

PREA Facility Audit Report: Final

Name of Facility: The Main Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/28/2016

Date Final Report Submitted: 02/14/2017

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Alberto F Caton	Date of Signature: 02/14/2017

AUDITOR INFORMATION	
Auditor name:	Caton, Alberto
Address:	
Email:	alberto.caton@stsvcs.com
Telephone number:	
Start Date of On-Site Audit:	2016-06-27
End Date of On-Site Audit:	2016-06-29

FACILITY INFORMATION	
Facility name:	The Main Jail
Facility physical address:	651 I Street, Sacramento, California - 95814
Facility Phone	
Facility mailing address:	
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 type="radio"/> Jail

Primary Contact			
Name:	Frank Fermer	Title:	Sergeant
Email Address:		Telephone Number:	

Warden/Superintendent			
Name:	James Ortega	Title:	Captain
Email Address:		Telephone Number:	

Facility PREA Compliance Manager			
Name:	Frank Fermer	Title:	Sergeant
Email Address:		Telephone Number:	

Facility Health Service Administrator			
Name:	Rosalinda Vizina	Title:	Director of Nursing
Email Address:		Telephone Number:	

Facility Characteristics		
Designed facility capacity:	3432	
Current population of facility:	2125	
Age Range	Adults:	Youthful Residents:
Facility security level/inmate custody levels:	Total Separation/Admin. Segregation/Protective Custody/High, Medium, Low	
Number of staff currently employed at the facility who may have contact with inmates:		

AGENCY INFORMATION	
Name of agency:	Sacramento County Sheriff's Department
Governing authority or parent agency (if applicable):	
Physical Address:	
Mailing Address:	711 G Street, Sacramento, California - 95814
Telephone number:	

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

Agency-Wide PREA Coordinator Information

Name:	Lt. Raylene Cully	Title:	PREA Coordinator
Email Address:		Telephone Number:	

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 Sacramento County Sheriff Department (Agency), State of California, located at 711 G Street, Sacramento, CA 95814, requested Prison Rape Elimination Act (PREA) audit services for its two jail facilities from Synergy Technology Services, a California Corporation located at 9706 Rim Rock Circle, Loomis, CA 95650. Synergy Technology Services provided United States Department of Justice – 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 Sacramento and Synergy Technology Services dated June 23, 2016.

The auditor conducted PREA audits at the Sacramento Main Jail (Main Jail) located at 651 I Street, Sacramento, CA 95814 and the Rio Cosumnes Correctional Center (RCCC) located at 12500 Bruceville Road, Elk Grove, CA 95757. Both facilities were audited using the United States Department of Justice PREA Audit 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. The agency requested the onsite audit to take place during the week of June 27, 2016; the auditor was onsite at the Main Jail June 27 to June 29, 2016, two-and-a half days and at the Rio Cosumnes Correctional Center June 29 - July 1, 2016, also two-and-a-half days.

PRE-AUDIT PHASE

On May 3, 2016, the auditor provided the PREA Audit Notice to the agency and requested to have them posted no later than May 16, 2016, or six weeks before the scheduled onsite audit. The auditor asked the agency to post the notice conspicuously in inmate housing areas, such that inmates are able to read it in their dormitories and in their housing pod dayrooms. The auditor also asked for the audit notice to be posted conspicuously in other inmate-access areas such as: booking, visiting, recreation, hallways, work areas, program areas, etc. The auditor provided an "Audit Notice Posting Confirmation" form and asked for each facility's PREA Compliance Manager to complete, sign and date the form declaring that he or she posted the notice as requested at his or her facility. On May 18, 2016, the agency returned completed confirmation forms where the Main Jail's PREA Compliance Manager declared that the audit notice was posted on May 10, 2016, and RCCC's PREA Compliance Manager declared that the audit notice was posted on May 16, 2016. On June 8, 2016, in order to prepare the "Schedule of Activities," the auditor requested rosters of the following from each facility:

- Security staff assigned to housing areas (including supervisors), assigned post and work schedule during the week of the audit
- Contractors and volunteers, including work schedule during the week of the audit
- Medical and Mental Health staff, including work schedule during the week of the audit
- Sexual abuse investigators
- Staff who monitor retaliation

The auditor also requested contact information for the following:

- Community-based organizations that provide advocacy services for inmate victims of sexual assault
- Sexual Assault Forensic Examiner/Sexual Assault Nurse Examiner

