum <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Compliance Manager - PREA Coordinator - Staff responsible for risk screening <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Housing unit tours - Inmate showers - Actual risk-screenings in booking (2) - Conversation with classification officer <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.42(a)</p> <p>The standard provision requires the agency to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PAQ reflects that the agency/facility uses information from the risk screening required by § 115.41 as prescribed by the standard provision. The PREA Policy does not include this requirement. An October 9, 2017, Classification Update memorandum [see upload 115.42(a)] tells staff that criminal history, criminal sophistication and behavior will dictate inmate housing. The PCM stated that classification officers gather relevant information during intake screening to inform inmate housing. The classification officer stated that information may not always be relevant but is weighed (when relevant) in making housing determinations. After observing two risk-screenings in booking, the classification officer explained how the relevant criminal history disclosed by one inmate could inform housing and program assignments.</p> <p>The classification update memorandum, the interviews with the PCM and the classification officer, and the explanation relative to housing for the inmate who disclosed relevant criminal history during risk-screening support a determination of compliance with the standard provision.</p> <p>115.42(b)</p> <p>The standard provision requires the agency to make individualized determinations about how to ensure the safety of each inmate. The PAQ reflects that the agency/facility makes the</p> |

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

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

115.42(c)

The standard provision states that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The PAQ reflects that the agency/facility makes housing and program assignments for transgender or intersex inmates on a case-by-case basis. The PREA Policy does not include this requirement. The PCM stated that classification officers make sure inmates are safe in housing and program assignments and explained that a transgender woman was housed at the facility and she "was ok" with the assignment to a male housing unit.

The PCM interview 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 stated that reassessments are done every 30 days and indicated that he was not sure about the scope. The classification officer stated that placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year and cited a transgender inmate who speaks with classification officers regularly and was moved to a different housing unit after reporting a PREA allegation.

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

115.42(e)

The standard provision states that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. The PCM and the classification officer reported that a transgender inmate's own views are given the consideration prescribed by the standard provision.

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

115.42(g)

The standard provision states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. The PREA Coordinator stated that agency policy prohibits segregating inmates on the basis of gender identity, sexual orientation and other protected categories and the PCM stated that the facility is not subject to any of the legal settlements specified by the standard provision and that the inmates in question are not housed solely on the basis of their gender identity or sexual orientation. 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.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>POLICIES AND OTHER DOCUMENTS REVIEWED - PAQ</p> <p>PEOPLE INTERVIEWED - Facility Commander</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>115.43(a) The standard provision states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The PAQ reflects that the agency does not have a policy regarding the placement of inmates at high risk of sexual victimization in segregated housing and the PREA Coordinator reported that no inmates were placed in segregated housing for the reason in question in the past 12 months. The facility commander reported that classification officers may temporarily place an inmate in segregated housing involuntarily but will find alternative housing in short order. With regard to not being able to conduct an assessment immediately, the commander stated that there are always classification officers on duty to conduct housing assessments when needed and that the inmates would be separated and restricted to their cells in the housing unit until the assessment of available housing is completed. The facility did not identify any inmates placed in segregated housing involuntarily due to risk of sexual victimization.</p> <p>The explanation by the commander supports a determination of compliance with the standard provision. The AUDITOR recommends a written policy or procedure on involuntary placement in segregated housing to ensure consistency in application in the event such placement is needed.</p> <p>115.43(b) 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 MHU may be placed in segregated housing at another facility, MHU 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 no response on number of inmates assigned longer than 30 days. While inmates at MHU may be placed in segregated housing at another facility, MHU 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.

The PAQ reflects no response. While inmates at MHU may be placed in segregated housing at another facility, MHU 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. The PAQ reflects no response. While inmates at MHU may be placed in segregated housing at another facility, MHU 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.

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| 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 - PREA Policy 3.09.01 - PREA Information pamphlet - PREA Information poster - Transparent PREA poster - Inmate rule book - Haven Women’s Center Memorandum of Understanding (MOU) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputies and sergeants - Representative from Haven Women's Center - Random sample of inmates <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 reflects that posters contain sexual abuse reporting phone numbers and are posted throughout the facility in inmate access areas. The PREA information poster, the transparent poster and the pamphlet provide multiple reporting methods, including sending a request form, telling a deputy and reporting confidentially by calling the posted hotline number. Deputies reported several methods for inmates to report sexual abuse including telling a deputy, a sergeant, report to outside sources listed on the poster, report to the PREA Coordinator, tell a family member, send a kite to medical staff, send a kite or request form, or call the hotline number on the information poster. Inmates reported several methods as well, including telling a deputy, sending a kite, report by phone, tell the AUDITOR, or call the police department. One inmate said he would not know how to report. Some inmates complained about the unreliability of the kite system and explained that inmates are told to leave outgoing kites on a dayroom table, then other inmates request to retrieve their kites and get to review other inmates’ outgoing kites in the process.</p> <p>The PREA Policy, the PREA information poster, the transparent poster, the pamphlet, and</p> |

interviews with deputies and inmates support a determination of compliance with the standard provision. The AUDITOR notes that approximately 75% of the inmates interviewed in Unit 1 only know about reporting sexual abuse from the recording on the telephones and this constitutes only one method of reporting. There were no information posters in Unit 1 and inmates reported not receiving any written materials informing them about reporting methods.

115.51(b)

The standard provision requires the agency to also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The PAQ reflects that the agency provides at least one way for inmates to report sexual abuse as specified by the standard provision and has a policy that requires inmates detained solely on immigration holds to be provided information on how to contact the consulate of their choice or the Department of Homeland Security (DHS). The PAQ points to the MOU in which Haven Women's Center agrees to respond to calls from inmates in the Sheriff's custody. However, in the MOU Haven does not agree to immediately forwarding inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. The representative from Haven stated that communications with inmates are confidential and that the organization does not report back to agency officials. The PREA information poster provides phone numbers for Haven and for the California Attorney General's (AG) Public Inquiry Unit but does not identify either as an outside entity that would receive reports of sexual abuse from inmates and forward those reports back to agency officials allowing the inmate to remain anonymous upon request. Neither the pamphlet nor the inmate rule book provides the information in question. The PREA Coordinator reported that the agency is not allowed to detain inmates solely for immigration purposes. The PCM reported that inmates can use the phone to report sexual abuse to Haven, to attorneys or to family members and he believes that Haven would forward such reports to agency officials allowing the inmate to remain anonymous upon request. None of 15 inmates interviewed know about Haven as an outside entity they can report sexual abuse to and only one knows about reporting and remaining anonymous.