On June 14, 2016, per the auditor's request, the agency provided contact information for both PREA Compliance Managers, community-based advocacy organization for inmates and the Sexual Assault Nurse Examiner. On June 17, 2016, the auditor interviewed the Director of Response Services at WEAVE, Inc. the organization the agency identified as responsible for providing victim advocacy services to inmates. The director acknowledged that WEAVE has a memorandum of understanding with the Sacramento Sheriff Department to provide services to inmates in their custody. She indicated that WEAVE provides 24-hour support and information line for survivors. She described the services as including: emotional support, accompaniment and support during forensic examinations and investigatory interviews, crisis intervention and information and referrals. The director reported that WEAVE received a handful of calls from inmates in the custody of Sacramento County Sheriff over the past three or four months and describe the nature of the calls as survivors of sexual violence. With respect to the confidential nature of calls from the jails, she stated that WEAVE received a call that same day from a staff member at the jail who appeared to be testing the system and that there was a recording that stated the call was confidential. The auditor asked about WEAVE's involvement in any coordinated response to an incident of sexual assault involving an inmate in the Sheriff Department's custody and she stated that WEAVE had been dispatched to provide emotional support at the BEAR Center (the contract facility for forensic examinations) but had not provided any counseling services. Between June 10 and 12, 2016, the auditor responded to four letters received from inmates at the two jails and referred one inmate's complaint to the agency's PREA Coordinator for appropriate action. Inmates who raised PREA issues were added to the list of inmates to be interviewed during the onsite audit. On June 15, 2016, the auditor established contact with PREA Compliance Managers at both facilities and provided information about the Pre-Audit Questionnaire review process, the onsite audit process and documents needed from each facility to prepare the schedule of activities and the lists of staff and inmates to be interviewed. On June 16, 2016, the auditor provided a draft version of the schedule of activities to the PREA Coordinator and asked her to provide feedback. On the same day, the auditor received notices from the PREA Resource Center's Online Audit System advising that Pre-Audit Questionnaires for both facilities were ready. The auditor immediately began the review of both questionnaires and completion of the Pre-Audit portion of the audit compliance tools. On June 21, 2016, the auditor provided a log of questionnaire issues that need either a response or clarification to both PREA Compliance Managers and asked them to respond to each issue and return the logs as soon as practical. Between June 22 and 24, 2016, the auditor received the completed logs of questionnaire issues, staff rosters, facility diagrams, daily staff schedules for the week of the audit and other documentation from both PREA Compliance Managers. On June 24, 2016, the auditor provided the final version of the schedule of activities, lists of deputies selected randomly for interviews, list of specialized staff selected for interviews and checklist of documents requested for onsite review. The auditor selected a deputy from each of the facility's 14 housing units, eight from the day shift and six from the night shift. For specialized staff interviews, the auditor selected the following:

- Jail Commander
- Designated staff charged with monitoring retaliation
- Incident Review Team
- Two Intake deputies, one from Male Booking and one from Female Booking
- Housing unit sergeant
- Medical practitioner
- Mental health practitioner
- PREA Compliance Manager
- Sexual Assault Nurse Examiner (from BEAR Center)
- Deputy who serves as security staff first responder
- Classification Officer who performs screening for risk of victimization and abusiveness

- Two segregated housing deputies, one from male segregated housing and one from female segregated housing
- Two volunteers who have contact with inmates (one interviewed as non-security first responder)
- Contract employee who has contact with inmates
- Human Resources Records Officer responsible for background investigations
- Sex and Elderly Abuse Bureau (Sex Crimes) detective
- Internal Affairs investigator
- Main Jail Intel Unit deputy

Note: The facility does not contract with another agency for confinement of its inmates; therefore, there was no need to interview a contract administrator. On June 24, 2016, the auditor also asked both PREA Compliance Managers to provide the facility count on the first day of the onsite audit and lists of inmates meeting the following criteria:

- Disabled and limited English proficient
- Transgender and intersex
- Gay, lesbian and bisexual
- In segregated housing due to risk of sexual victimization
- Reported sexual abuse
- Disclosed sexual victimization during intake screening

Note: The audit process requires auditors to interview a sample of inmates meeting these criteria

ONSITE AUDIT PHASE

On June 27, 2016, the auditor arrived at the Main Jail and was greeted by PREA Compliance Manager Sergeant Frank Fermer who escorted the auditor to a conference room designated for the onsite audit work. Soon after, other staff came-in to introduced themselves, including Facility Commander, Captain James Ortega, Assistant Commander, Lieutenant Aaron Tarver, PREA Coordinator, Lieutenant Raylene Cully, RCCC PREA Compliance Manager, Sergeant Darin Pometta, RCCC Deputy Tamiko Abbott, and Main Jail Compliance Deputy, Joe Gordon. The auditor was allowed to setup in the conference room while Sergeant Fermer provided the inmate count for that day, which was 2,092, a roster of inmates by housing unit, an alphabetical roster of inmates and lists of inmates meeting the following criteria:

- Inmates identified as Transgender and intersex
- Inmates who reported sexual abuse

The PREA Compliance Manager reported that the facility does not house youthful inmates; does not track inmates with communication disabilities; does not track inmates with limited English proficiency (the auditor asked for housing unit staff to identify some of these inmates); does not track inmates identified as gay, lesbian or bisexual; does not have any inmates in segregated housing due to risk of sexual victimization and does not have any inmates who disclosed past sexual victimization during intake screening. With this information, the auditor assembled the list of inmates for interviews by selecting at random one inmate from each of the facility's 14 housing units; this list of 14 inmates included one inmate identified as transgender, four inmates with limited English proficiency (Spanish) and two female inmates; in addition to these 14 inmates, the auditor also selected one additional inmate staff identified as transgender (during the interview he identified himself a gay) and two inmates who reported sexual abuse, for a total of 17 inmates. The auditor provided the list to the PREA Compliance Manager and informed him that it was time to start the facility tour.

SITE REVIEW TOUR

Sergeant Fermer, Deputy Gordon, Lieutenant Cully, Sergeant Pometta and Deputy Abbott accompanied the auditor on the tour of the facility. The tour started at the top floor and worked its way down to the

bottom floor.

-Housing Unit 8-East: staff identified as the Intake floor and Total Separation (TSEP) housing; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice. The auditor tested the phones and was not able to get through to WEAVE but was able to get to the agency's Tip-line. The auditor asked impromptu questions of one inmate about sexual safety and cross-gender viewing and the inmate indicated that there were no concerns.

-Housing Unit 8-West: staff identified as Segregated housing, disciplinary housing and Total Separation; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice; asked one inmate impromptu questions about access to programs, privileges, activities, etc. and about announcements when staff of the opposite gender enters the housing unit. The inmate stated that he has access to phone calls and that there were no PREA concerns.

-Housing Unit 7-West: staff identified as female housing, administrative segregation, psychiatric and disciplinary housing. Housing unit staff announced that male visitors were entering the housing unit. The auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice; asked impromptu questions of one inmate about sexual safety, the PREA education video, the telephone hotline to WEAVE and grievances. The inmate reported that she did not have concerns with sexual safety, that the unit started playing the PREA video earlier that month (June), that staff are pretty good at announcing the presence of male staff, that "a few girls" use the WEAVE hotline and one who is a rape survivor uses it frequently. She did, however, express concern with the grievance process stating that some officers ask inmates why they want a grievance form and would deny the request if they (the officers) disapprove of the inmate's reason for requesting it; she added that sometimes the officers accept the grievance form and would not process it and that she once asked to talk to the lieutenant in private and staff did not accommodate her request for privacy, so she had to talk in the presence other inmates.

-Housing Unit 7-East: staff identified as female intake housing; Pod 100 is overflow housing for male inmates from the intake floor; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice; staff explained that the window to the male pod remains covered at all times and there is no cross-gender viewing between the inmates; and that female inmates are secured in their cells when male inmates are escorted to or from their pod. The auditor asked impromptu questions of a nurse who had just completed her medication run. She stated that she recently viewed the PREA training video and that she had seen it before. The housing unit deputies indicated that the video first played for 72 hours starting on June 15, 2016, and that inmates started asking questions about PREA issues after viewing the video. The auditor toured the control room, inspected the views on the surveillance monitors and asked if there is a way staff can identify inmates who use the WEAVE hotline; one deputy explained that inmates select their personal identification number and staff maintains a record of these numbers in a secure portal. She further explained that when an inmate dials the WEAVE hotline or the agency's Tip-line, recording and monitoring stops.

-Housing Unit 6-East: staff identified as general population housing; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice and toured the inmate visiting area.

-Housing Unit 6-West: staff identified as general population; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice; toured the inmate recreation area (which can be viewed from four different control rooms) and noted that there is a privacy screen covering the toilet.

-Housing Unit 5-West: staff identified as general population; the auditor noted the showers for cross-

gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice.

Housing Unit 5-East: staff identified as general population; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice and toured the inmate visiting area.

-Housing Unit 4-East: staff identified as protective custody; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice. Housing unit deputies announced that female visitors were entering the unit and told inmates to be dressed. The auditor asked one inmate impromptu questions about sexual safety, the PREA Educational video, the grievance process and access to program, privileges and activities. The inmate reported that he had no concern about sexual safety; that the PREA video has been played several times; that there is a transgender woman in the pod; that inmates on protective custody have access to the General Education Development program, yoga, religious services and to the recreation area; that the grievance process works well, the commander responded and that deputies always provide grievance forms without asking about the reason for filing and that they sign the forms. He stated that he did not know if the WEAVE hotline works.

-Housing Unit 4-West: staff identified as protective custody and domestic violence program; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice.

-Housing Unit 3-West: staff identified as housing for workers and outpatient psychiatric cases; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice and asked about accommodating inmates with communication disabilities. Staff pointed-out that the video has subtitles for inmates with hearing impairments and that classification officers would read PREA information to inmates who needed such accommodation.

-Housing Unit 3-East: staff identified as protective custody and outpatient psychiatric housing; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice. The auditor asked impromptu questions of one inmate about sexual safety, the education video, the WEAVE hotline and announcement when female staff enters the unit. The inmate stated that he learned about PREA from the video; that he had no sexual safety concerns; that he is pretty sure the WEAVE hotline works and that there is a rule that requires inmates to have their shirts on when they are out of their cells.