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

115.51(c)

The standard provision requires staff to accept reports made verbally, in writing, anonymously,

and from third parties and shall promptly document any verbal reports. The PAQ reflects that the agency has a policy mandating staff to accept reports of sexual abuse as prescribed by the standard provision and immediately document verbal reports in ICJIS. The PREA Policy requires staff to immediately report all allegations of sexual abuse to the appropriate supervisor and document it. During interviews, deputies and sergeants confirmed that staff is required to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. Inmate interviews reflect that inmates are generally aware of the telephone as a reporting method, but only a small percentage included reporting to staff as a methodology.

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

115.51(d)

The standard provision requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ reflects that the agency established procedures for staff to privately report sexual abuse and that staff are informed of the procedure during training. The PREA Policy allows staff to bypass the chain of command and report sexual abuse to any supervisor or manager. Five of 10 deputies and sergeants interviewed, or 50%, stated they would use a PREA button in ICJIS that reports directly to the sergeant or to Deputy Pearson; the other five would report to the sergeant or to the next person in the chain of command.

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

RECOMMENDED CORRECTIVE ACTIONS

115.51(a) – No corrective action required.

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

115.51(c) – No corrective action required.

115.51(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.51(b) – The facility provided a revised PREA information poster that identifies Haven and the AG's Public Inquiry Unit as entities to whom inmates can report sexual abuse; informs inmates that communications with a victim advocate is confidential and that they won't report

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

CORRECTIVE ACTION APPROVED

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| 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 - PREA Policy 3.09.01 - PREA Policy 902 - Inmate grievance form - Inmate Rule Book <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 to address inmate grievances regarding sexual abuse. The PREA Policy reflects that inmates may report sexual abuse by submitting a PREA grievance on an inmate request form as either standard or emergency filing.</p> <p>The facility is not exempt from the standard.</p> <p>115.52(b)</p> <p>The standard provision states that:</p> <ol style="list-style-type: none"> (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. PREA Policy 3.09.01 and the inmate handbook reflect that inmates may submit a formal PREA grievance at any time to the operations sergeant and there is no requirement to resolve informally with staff.</p> |

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

115.52(c)

The standard provision requires the agency to ensure that:

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

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

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

115.52(d)

The standard provision states that:

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

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

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

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

115.52(e)

The standard provision states that:

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

requests on behalf of inmates.

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

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

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

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

115.52(f)

The standard provision states that:

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

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

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

115.52(g)

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

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

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

RECOMMENDED CORRECTIVE ACTIONS

115.52(a) – No corrective action required.

115.52(b) – No corrective action required.

115.52(c) – No corrective action required.

115.52(d) – No corrective action required.

115.52(e) – No corrective action required.

115.52(f) – No corrective action required.

115.52(g) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - PREA Information Poster - PREA Information Pamphlet - Inmate handbook - MOU with Haven Women’s Center <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Random sample of inmates - 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>115.53(a)</p> <p>The standard provision requires the facility to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The PAQ reflects that the facility provides the information and access specified by the standard provision. The PREA Policy specifies that inmates have a right to a victim advocate and support services related to medical examinations and investigatory interviews; however, the victim support services prescribed by standard provision refers to services for sexual assault survivors seeking support services for past sexual victimization, not to inmates being treated for a recent sexual assault. The PREA poster and the information pamphlet provide a hotline number for Haven Women’s Center and tells inmates that communications with a victim advocate is confidential; however, neither the poster nor the pamphlet clearly identify Haven as the entity that provides the victim advocacy services and do not provide a mailing address. The inmate handbook does not include information about this provision. Deputy Pearson reported that the agency does not hold immigration detainees solely for immigration purposes. Two of 15 inmates interviewed, or 13%, know about the services in question; neither of the two inmates knew the services are available through Haven; one of the two knows the services are accessible via the phone; both inmates said calls are toll-free and providers can be reached when the phones are available to inmates. Neither inmate knows about confidential communications with providers. The MOU with Haven reflects that the services are provided and the representative from Haven</p> |

confirmed that her organization provides the services to inmates in the Sheriff's custody.

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

115.53(b)

The standard provision requires the facility to inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The PAQ reflects that the facility informs inmates, prior to giving them access, of the extent to which communications with outside support services will be monitored and applicable mandatory reporting laws. The PREA poster and the pamphlet tell inmates that communications with a victim advocate is confidential, but it may not be clear if this applies to written communications and in-person visits, or the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws. The representative from Haven stated that communications with inmates are confidential but she does not know if phone calls are monitored by facility staff; the MOU reflects that communications with victim advocates are confidential. Neither of two inmates who knew about the services know if their communications with providers are confidential, or the extent to which a report of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.

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

115.53(c)

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

The MOU with Haven and the interview with their representative support a determination of

compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

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

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

115.53(c) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

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

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

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

CORRECTIVE ACTION APPROVED

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| 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 <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 to distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ reflects that the agency/facility provides a method to receive third-party reports as specified by the standard provision and points to reports from Haven Women's Center, the Inspector General and parents. Deputy Pearson pointed to a PREA third-party reporting form on the agency's website for members of the public to fill-out and mail to the facility; however, a review of the agency's website did not reveal the form in question or any other method for members of the public or a third-party to report sexual abuse or harassment of inmates in the Sheriff's custody to the Sheriff's department. Deputy Pearson later indicated that the system had not yet been completed.</p> <p>Neither the review of the agency's website nor the statement from Deputy Pearson support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.54(a) – The agency shall establish a method to receive reports of sexual abuse or sexual harassment of inmates in its custody from members of the public or from a third party and shall distribute publicly information on how those reports should be made. Since the agency has a website, the information to the public shall be published on the website.</p> <p>CORRECTIVE ACTION TAKEN</p> <p>Deputy Pearson reported that the agency's third-party notification form had been posted to the website for public use. The AUDITOR had some difficulty finding the form on the website and needed direction from Deputy Pearson to find it. The Adult Detention Division PREA Third-Party Report Form asks for the reporting party's name, victim information, suspect</p> |

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

CORRECTIVE ACTION APPROVED

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| 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 - PREA Policy 3.09.01 - Policy 1008, Anti-Retaliation - Correctional Medical Group Companies (CMGC) PREA Acknowledgement of Mandatory Reporting and Consent form (2) - Incident/Investigative report (1) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - PREA Coordinator - Deputies and sergeants - 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>115.61(a)</p> <p>The standard provision states that the agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ reflects that the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment as specified by the standard, provision. The PREA Policy requires staff to report any allegation of sexual abuse and forbids retaliating against anyone for reporting or cooperating with an investigation. Policy 1008, Anti-Retaliation, also prohibits retaliation against employees. Deputy interviews reflect that all staff are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse, retaliation or staff neglect or violation of responsibilities as specified by the standard provision.</p> <p>The PREA Policy, Policy 1008 and the deputy interviews support a determination of compliance with the standard provision.</p> <p>115.61(b)</p> <p>The standard provision states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to</p> |

the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The PAQ reflects that agency policy prohibits staff from revealing information related to a sexual abuse allegation except for the reasons specified by the standard provision. The PREA Policy includes the requirement of this standard provision. Interviews with the deputies reflect that they would not reveal any information related to an allegation of sexual abuse to anyone other than people who need to know.