-Housing Unit 2-East: staff identified as Medical, acute care and wheelchair accessible housing; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice. The auditor toured the Medical Records office and asked the technician about access to medical records; she pointed-out that access is password protected; that only doctors, nurses and medical records staff have access and that deputies do not have access. The auditor asked a nurse at the nurses's station about access to medical records, PREA training and the response protocol in the event of a sexual assault; she stated that a password is required to access medical records; that she viewed the PREA training video; that officers are responsible for responding to incidents of sexual assault and that inmates involved are transported to BEAR Center. The auditor asked about follow-up care and she stated that if follow-up care instructions are not received when the inmate returns, nursing staff would call BEAR Center to ask for follow-up care instructions. The auditor asked about testing for sexually transmitted infections and she stated it is automatic and that care also includes pregnancy test and contraception where applicable. The auditor interviewed an inmate with vision impairment and he reported that he has not heard about PREA; not aware of the WEAVE hotline; does not have any concerns about sexual safety and that staff has not read any material to him.

-Finally, Housing Unit 2-West: staff identified as medical housing; the auditor noted the showers for cross-gender viewing; placement of surveillance cameras; potential blind spots; posting of the PREA information poster and the audit notice. The auditor observed a team of male and female clinical staff interviewing an inmate through the cell door, but was unable to determine whether or not the inmate was dressed.

After touring all housing units, staff escorted the auditor to the following areas:

-The Laundry: there are three inmates assigned; the auditor noted inmate restrooms for cross-gender viewing, placement of surveillance cameras, potential blind spots, posting of the PREA information poster and posting of the audit notice. The auditor asked two inmate workers impromptu questions about staff supervision patterns and concerns about sexual safety; the inmates indicated that staff supervision on that day was typical and that they do not have concerns about sexual safety.

-Fiscal and Inmate Property: these two areas are adjacent to each other; there are no surveillance cameras and staff indicated that there is no inmate access.

-Intake Processing: the auditor noted inmate restrooms for cross-gender viewing, placement of surveillance cameras, potential blind spots, posting of the PREA information poster and posting of the audit notice. The toilet in the sobering tank is not visible from outside the cell; a magnetic sheet is used to cover the cell windows for inmate privacy; surveillance cameras do not cover toilets in female holding tanks; however, in Male Booking, the toilet is clearly visible from outside one holding tank and the segregation cell; privacy screens cover toilets in the other holding tanks.

-Central Control and the Sergeant's office: the auditor noted that toilets in some tanks are visible on surveillance screens and there was female staff working in these rooms; according to staff, the system that blacks-out toilets on monitoring screens was malfunctioning at the time and some toilets were visible as a result. After the tour, the PREA Compliance Manager informed the auditor that the system had been repaired.

-Medical Screening: the auditor asked a nurse who screens inmates in Booking impromptu questions about inmates who disclose past sexual victimization during screening and she stated that she refers those inmates to mental health immediately; she provided blank samples of two forms completed during medical screening (Medical Intake and Special Needs), the auditor reviewed these forms and noted that there were no PREA-related questions on either form.

-Court Security Services: this is where inmates are held in preparation for court appearances; the auditor noted that inmate restrooms were not visible from outside holding cells nor on monitoring screens, the PREA information poster was not displayed in holding cells; staff indicated that the inmates keep taking them down. The PREA Compliance Manager later explained that Court Security falls under a different division and is not part of the Correctional Services Division.

-Central Kitchen: the auditor toured cold storage, dry storage and food-processing areas; the auditor noted inmate restrooms for cross-gender viewing, placement of surveillance cameras, potential blind spots, posting of the PREA information poster and posting of the audit notice. The auditor asked two supervising cooks impromptu questions about PREA training, surveillance cameras, number of staff and number of inmate workers. The supervising cooks reported that they received PREA training in March; that the surveillance cameras cover the area well, but do not rotate often enough; that there are four to five supervising cooks and 35 - 40 inmates assigned and no inmates serve as lead-man.

-Finally, the roof: staff assured that there is no inmate access; that only maintenance workers access the area and that security staff must clear elevator access to that level.

DOCUMENT REVIEWS

-Employee Training Records: The PREA Compliance Manager provided several file-boxes with employee training attestation forms; there were boxes with attestation forms for Medical and Mental Health staff

and Contractors and Volunteers. The PREA Compliance Manager stated that the PREA training started two years ago and employees view the PowerPoint presentation and PREA training video on a computer training program where employee training records are updated automatically upon completing the training. The auditor reviewed a sample of 12 attestation forms in each box and verified that the employees were actually medical and mental health staff as well as contractors and volunteers. The PREA Compliance Manager and the Compliance Deputy pulled-up computerized training records for 12 deputies to show that they received PREA training; the PREA Compliance Manager then pulled personnel files for those 12 deputies and showed their training attestation forms. The RCCC PREA Compliance Manager provided training records for Investigators; these included sign-in sheets, employee certificate of completion as well as training outlines and lesson plans for several PREA-related classes provided to investigators.

-Sexual Abuse/Harassment Investigations: The PREA Compliance Manager provided several investigative reports for review and the auditor asked him to provide all investigative reports via email for offsite review.

-Unannounced Supervisory Tours: The PREA Compliance Manager escorted the auditor to his office; the auditor reviewed housing unit log book entries from April 27, 2015 to June 25, 2015, for Housing Unit 4-East; from May 2015 to June 2015 for Housing Unit 6-East; and from December 2014 to January 2015 for Housing Unit 7-East. The PREA Compliance Deputy pulled-up five surveillance video recordings that show supervisory tours of Housing Units 5-East, 2-East, 4-East and 7-West at different times on both shifts on dates ranging from May 29, 2015 to April 30, 2016 (covering the 12-month audit period). The dates and times of these video recordings were cross-checked with those supervisors' entries in the respective housing unit log books and in all five cases, the date and time on the video matched the date and time of the supervisor's entry in the log book.

-Inmate PREA Education Records: The PREA Compliance Manager provided several file-boxes with inmate education attestation forms. The auditor reviewed samples from each box and the PREA Compliance Manager reported that the facility started showing the PREA education video in all housing units on May 17, 2016, and in Booking later that week. The facility also started the inmate attestation forms on May 17, 2016, and the PREA Compliance Manager provided a computer print-out of all inmates who completed PREA education attestation forms.

STAFF INTERVIEWS

-Random Staff Interviews: The auditor interviewed one deputy from each of the facilities 14 housing units using the Adult Prisons and Jails interview protocols for "Random Staff Interviews" including informing staff of the audit's purpose and the reason for their requested participation. Eight day shift and six night shift deputies were interviewed.

-PREA Management Interviews: The auditor interviewed the following members of the agency and facility's management team:

- >Agency Head Designee - Chief Deputy D. Torgerson
- >PREA Coordinator - Lieutenant R. Cully
- >Warden or Designee - Captain J. Ortega
- >PREA Compliance Manager - Sergeant F. Fermer

-Specialized Staff Interviews: The auditor interviewed the following specialized staff using the Adult Prisons and Jails interview protocols for "Specialized Staff Interviews" including informing staff of the

audit's purpose and the reason for their requested participation. (Note: PREA audit protocols prohibit identifying these staff in the audit report)

- >-Designated staff charged with monitoring retaliation
- >Incident Review Team
- >Two Intake deputies, one from Male Booking and one from Female Booking
- >Housing unit sergeant
- >Medical practitioner
- >Mental health practitioner
- >Deputy who serves as security staff first responder
- >Classification Officer who performs screening for risk of victimization and abusiveness
- >Two segregated housing deputies, one from male segregated housing and one from female segregated housing
- >Two volunteers who have contact with inmates (one interviewed as non-security first responder)
- >Contract employee who has contact with inmates
- >Human Resources Records Officer responsible for background investigations
- >Sex and Elderly Abuse Bureau (Sex Crimes) detective
- >Internal Affairs investigator
- >Main Jail Intel Unit deputy

The PREA Compliance Manager escorted the auditor to the Sheriff Department's Headquarters for the Human Resources interview and review of background investigation files. The auditor interviewed a senior records officer and reviewed a sample of 15 background investigations files, ten sworn employees and five non-sworn employees. All 15 files included a background investigation clearance and a notice of subsequent arrest; this is the agency's system for receiving notification from the Department of Justice if an employee is arrested or otherwise cited by a law enforcement agency. The records officer assured that a background investigation is always completed before hiring an employee who may have contact with inmates, including contractors the agency hires. The PREA Compliance Manager escorted the auditor to the Administrative Support Office where live scans or criminal background records checks are done for contractors and volunteers who provide temporary services and may have contact with inmates. The auditor reviewed 12 files selected randomly and every file included a live scan. The records officer indicated that she runs a criminal history records check every 12 months as part of the process of renewing access credentials for contractors and volunteers.

INMATE INTERVIEWS

-Random Interviews: The auditor privately interviewed one inmate from each of the facility's 14 housing units; these 14 inmates included one inmate identified as transgender, four inmates with limited English proficiency (Spanish) and two female inmates; in addition to these 14 inmates, the auditor interviewed an inmate identified as gay and two inmates who reported sexual abuse, for a total of 17 inmates. The auditor is fluent in Spanish and interviewed the limited English proficient inmates in Spanish. The auditor used the Adult Prisons and Jails interview protocols for "Random Sample of Inmates" and where applicable, for "Disabled and Limited English Proficient Inmates," "Transgender and Intersex Inmates; Gay, Lesbian and Bisexual Inmates" and "Inmates who Reported Sexual Abuse." Before starting, the auditor informed each inmate of the audit's purpose and the reason for their requested participation.