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

115.61(c)

The standard provision states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. Medical and mental health practitioners reported that they inform inmates, at the initiation of services, of the limitations of confidentiality and their duty to report; that they are required to report immediately to their supervisor any knowledge, suspicion or information related to an incident of sexual abuse; and that such reports have been made by health care practitioners at the facility. Health care practitioners use the CMGC PREA Acknowledgement of Mandatory Reporting and Consent form to inform inmates at the beginning of services of the limitations to confidentiality and their duty to report and provided two completed forms to show compliance.

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

115.61(d)

The standard provision states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The PREA Policy does not include a reference to this provision. The facility commander indicated that such incidents are reported to Deputy Pearson who is responsible for all reporting to outside entities; Deputy Pearson stated that there have never been an allegation involving a vulnerable adult and that he is not sure about the reporting in question. The AUDITOR recommended contacting the county's adult protective services or APS for guidance. The facility did not report any allegations involving a victim considered to be a vulnerable adult and the AUDITOR reviewed one incident/investigative report and there is no indication that the alleged victim is a vulnerable adult.

The interviews with the facility commander and Deputy Pearson tend to support a determination of compliance with the standard provision. The PREA Coordinator, the facility commander and other relevant staff should be informed about the required notifications to State and local service agencies in the event of an allegation of sexual abuse involving a vulnerable adult. The PREA Coordinator should establish contact with the county's APS for guidance and provide training as needed to relevant staff and relevant procedures should be revised to include a requirement for this notification.

Note: During the corrective action period, Deputy Pearson reported that he contacted the county's APS and the shift supervisor stated that the Sheriff's Department had no obligation to report instances of sexual abuse within the jails to APS because APS forwards such reports to the Sheriff's Department.

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 one incident report; Deputy Pearson was notified, and the allegation was investigated.

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

RECOMMENDED CORRECTIVE ACTIONS

115.61(a) – No corrective action required.

115.61(b) – No corrective action required.

115.61(c) – No corrective action required.

115.61(d) – No corrective action required.

115.61(e) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - PREA Incident report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Facility commander - Deputies and sergeants <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 specifies this standard provision. Interviews with the Detention Captain, the facility commander and 12 deputies and sergeants reflect that facility staff takes immediate action to protect an inmate who is subject to a substantial risk of imminent sexual abuse. Interviewees indicated that the inmate would be removed from danger and classification would be contacted to move the inmate to safe housing. The AUDITOR reviewed one incident report and the report reflects that staff moved the victim to safety upon learning of a sexual assault that took place the night before. The victim was no longer at the facility at the time of the onsite audit.</p> <p>The PREA Policy, the interviews with the Detention Captain, the facility commander and the deputies and sergeants, 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> |

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| 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 - PREA Policy 3.09.01 - 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 and the OTA Notification form letter support a determination of compliance with the standard provision.</p> |

AUDITOR NOTE:

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

115.63(c)

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

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

115.63(d)

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

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

RECOMMENDED CORRECTIVE ACTIONS

115.63(a) – No corrective action required.

115.63(b) – No corrective action required.

115.63(c) – No corrective action required.

115.63(d) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Incident report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Non-Security Staff First Responder <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 response included all four steps prescribed by the standard provision. The PREA Policy calls for the first security staff responder to take the four steps in question. The incident report reflects that the victim notified a sergeant and the sergeant removed him from the area and placed him in an interview room; see Subsection (b) below for a description of that response. Deputy Pearson was notified, and he asked for the victim to be placed in a secure room for an interview. Patrol investigators were notified, and an investigator was dispatched to the incident to collect the physical evidence at the crime scene. The report reflects that Deputy Pearson asked the victim whether he was wearing the same clothing; the victim said yes and indicated that he had not taken a shower. After preliminary interviews with investigators, the victim was transported to Memorial Medical Center for a forensic medical examination. The reports reflect that the suspect was arrested and taken to Memorial Medical Center for a</p> |

forensic medical examination. The victim was no longer at the facility during the onsite audit.

The PREA Policy and the incident reports support a determination of compliance with the standard provision. Although Deputy Pearson inquired about the victim's clothing, the report does not reflect that the sergeant, as the first security responder, asked the victim not to perform any of the activities that could destroy evidence. The perpetrator had not yet been identified; therefore, the sergeant would not have had an opportunity to instruct him on actions to preserve evidence. The actual first responder was a non-security staff member; see Subsection (b) below.

115.64(b)

The standard provision states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reflects that agency policy requires a non-security first responder to take the two specified steps; and that in the past 12 months, the facility did not have any allegations where a non-security staff member was the first responder. The PREA Policy calls for a volunteer or contractor first responder to take the two specified steps. The AUDITOR interviewed a non-security staff member who received the allegation from the victim and notified the sergeant. According to the employee, the victim reported to work, informed him of the sexual assault, and expressed concern for his safety; the employee immediately notified the sergeant and kept the victim separated from other inmates. The employee acknowledged that he did not ask the victim to not take any actions that could destroy evidence.

The PREA Policy supports a determination of compliance with the standard provision, but the interview with the non-security first responder does not. The non-security first responder did not perform the first of two steps prescribed by the standard provision; fortunately, the incident report reflects that the victim did not take any actions that would destroy evidence.

AUDITOR RECOMMENDATION:

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

RECOMMENDED CORRECTIVE ACTIONS

115.64(a) – No corrective action required.

115.64(b) – The agency/facility shall ensure non-security staff who have contact with inmates are properly trained on the first responder duties prescribed by this standard provision. The facility shall provide sign-in sheets and employee-signed acknowledgements that they received and understood the training received.