POST AUDIT PHASE

After completing the onsite audit, the auditor contacted the Medical Director at BEAR Center for the SANE interview and she reported that she has a team of nine advanced practice physician's assistance

and registered nurses who received specialized training in medical forensics. When asked about availability, she asserted that in ten years of service, there has never been a situation in which they were not available. She explained that forensic examinations are conducted at the BEAR Clinic on Stockton Blvd. and that her staff would travel to the location in cases where the victim has medical injuries or mental health issues and is not stable enough for discharge. Following that interview, the auditor organized all documentation received from the facility during the pre-audit and onsite audit phases. The auditor also organized all site review notes, as well as staff and inmate interview forms before completing the "Audit" section of the Online Audit System. Where additional documentation was needed, the auditor requested that documentation through the PREA Compliance Manager. Following that interview, the auditor continued with the preparation of the Interim Audit Report using a template to ensure all information is reported in uniform fashion. For each standard provision, the audit report identifies the following:

- AUDITOR'S DETERMINATION: (EXCEEDS STANDARD, MEETS STANDARD or DOES NOT MEET STANDARD)
- POLICIES AND OTHER DOCUMENTS REVIEWED
- PEOPLE INTERVIEWED: (If required)
- SITE REVIEW OBSERVATIONS: (If required)
- DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS
- CORRECTIVE ACTION: (If required)

After completing this audit narrative, the Facility Characteristics and the Summary of Audit Findings, the auditor uploaded all necessary supporting documents, conducted a complete final review of the audit report and submitted it to the Chief Deputy, the Facility Commander and the PREA Coordinator.

The submission of this interim report triggers the start of the corrective action period which shall not exceed 180 days. Under the PREA standards, the agency/facility and the auditor shall work collaboratively to develop corrective actions for all standards where the auditor's determination is "Does not Meet Standard." The facility is expected to designate an employee responsible for coordinating all proposed corrective measures and submit them to the auditor for approval. Each proposed corrective measure should include the specific language of the standard provision and the auditor's suggested corrective action. The auditor requests that the facility submit proposed corrective measures for approval as they are developed. The auditor will either approve the proposed corrective measure or provide feedback to the facility until there is mutual agreement on the proposed corrective measure. The auditor provided a template the facility could use for submitting each corrective measure and the facility accepted the template. The facility is asked to maintain a record of all auditor-approved corrective measures; after all proposed corrective measures are approved, the facility is asked to provide the complete corrective action plan. The auditor will review and approve the corrective action plan and notify the facility. This notice to the facility will trigger a 30-day period in which the auditor is required to complete and submit the final audit report to the facility. The final audit report will specify the auditor's certification that agency-wide policies and procedures for the facility comply with relevant PREA standards.

CORRECTIVE ACTION PHASE

The agency designated an employee who coordinated the preparation and submittal of all proposed corrective measures to the auditor using the corrective action plan template. The auditor reviewed each proposed corrective action and provided feedback to the facility as needed; the facility revised corrective

measures where needed and resubmitted them for approval. This process continued for all standards not met until all proposed corrective measures were approved. Both the employee and the auditor maintained a tracking system of all corrective measures submitted and approved. After all proposed corrective measures were approved, the auditor updated the audit compliance tool accordingly by uploading new supporting documents received from the agency/facility, changing individual standard provisions from "No" to "Yes" and audit determinations from "Does not meet standard" to "Meets standard." The auditor transferred corrective action information from each corresponding corrective action plan template to the audit compliance tool and updated §115.403 – Audit contents and findings and §115.404 – Audit corrective action plans to reflect changes from Interim report to Final report. After completing a final review of the complete audit report, the auditor saved the report then submitted it to the Chief Deputy, the Facility Commander and the PREA Coordinator. With the submittal of the final report, the auditor certifies that agency-wide policies and procedures for the Sacramento County Main Jail comply with relevant PREA standards. The PREA Audit Process requires agencies to post the final audit report on the agency's website within 30 days of issuance.

Facility Characteristics:

The auditor's description of the audited facility should include details about the type of the facility, 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 Sacramento County Main Jail is located at 651 I Street in downtown Sacramento. This jail is a twelve-story high-rise structure built in 1984, with inmate housing on floors two through eight. There is a sub-basement with a Powerhouse and Emergency Power Generation Station. On the basement, is the facility's Maintenance Shops, a commercial-type laundry, inmate property room, an area known as Fiscal that also stores property, the staff fitness center, food storage and preparation facilities, Mechanical rooms and Court holding cells. On the first floor (ground level), there is law enforcement vehicle access and parking, the jail's records office, inmate property rooms, male and female booking (with several holding cells and holding tanks), an arrest room, Central Control, the facility's public entrance, etc. The agency's Court Security Services Division operates several holding cells and tanks on the east side of this floor to service the nearby County Superior Court and Federal District Court. On the second floor, there is a mezzanine level overlooking the public entrance on the first floor, staff dining area which doubles as a conference room, a media room, administrative offices, the staff locker room, inmate medical and psychiatric housing and wheelchair-accessible inmate housing. On the remaining housing floors (three through eight), there are two housing units or wings per floor (East and West) and an elevator bank between the two wings. On either side of the elevator bank, on the floor level, there is an office (one of which is the medical consultation office) and a multi-purpose room; on either side of the elevator bank, on the mezzanine level (above the multi-purpose room and the office), there are non-contact inmate visiting facilities. There are three open-air recreation decks in the rear of the building on floors three, five and seven; each recreation deck has a basketball half-court and an inmate toilet. Each housing unit has a security observation control booth from which the assigned deputy can monitor inmate activity in the housing pods as well as on the recreation deck for that floor. On floors three through six, each housing unit has three two-story housing pods designated as Pods 100, 200 and 300. On the East side, Pod 100 has 30 cells, 15 on each level; Pod 200 has 32 cells, 16 on each level; and Pod 300 has 32 cells, 16 on each level. On the West side, Pod 100 has 32 cells, 16 on each level; Pod 200 has 32 cells, 16 on each level; and Pod 300 has 40 cells, 20 on each level. On floors seven and eight, the East side has the same configuration as that of the other housing floors; however, on the West side of these two floors, Pod 300 has been divided down the middle to form Pods 300 and 400, each of which has 20 cells, ten on each level.

The Main Entrance lobby of the Jail allows for the screening of all visitors, both inmate and professional, who enter the facility. All visitors and their property are screened by metal detector and x-ray for weapons and contraband. There is an elevator bank that leads to the Administrative Suite and to visiting areas on each floor. There is also a control booth and a window for posting bail. There is a sally-port which leads past the Intake Unit and Central Control.

The Central Control Unit is staffed by multiple deputies and facilitates the operation of the Jail's video monitoring and the operation of both security elevators and passage doors and gates. Directly adjacent to the Central Control and Intake Units is the gated garage area. This area allows for secure parking for jail and police vehicles, as well as Sheriff's Department transport vehicles.

The medical area on the second floor is a self-contained facility with medical examination rooms, a dental suite and housing for inmates with significant medical and/or psychiatric conditions. Medical services is provided by the county's Correctional Health Services and mental health services are provided pursuant

a contract with University of California Davis' Jail Psychiatric Services. The medical wing is divided into two sections: one section has acute/chronic inpatient-medical housing and dental clinics on the perimeter; the other section inpatient-mental health housing. In the middle, there is a corridor with a security desk staffed by two deputies. The the inpatient mental health section houses inmates in need of acute mental health treatment and inmates who are a threat to themselves and to others.

Housing Unit 3-East houses protective custody and outpatient psychiatric inmates; 3-West houses inmate workers and outpatient psychiatric cases.

Housing Unit 4-East houses protective custody; 4-West houses general population, protective custody and inmates in the Domestic Violence program.

Housing Unit 5-East houses general population; 5-West houses general population.

Housing Unit 6-East houses general population; 6-West houses general population.

Housing Unit 7-East houses female intake and male intake overflow (in Pod 100); 7-West houses female general population, segregation, psychiatric and disciplinary.

Housing Unit 8-East houses male intake and total separation; 8-West houses male segregation, disciplinary and total separation

Video surveillance coverage is provided for all common areas in the housing units as well as corridor areas where inmate traffic is normal; however, for privacy reasons, surveillance cameras do not cover the interior of the cells or showers. Housing unit day rooms are encased in security glazing which allows direct observation into inmate program areas; surveillance cameras provide coverage of blind spots where large concrete pillars obstruct the control booth deputy's view into the dayroom.

In addition to the video surveillance monitors, control booths also have two-way audio communication with inmates in each cell in the housing unit and there is an emergency button in each cell for inmates to alert security staff in the event of a medical or other safety concern. There are also staff accessible fire towers to each housing unit. This facility provides programs and activities for all inmates not classified as "Total Separation" or on administrative segregation status. These activities include education, library, law library, bible study, religious services, substance abuse counseling groups, dayroom activities with television viewing and recreation activities such as basketball.

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.

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

On June 27, 2016, a Prison Rape Elimination Act (PREA) audit of the Sacramento County Sheriff's Department Main Jail Facility found that the facility is generally not in compliance with the PREA standards. Of 45 standards in the Adult Prisons and Jails audit tool, the facility met 21 standards and did not meet 24 standards. The facility met or exceeded the standard for 46.7% of the 45 standards. Below is a summary of standards the facility exceeded, standards met, standards not met and standards that did not apply.