CORRECTIVE ACTION TAKEN

115.64(b) – The agency/facility provided sign-in sheets reflecting that over 400 employees

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

CORRECTIVE ACTION APPROVED

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| 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 - PREA Policy 3.09.01 - Incident report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - Representative from Haven Women’s Center - SANE <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 facility’s institutional plan in great detail and the plan identifies, in coordinated fashion, the actions to be taken by all responders identified by the standard provision as well as victim advocates and investigators. The facility commander reported that the institutional plan includes specific roles for medical, mental health, investigators and facility leadership; that everything is referred to Deputy Pearson; that medical and mental health practitioners are involved; and that inmates are transported to the hospital when necessary. The incident report reflects that there was coordination in the facility’s response to the incident. First responders included Deputy Pearson, Patrol investigators, a crime scene investigator, the CAP investigator, and facility leadership was informed of the incident. Deputy Pearson asked the sergeant on scene to delay transporting the victim to the hospital until the preliminary interviews were completed. The victim and the suspect were transported to Memorial Medical Center for a forensic medical examination and a victim advocate from Haven Women’s Center provided victim advocate services to the victim. The SANE confirmed that her clinic performed forensic medical examinations on inmates in the Sheriff’s custody during the past 12 months but could not specify which facilities the inmates originated from. The representative from Haven Women’s Center confirmed that her organization responded, and a victim advocate provided services to victims at the hospital.</p> <p>The PREA Policy, the incident report, and the interviews with the Facility commander, the SANE, and the representative from Haven, support a determination of compliance with the standard provision.</p> |

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

RECOMMENDED CORRECTIVE ACTIONS

115.65(a) – No corrective action required.

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| 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 discipline is warranted.</p> <p>The MOU with the deputy sheriff's association and the interview with the Detention Captain support a determination of compliance with the standard provision.</p> <p>115.66(b)</p> <p>The standard provision does not apply.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.66(a) – No corrective action required.</p> <p>115.66(b) – No corrective action required.</p> |

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| 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 - PREA Policy 3.09.01 - Policy 1008, Anti-Retaliation - Incident/Investigative report - PREA Final Rule <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Detention Captain - Facility commander - Staff member charged with monitoring retaliation (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>115.67(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 or cooperate with investigations from retaliation and identifies each facility commander as the person charged with monitoring for possible retaliation. The PREA Policy reflects that the agency does not tolerate retaliatory measures against employees or inmates who report sexual abuse, provides examples of retaliatory measures, and specifies that such measures shall result in disciplinary action and/or criminal prosecution. The policy calls for the facility commander to ensure the conduct and treatment of staff and inmates who report sexual abuse or cooperate with an investigation is monitored for signs of retaliation. Policy 1008, Anti-Retaliation, prohibits retaliation against employees, provides examples of actions that constitute retaliation, tells staff to report retaliation to any supervisor, and specifies responsibilities of supervisors and command staff in response to retaliation.</p> <p>The PREA Policy and Policy 1008 support a determination of compliance with the standard provision.</p> <p>115.67(b)</p> <p>The standard provision requires the agency to employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who</p> |

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

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

115.67(c)

The standard provision states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ reflects that the agency/facility monitors the conduct or treatment of inmates or staff for 90 days; that the agency acts promptly to remedy such retaliation and continues monitoring beyond 90 days if needed; and that there have been no incidents of retaliation in the past 12 months. The PREA Policy requires monitoring for at least 90 days from the date of the reporting or cooperation, monitoring beyond 90 days if there are indications of a need to continue, and calls for the facility commander to act promptly to remedy any retaliation. Policy 1008 prohibits retaliation against employees, provides examples of actions that constitute retaliation, tells staff to report retaliation to any supervisor, and specifies responsibilities of supervisors and command staff in response to retaliation. The supervisory responsibilities include ensuring complaints are investigated, taking steps to mitigate any further violations of the policy, and performing specified monitoring activities. The facility commander stated that he would move the employee or the inmate and investigate any suspicion of retaliation. Deputy Pearson reported that he checks ICJIS for suspicious bed moves or write-ups, that he monitors for 90 days and for an additional 30 days if necessary. The incident/investigative report does not include any reference to retaliation monitoring and Deputy Pearson did not provide any documentation of monitoring related to the alleged victim.

The PREA Policy, Policy 1008 and the interviews with the facility commander and Deputy Pearson support a determination of compliance with the standard provision. The victim told the non-security first responder that he feared for his safety because "there were spotters in the area," meaning his worksite. It is not clear whether this was reported to Deputy Pearson or whether retaliation monitoring considered the safety concern expressed by the victim.

AUDITOR RECOMMENDATION:

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

115.67(d)

The standard provision states that in the case of inmates, such monitoring shall also include periodic status checks. The PREA Policy does not specifically require check-ins with inmates being monitored for retaliation. Deputy Pearson stated that he checks ICJIS for suspicious bed moves and write-ups. The victim was no longer at the facility at the time of the onsite audit.

The PREA Policy and the interview with Deputy Pearson appear to support a determination of compliance with the standard provision. It is not known if Deputy Pearson learned about the victims expressed concern for his safety or whether he conducted periodic status checks with the victim. In the PREA Final Rule

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

427.pdf, Page 65 of 128 (37169); in response to a recommendation that changes in treatment of inmates or staff be discussed with the inmate or staff as part of efforts to determine if retaliation is occurring, the DOJ agreed that monitoring of inmates who reported sexual abuse or who are victim of sexual abuse should include periodic status checks. Thus, periodic checks to determine if retaliation is occurring should include a conversation with the inmate being monitored. The AUDITOR notes that periodic checks were not included in the measures taken to protect inmates from retaliation.

115.67(e)

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

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

115.67(f)

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

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.67(a) – No corrective action required.

115.67(b) – No corrective action required.

115.67(c) – No corrective action required.

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

115.67(e) – No corrective action required.

115.67(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

CORRECTIVE ACTION APPROVED

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| 115.68 | Post-allegation protective custody |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>POLICIES AND OTHER DOCUMENTS REVIEWED - PAQ</p> <p>PEOPLE INTERVIEWED - Facility commander</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>115.68(a) The standard provision states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. The PAQ reflects that the agency has a policy prohibiting the placement of inmates who allege sexual abuse in segregated housing without the assessments required under 115.43, and that no inmates have been placed in segregated housing for the reason in question in the past 12 months. The facility commander reported that there should be no reason why an assessment cannot be completed in less than 24 hours because there are always classification officers on duty to conduct housing assessments when needed and that the inmates would be separated and restricted to their cells in the housing unit until the assessment of available housing is completed. He stated that classification officers may temporarily place an inmate in segregated housing involuntarily for less than 12 hours until they complete bed moves to free-up alternative housing. The facility does not operate a segregated housing unit.</p> <p>The interview with the facility commander supports a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.68(a) – No corrective action required.</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 600, Investigation and Prosecution - Policy 602, Sexual Assault Investigations - Investigative reports (9) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Investigative staff (Criminal, Administrative and facility investigator) - 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>NOTE: The next three standards refer to the agency's approach to sexual abuse investigations; therefore, investigations of allegations from other facilities are considered in making compliance determinations because there was only one allegation received at MHU during the audit period.</p> <p>115.71(a)</p> <p>The standard provision states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ reflects that the agency has a policy related to criminal and administrative investigations. Policy 600, Investigation and Prosecution, calls for crimes to be investigated thoroughly and with due diligence. Interviews with the criminal, administrative, and facility investigators reflect that investigations of sexual abuse allegations are initiated as soon as the allegations are received; investigators further asserted that anonymous reports are taken just as seriously and are handled the same as other reports. A review of nine agency investigative reports reflect that inmate victims are interviewed by investigators shortly after the allegation is received and there are no indications that the investigations are anything other than thorough and objective. In a case involving an inmate with mental illness, the report reflects that the investigators were serious about making sense of the inmate's statements and appeared to be persistent in trying to determine if there was a case of sexual abuse.</p> <p>Policy 600, the interviews with investigators and the review of the investigative reports support a determination of compliance with the standard provision.</p> |

115.71(b)

The standard provision states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. Policy 602, Sexual Assault Investigations, calls for specialized investigator training and for investigators to be available for sexual assault investigations. All three investigators reported receiving specialized training through different sources; the criminal and the facility investigator received formal training and the administrative investigator received on-the-job training from his predecessor. Each investigator received training on topics that are relevant to the scope of the investigations he or she is responsible for; for example, facility investigator received training on interviewing techniques and the criteria and evidence required to substantiate a case but did not receive training on the use of the Miranda and Garrity warnings because he does not conduct criminal or internal affairs investigations. The administrative investigator received formal training on the use of Miranda and Garrity but did not receive formal training on evidence collection or interviewing victims. The criminal investigator received training on all topics except the use of the Garrity warning because she does not conduct administrative investigations.

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

115.71(c)

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

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

115.71(d)

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

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

115.71(e)

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

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

115.71(f)

The standard provision states that administrative investigations:

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

finding. Administrative investigations are documented in written reports and include a determination of whether the employee violated agency policy; if there is a parallel criminal investigation, that report would be included with the administrative report and will reflect the finding relative to the allegation. None of the investigative reports reviewed included an internal affairs administrative investigation.

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

115.71(g)

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

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

115.71(h)

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

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

115.71(i)

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

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

115.71(j)

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

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

115.71(k)

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

The AUDITOR is not required to audit this standard provision.

115.71(l)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.71(a) – No corrective action required.

115.71(b) – No corrective action required.

115.71(c) – No corrective action required.

115.71(d) – No corrective action required.

115.71(e) – No corrective action required.

115.71(f) – No corrective action required.

115.71(g) – No corrective action required.

115.71(h) – No corrective action required.

115.71(i) – No corrective action required.

115.71(j) – No corrective action required.

115.71(k) – No corrective action required.

115.71(l) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Administrative investigative findings <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. The PREA Policy specifies this standard of proof for sexual abuse investigations. The administrative investigator determines whether there was a violation of agency policy and includes the criminal investigative report; the criminal investigator stated that she gathers the evidence and refers the cases for prosecution but does not make investigative findings; and Deputy Pearson stated that he uses the preponderance of the evidence standard. Investigative reports from Deputy Pearson specify the investigative finding, but not the standard of proof.</p> <p>The PREA Policy and the interviews with investigators support a determination of compliance with the standard provision. The standard does not require documentation of the standard of proof; however, it is a good idea to document it to demonstrate proof of compliance during audits.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.72(a) – No corrective action required.</p> |

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| 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 - PREA Policy 3.09.01 - Investigative reports (9) - Inmate notification letters (4) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - Investigative staff - Inmates who reported sexual abuse <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 one inmate was notified of the results of the investigation verbally or in writing. The PREA Policy requires the notification prescribed by the standard provision. The facility commander, the administrative investigator and Deputy Pearson reported that the PREA deputy (Pearson) takes care of the required notifications; the criminal investigator confirmed that agency policy and procedures require the notifications. Deputy Pearson stated that he created a form letter to notify inmates who report sexual abuse of the investigative findings. Deputy Pearson provided four completed notification letters; the letters inform the inmates that the investigation concluded, the investigative finding, the reason for the finding, and tells the inmate to submit a request form if he or she has questions. Interviews with three inmates who reported sexual abuse at PSC-W reflect that one received written notification of the of the investigative finding within a few weeks of reporting and the other two did not; however, Deputy Pearson provided the notification letter for one of these two cases and reported that the other case (forwarded by the AUDITOR during the pre-audit phase) has not officially closed.</p> <p>The PREA Policy, the interviews with the facility commander and the investigators, and the completed notifications from Deputy Pearson support a determination of compliance with the standard provision.</p> <p>115.73(b)</p> |

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

The standard provision does not apply.

115.73(c)

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

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

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

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

115.73(d)

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

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

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

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

115.73(e)

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

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

115.73(f)

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

The AUDITOR is not required to audit this standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.73(a) – No corrective action required.

115.73(b) – No corrective action required.

115.73(c) – No corrective action required.

115.73(d) – No corrective action required.

115.73(e) – No corrective action required.

115.73(f) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Investigative report <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 harassment policies. The PREA Policy includes the requirement of the standard provision. The review of the single investigative report for the audit period reflects that no staff member was found to have violated agency sexual abuse policy in the past 12 months.</p> <p>The PREA Policy and the investigative report support a determination of compliance with the standard provision.</p> <p>115.76(b)</p> <p>The standard provision states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ reflects that cases involving staff discipline would be handled by Internal Affairs, and the Disciplinary Review Board renders the final decision. The PREA Policy includes the requirement of the standard provision. The review of the single investigative report for the audit period reflects that no staff member was found to have violated agency sexual abuse policy in the past 12 months.</p> <p>The PREA Policy and the investigative report 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</p> |

staff with similar histories. The PAQ reflects that the specified sanctions 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 there were no such cases in the previous 12 months. The PREA Policy does not include this provision. The review of the single investigative report for the audit period reflects that no staff member was found to have violated agency sexual abuse policy in the past 12 months.

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

115.76(d)

The standard provision states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ reflects that the agency reports terminations or resignations in lieu of termination as prescribed by the standard provision and that there were no such cases in the past 12 months. The PREA Policy calls for reporting these terminations and resignations to law enforcement agencies but does not require reporting to relevant licensing bodies. There were no staff terminations for violation of agency sexual abuse or sexual harassment policies, or resignations in lieu of termination in the past 12 months.

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

RECOMMENDED CORRECTIVE ACTIONS

115.76(a) – No corrective action required.

115.76(b) – No corrective action required.

115.76(c) – No corrective action required.

115.76(d) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Investigative report <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 the restricted contact with inmates and the reporting prescribed by the standard provision, and that there has not been any such case in the past 12 months. The PREA Policy includes the requirements of the standard provision. The single investigative report for the audit period did not involve allegations against a contractor or volunteer.</p> <p>The PREA Policy and the investigative report support a determination of compliance with the standard provision.</p> <p>115.77(b)</p> <p>The standard provision states that the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PAQ reflects that the facility takes appropriate remedial action and includes the considerations in question. The PREA Policy includes the requirements of the standard provision. The facility commander stated that a contractor or volunteer's access to the facility would be revoked for violating agency sexual abuse or sexual harassment policy and that the facility would prohibit further contact with inmates. The single investigative report for the audit period did not involve allegations against a contractor or volunteer.</p> <p>The PREA Policy, the interview with the facility commander and the investigative report support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> |

115.77(a) – No corrective action required.

115.77(b) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Inmate rule book - Investigative report - Disciplinary report <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 findings of guilt. The PREA Policy includes this provision. The inmate rule book informs inmates about the agency's formal disciplinary process and lists examples of misconduct classified as major violations and those classified as minor violations. The rule book outlines hearing procedures, inmates' rights and the disciplinary appeals process; it also specifies that inmates are subject to disciplinary sanctions for sexual assault or battery, for indecent exposure, and for illegal sexual activity. The investigative report for the single allegation received during the audit period reflects that the case was closed as substantiated. The disciplinary report for that administrative finding reflects that the inmate was charged with possession of contraband and found guilty of that charge.</p> <p>The PREA Policy and the inmate rule book appear to support a determination of compliance with the standard provision; however, the investigative report and the disciplinary report do not. The disciplinary report reflects that the alleged abuser was found guilty of possession of contraband on March 31, 2018. The investigative report was closed on April 13, 2018 and reflects an administrative finding that the allegation of sexual assault was substantiated; under the standard provision, the perpetrator was subject to disciplinary sanctions pursuant to a formal disciplinary process following the administrative finding that he engaged in inmate-on-</p> |

inmate sexual abuse and the facility did not discipline the perpetrator as required under the standard provision and the PREA Policy.

115.78(b)

The standard provision states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The PREA Policy does not include this requirement. The facility commander stated that inmates are subject to loss of days (credit towards sentence reduction) or placement in isolation for an administrative finding of inmate-on-inmate sexual abuse and that sanctions are commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The facility did not discipline the perpetrator; therefore, there is not a case in which disciplinary sanctions were imposed based upon substantiated findings of sexual abuse.

The interview with the facility commander supports a determination of compliance with the standard provision.

115.78(c)

The standard provision states that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. The PREA Policy includes this requirement and the facility commander confirmed that the disciplinary process includes the specified considerations when determining what type of sanction, if any, should be imposed where the inmate has a mental disability or illness. The disciplinary report imposed a sanction for possession of contraband, not for sexual abuse and does not specify whether the charged inmate had mental illness or other mental disabilities.

The PREA Policy and the interview with the facility commander support a determination of compliance with the standard provision. There was not a disciplinary report that imposed sanctions based upon the substantiated sexual assault.

115.78(d)

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

The statement from the program director supports a determination of compliance with the

standard provision. Since the facility does not offer a program designed to address and correct underlying reasons or motivations for the abuse, the facility is not required to make the consideration prescribed by the standard provision.

115.78(e)

The standard provision states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PAQ reflects that the agency disciplines inmates for sexual conduct with staff only under the specified circumstances. The PREA Policy does not include the requirement of this standard provision. The inmate rule book reflects that inmates are subject to disciplinary sanctions for sexual assault or battery on staff, for indecent exposure, and for illegal sexual activity. The single investigative report for the audit period did not involve inmate sexual conduct with a staff member.

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

115.78(f)

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

The review of the investigative reports supports a determination of compliance with the standard provision. The investigative reports from PSC-W are accepted in support of the compliance determination because both facilities operate under the same commander and the same disciplinary process.

115.78(g)

The standard provision states that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The PAQ reflects that the agency prohibits sexual activity between inmates and that the agency deems such activity to be sexual abuse only if it was coerced. The PREA Policy does not include this standard provision. The single investigation during the audit period substantiated the sexual assault allegation and the inmate rule book lists "engaging in sexual acts" as a major rule violation.

The investigative report supports a determination that the standard provision does not apply to this case because there was no determination that the sexual activity was not coerced. Subsection (a) above requires the agency to discipline an inmate based upon an administrative finding that he or she sexually abused another inmate; conversely, this standard provision prohibits the agency from charging an inmate with sexual abuse where the

agency determines that the sexual activity was not coerced.

RECOMMENDED CORRECTIVE ACTIONS

115.78(a) – The agency/facility shall ensure inmates are subject to disciplinary action following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.

115.78(b) – No corrective action required.

115.78(c) – No corrective action required.

115.78(d) – No corrective action required.

115.78(e) – No corrective action required.

115.78(f) – No corrective action required.

115.78(g) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

CORRECTIVE ACTION APPROVED

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| 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 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Staff responsible for risk screening - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statement from intake nurse - Statement from classification deputy <p>NOTE: The following three standards focus on medical and mental health services available to victims of sexual abuse. Because medical and mental health services are centralized for all facilities, the audit report considers medical and mental health services provided to inmates who reported sexual abuse at PSC-W in making compliance determinations.</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>115.81(a)</p> <p>The standard provision states that if the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. The facility is not a prison.</p> <p>The standard provision does not apply.</p> <p>115.81(b)</p> <p>The standard provision states that if the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. The PAQ reflects that the facility is not a prison and the standard provision does not apply. The facility is not a prison.</p> <p>The standard provision does not apply.</p> <p>115.81(c)</p> <p>The standard provision states that if the screening pursuant to § 115.41 indicates that a jail</p> | |

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

The explanation from the two nurses, the interviews with the screening deputy and the inmates, as well as the medical screening form and the offer of treatment/services form support a determination of compliance with the standard provision. MHU did not identify any inmates who disclosed prior sexual victimization. The inmate interviews at PSW-W are considered because intake screening is centralized for all facilities.

115.81(d)

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

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

115.81(e)

The standard provision states that medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The PAQ reflects that medical and mental health practitioners obtain informed consent from inmates under the specified circumstances. The facility provided the CMGC PREA Acknowledgement of Mandatory Reporting and Consent form; this form informs inmates that medical/mental health staff are mandatory reporters and as such are required to report any knowledge of sexual abuse that occurred in the facility; inmates may also use the form to authorize release of information they disclose to medical staff that may be essential for treatment, care and investigation of sexual abuse that occurred in the community. Medical and mental health staff confirmed that an inmate's written consent is obtained before reporting prior sexual victimization that did not occur in an institutional setting; staff pointed to the aforementioned PREA acknowledgement form and provided two completed forms as proof of practice.

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

RECOMMENDED CORRECTIVE ACTIONS

115.81(a) – No corrective action required.

115.81(b) – No corrective action required.

115.81(c) – No corrective action required.

115.81(d) – No corrective action required.

115.81(e) – No corrective action required.

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

preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. The incident report reflects that upon learning of the sexual assault, security staff moved the victim to an interview room, conducted a preliminary interview with him, and transported him to Memorial Medical Center for medical treatment and victim advocate services. The inmate was no longer at the facility at the time of the onsite audit.

The incident report supports 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 includes the requirement of this standard provision. The agreement with Memorial Medical Center reflects that treatment provided to inmate victims of sexual abuse include emergency postcoital contraception care and antibiotic for sexually transmitted diseases. Medical and mental health staff confirmed that inmate victims of sexual abuse while incarcerated are offered the information and access to the medical care specified by the standard provision.

The PREA Policy, the agreement with Memorial Medical Center, and the interview 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 calls for treatment at no cost to the victim but does not include the qualifier about naming the abuser or cooperating with an investigation.

The PREA Policy supports 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
- PREA Policy 3.09.01
- Agreement with Memorial Medical Center

PEOPLE INTERVIEWED

- Medical and Mental Health staff
- Inmate who reported sexual abuse (at PSC-W)

SITE REVIEW OBSERVATIONS

- Statements from staff in medical office

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. The PREA Policy includes the requirement of the standard provision. During the site review, the AUDITOR toured the medical office, spoke with medical staff and viewed patient consultation areas; a nurse confirmed that inmate victims of sexual abuse are offered medical and mental health evaluations and treatment as needed. In the agreement Memorial Medical Center agrees to provide medical counseling and referral, as well as medication administration of post-coital contraceptive and antibiotic for the prevention of sexually transmitted diseases, among other medical interventions.

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

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. The PREA Policy calls for follow-up consultation with medical and mental health practitioners upon return from the hospital but not continued care following transfer to, or placement in, other facilities, or following release from custody. Medical and mental health staff reported that inmate victims of sexual abuse receive baseline testing for sexually transmitted diseases and follow-up care, as well as mental health services, and discharge planning for community follow-up care. The inmate at PSC-W who reported sexual abuse

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

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

115.83(c)

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

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

115.83(d)

The standard provision states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ reflects that female victims are offered the prescribed care. The PREA Policy includes the requirement of this standard provision. The facility does not house female inmates.

The standard provision does not apply.

115.83(e)

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

The standard provision does not apply.

115.83(f)

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

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

115.83(g)

The standard provision states that treatment services shall be provided to the victim without

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

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

115.83(h)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.83(a) – No corrective action required.

115.83(b) – No corrective action required.

115.83(c) – No corrective action required.

115.83(d) – No corrective action required.

115.83(e) – No corrective action required.

115.83(f) – No corrective action required.

115.83(g) – No corrective action required.

115.83(h) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Incident review report - PREA Incident Report <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility commander - PREA Compliance Manager - Incident Review Team (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>115.86(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 includes the requirement of the standard provision. The facility commander confirmed that the facility has an incident review team. The facility provided the incident review report for the single sexual abuse investigation completed during the audit period.</p> <p>The PREA Policy, the interview with the facility commander and the incident review report 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 single 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 reported that the team conducts incident reviews shortly after the conclusion of the investigation. The incident review report does not reflect the investigation conclusion date; however, the incident review was completed within 30 days of the investigation conclusion date documented in the PREA Incident Report generated for the single investigation completed during the audit period.</p> |

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

115.86(c)

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

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

115.86(d)

The standard provision states that the review team shall:

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

where the abuse occurred as specified by 115.86(d)(3). He added that the team assesses the staffing levels to ensure compliance with the staffing plan and that there has not been any case where the facility did not implement a recommendation from the team. The incident review report includes the considerations prescribed by the standard provision and reflects that the facility commander stated that locks will be placed on showers in the housing unit where the incident occurred to prevent inmates from entering when they are not supposed to.

The PREA Policy, interviews with the facility commander and Deputy Pearson, and the incident review report support a determination of compliance with the standard provision. The standard provision calls for submitting the incident review report with recommendations to the facility head and the PCM. The incident review report reflects that the facility commander provided input; however, the PCM reported that the report with recommendations was not forwarded to him. The incident review team should ensure incident review reports are forwarded to the PCM for review, particularly when there are recommendations for improvement.

115.86(e)

The standard provision requires the facility to implement the recommendations for improvement or shall document its reasons for not doing so. The PAQ reflects that the facility implements the recommendations or documents its reasons for not doing so. The PREA Policy includes the requirement of the standard provision. The incident review report reflects that the team agreed with the recommendation to place locks on the shower doors; the facility commander informed the AUDITOR about the plan to place locks on the shower doors, and Deputy Pearson stated that there has not be any case in which a recommendation was not implemented by the facility.

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

RECOMMENDED CORRECTIVE ACTIONS

115.86(a) – No corrective action required.

115.86(b) – No corrective action required.

115.86(c) – No corrective action required.

115.86(d) – No corrective action required.

115.86(e) – No corrective action required.

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| 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 - PREA Policy 3.09.01 - Sample aggregated data - Incident reports - Investigative reports - Incident review reports <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. The AUDITOR reviewed data collected with Deputy Pearson and there is no evidence that the data is collected using a standardized instrument and set of definitions.</p> <p>The review of the data collected does not support a determination of compliance with the standard provision. The USDOJ's Survey of Sexual Victimization, Form (SSV-IA), is a standardized instrument that includes relevant definitions.</p> <p>115.87(b)</p> <p>The standard provision requires the agency to aggregate the incident-based sexual abuse data at least annually. The PAQ reflects that the agency aggregates it data at least annually. The review of the data collected does not reflect that the data is aggregated annually; data is collected from year-to-year, but not aggregated.</p> <p>The review of the data collected does not support a determination of compliance with the standard provision.</p> <p>115.87(c)</p> <p>The standard provision states that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the</p> |

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

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

115.87(d)

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

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

115.87(e)

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

The standard provision does not apply.

115.87(f)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

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

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

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

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

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

115.87(e) – No corrective action required.

115.87(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

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

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

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

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| 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 - PREA Policy 3.09.01 - Annual reports (2016 & 2017) - 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 and prepares an annual report of its findings from the sources specified by the standard provision. The PREA Policy requires the PREA Coordinator to prepare an annual report but does not include the purpose specified by the standard provision. The Detention Captain stated that the agency includes investigative staff, data from ICJIS and the PREA Coordinator in its review of incident-based sexual abuse data to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The PREA Coordinator reported that the agency does not review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The PCM stated that the information gathered by the PREA Coordinator would be used to identify needed improvements. The 2016 and 2017 Annual Reports provide a set of definitions and the number of substantiated, unsubstantiated, unfounded, and ongoing investigations of inmate-on-inmate and staff-on-inmate allegations of sexual abuse or sexual harassment.</p> <p>The interview with the PREA Coordinator and the annual reports do not support a determination of compliance with the standard provision. The standard provision requires an</p> |

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

AUDITOR RECOMMENDATION:

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

115.88(b)

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

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

115.88(c)

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

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

115.88(d)

The standard provision states that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The PAQ reflects that the agency

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

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

RECOMMENDED CORRECTIVE ACTIONS

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

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

115.88(b) – No corrective action required.

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

115.88(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

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

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

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

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

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

CORRECTIVE ACTION APPROVED

| | |
|--------|---|
| 115.89 | 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 - PREA 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 data collected pursuant to § 115.87 are securely retained. The PAQ reflects that the agency ensures incident-based and aggregated data is securely retained. The PREA Policy does not include the requirement of this standard provision. Deputy Pearson stated that the data is kept in his office and that only he and his supervisor have a key. The AUDITOR viewed the office in question and verified that Deputy Pearson locks it before leaving.</p> <p>The interview with Deputy Pearson and the AUDITOR’s observations support a determination of compliance with the standard provision.</p> <p>115.89(b)</p> <p>The standard provision requires the agency to make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. The PAQ reflects that agency policy calls for aggregated data to be made available to the public at least annually through its website. The PREA Policy includes the requirement of the standard provision. The agency’s website does not make aggregated sexual abuse data readily available to the public.</p> <p>The PREA Policy supports a determination of compliance with the standard provision, but the review of the agency’s website does not.</p> <p>115.89(c)</p> <p>The standard provision states that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The PAQ reflects that the agency removes all personal identifiers before releasing aggregated data to the public and maintains</p> |

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

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

115.89(d)

The standard provision requires the agency to maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. The PREA Policy includes the requirement of the standard provision. The sexual abuse data collected is for the current year only.

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

RECOMMENDED CORRECTIVE ACTIONS

115.89(a) – No corrective action required.

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

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

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

CORRECTIVE ACTION TAKEN

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

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

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

CORRECTIVE ACTION APPROVED

| | |
|---------|--|
| 115.401 | Frequency and scope of audits |
| | <p data-bbox="252 170 896 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1455 443">THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p data-bbox="252 499 405 533">115.401 (a)</p> <p data-bbox="252 544 1476 831">The standard provision states that during the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once. The agency's website does not reflect that any facility operated by the agency was audited during the prior three-year audit cycle. The agency's plans are to have two of its four facilities audited this year and the remaining two audited next year before the end of the current audit cycle, that is before August 20, 2019.</p> <p data-bbox="252 887 1442 958">This is informational only and does not impact the over-all compliance determination for the standard.</p> <p data-bbox="252 1014 405 1048">115.401 (b)</p> <p data-bbox="252 1059 1469 1301">The standard provision states that during each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited. This is the third year of the current audit cycle and the agency did not ensure at least two-thirds of each facility type it operates is audited during the first two years of the current audit cycle. The agency plans to have all four facilities it operates audited during this final year of the current audit cycle.</p> <p data-bbox="252 1357 727 1391">The standard provision was not met.</p> <p data-bbox="252 1447 405 1480">115.401 (h)</p> <p data-bbox="252 1491 1410 1608">The standard provision states that the auditor shall have access to, and shall observe, all areas of the audited facilities. The AUDITOR had access to and observed all areas of the audited facility during the onsite audit.</p> <p data-bbox="252 1664 679 1697">The standard provision was met.</p> <p data-bbox="252 1753 395 1787">115.401 (i)</p> <p data-bbox="252 1798 1481 2033">The standard provision states that the auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information). The AUDITOR was permitted to request and receive copies of any relevant documents (including electronically stored information) during the onsite and the evidence review and interim report phases. The agency/facility did not provide copies of relevant documents where those documents were not available.</p> <p data-bbox="252 2089 679 2123">The standard provision was met.</p> |

115.401 (m)

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

The standard provision was met.

115.401 (n)

The standard provision states that inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Inmates were permitted to send confidential correspondence to the AUDITOR; however, the AUDITOR did not receive any correspondence from inmates at MHU.

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.

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| 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. There has not been a final audit report issued in the past three years.</p> <p>The standard provision does not apply.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.403 (f) - No corrective action required.</p> |

Appendix: Provision Findings

| 115.11 (a) | 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 OR the response to 115.12(a)-1 is "NO".) | na |

| 115.13 (a) | Supervision and monitoring | |
|------------|---|-----|
| | Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into | yes |

| | | |
|--|---|-----|
| | consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? | |
| | Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? | yes |
| | Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring ? | yes |

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|-------------------|--|-----|
| 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.) | yes |

| | | |
|-------------------|---|-----|
| 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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) | na |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20,2017.) | na |

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

| 115.15 (d) | Limits to cross-gender viewing and searches | |
|------------|---|-----|
| | Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |

| 115.15 (e) | 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 | yes |

| | | |
|--|--|-----|
| | aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |

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

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

| 115.17 (a) | 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, or to enlist the services of any contractor, who may have contact with inmates? | yes |

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

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

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

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

| | | |
|-------------------|---|-----|
| 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? | 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 entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | na |

| 115.21 (h) | 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.) | 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 such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | na |

| 115.31 (a) | 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 such education? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |

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

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

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

| 115.34 (a) | Specialized training: Investigations | |
|------------|---|-----|
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

| 115.34 (b) | 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? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? | yes |

| | | |
|-------------------|--|----|
| 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.) | 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? | 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? | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? | yes |

| | | |
|-------------------|---|-----|
| 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, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |

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

| 115.41 (g) | Screening for risk of victimization and abusiveness | |
|------------|--|-----|
| | Does the facility reassess an inmate's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |

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

| | | |
|-------------------|--|-----|
| 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? | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? | yes |

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

| 115.43 (b) | Protective Custody | |
|------------|---|-----|
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? | yes |

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

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

| | | |
|-------------------|---|-----|
| 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? | yes |

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

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

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

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

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

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

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

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

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

| 115.53 (a) | 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? | 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|--|-----|
| 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 |

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|-------------------|--|-----|
| 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 | |
| | 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.) | na |

| | | |
|-------------------|--|----|
| 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.) | na |

| | | |
|-------------------|---|-----|
| 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 |

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

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| 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 | |
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| | 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 |

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| 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 |

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| 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 |

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| 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 |

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| 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.) | na |

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| 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 |

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| 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 |

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| 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 |

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| 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 |

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

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| 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 |

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

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| 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 |

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| 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 |

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| 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.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | no |

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| 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 |

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| 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 |

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

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| 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 |

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