*****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

None

SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

115.42 - Use of Screening Information

REPORTING

115.51 - Inmate reporting

115.52 - Exhaustion of Administrative Remedies

115.54 - Third-party reporting

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

115.62 - Agency protection duties

115.66 - Preservation of ability to protect inmates from contact with abusers

INVESTIGATIONS

- 115.71 - Criminal and administrative agency investigations
- 115.72 - Evidentiary standard for administrative investigations

DISCIPLINE

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

MEDICAL

- 115.81 - Medical and mental health screenings; history of sexual abuse
- 115.82 - Access to emergency medical and mental health services

DATA COLLECTION AND REVIEW

- 115.89 - Data storage, publication, and destruction

AUDITING AND CORRECTIVE ACTION

- 115.401 - Frequency and scope of audits
- 115.403 - Audit contents and findings

*****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

RESPONSIVE PLANNING

None

TRAINING AND EDUCATION

- 115.31 - Employee training
- 115.32 - Volunteer and contractor training
- 115.33 - Inmate education
- 115.34 - Specialized training: Investigations
- 115.35 - Specialized training: Medical and mental health care

SCREENING FOR RISK OF VICTIMIZATION AND ABUSIVENESS

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

REPORTING

- 115.53 - Inmate access to outside confidential support services

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

- 115.61 - Staff and agency reporting duties
- 115.63 - Reporting to other confinement facilities
- 115.64 - Staff first responder duties.
- 115.65 - Coordinated response
- 115.67 - Agency protection against retaliation
- 115.68 - Post-allegation protective custody

INVESTIGATIONS

- 115.73 - Reporting to inmates

DISCIPLINE

None

MEDICAL

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

DATA COLLECTION AND REVIEW

- 115.86 - Sexual abuse incident reviews
- 115.87 - Data collection
- 115.88 - Data review for corrective action

CORRECTIVE ACTION PLAN

The auditor and the agency/facility collaborated in the development of a corrective action plan to address all standards not met. After approving all proposed corrective measures, the auditor approved the entire corrective action plan, changed all audit determinations in the audit compliance tool from "Does not meet standard" to "Meets standard" and issued the final determination that the facility achieved compliance with those standards requiring corrective action.

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
	<p data-bbox="252 168 896 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 523 280">Auditor Discussion</p> <p data-bbox="252 324 1088 358">115.11(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p data-bbox="252 414 912 443">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p data-bbox="252 459 450 488">-General Order</p> <p data-bbox="252 544 1476 1041">The General Order is clear about the agency's zero tolerance towards sexual abuse or sexual harassment. It makes no distinction based upon who the alleged offender is or who the alleged victim is. It lists general definitions of PREA-related terminology including prohibited behaviors that constitute sexual abuse and sexual harassment. The general order specifies that the agency shall designate a management level employee (lieutenant or above) as an 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; it also states that each of its two facilities shall designate a PREA compliance manager with sufficient time and authority to coordinate each facility's efforts to comply with the PREA standards. The general order, however, does not specify sanctions for those found to have participated in prohibited behaviors or a description of the agency's strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p data-bbox="252 1097 571 1126">PEOPLE INTERVIEWED</p> <p data-bbox="252 1142 418 1171">-14 deputies</p> <p data-bbox="252 1227 1476 1384">During interviews, the auditor asked the 14 deputies what they learned during PREA training and all 14 identified the agency's zero-tolerance policy and their responsibility to report all cases of sexual abuse and sexual harassment of inmates immediately to their supervisor or to the facility's chain of command.</p> <p data-bbox="252 1440 869 1469">SITE REVIEW OBSERVATIONS: None required</p> <p data-bbox="252 1525 1455 1641">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 1697 1476 1944">While the General Order is specific about the fact that the agency has a zero-tolerance policy, who it applies to, definition of prohibited behaviors, the designation of an agency-wide PREA Coordinator and a PREA Compliance Manager at each facility the agency operates; it does not, however, specify what the sanctions are for individuals who are found to have participated in prohibited behavior, nor does it describe the agencies strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.</p> <p data-bbox="252 2000 798 2029">RECOMMENDED CORRECTIVE ACTION</p> <p data-bbox="252 2085 1476 2157">The agency should modify its zero-tolerance policy to specify what sanctions may be imposed upon individuals found to have participated in sexual abuse and sexual harassment of</p>

inmates. The policy should also specify the agency's strategies to eliminate sexual abuse and sexual harassment of inmates. Examples are preventing, detecting, investigating and responding, staff training, inmate education, staff's responsibility to report, investigating and prosecuting substantiated cases of sexual abuse and sexual harassment of inmates. This is not an exhaustive list of strategies.

CORRECTIVE ACTION TAKEN

The agency provided a revised version of the PREA General Order with new language specifying the agency's strategy to eliminate sexual abuse and sexual harassment of inmates. The new language also specifies sanctions for employees found to have participated in prohibited behavior. The revised language should specify sanctions for contractors or volunteers (if different from those of employees) and sanctions for inmates found to have violated the agency's policy. The agency added language to the general order specifying sanctions for contractors, volunteers and inmates (see General Order Page 1).

CORRECTIVE ACTION APPROVED

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115.11(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-Agency Organizational Chart

The agency's organizational chart shows the PREA Coordinator reporting to the Chief Deputy of Correctional Services and is listed as coordinator for both facilities.

PEOPLE INTERVIEWED

-PREA Coordinator

During the interview, the PREA Coordinator stated that she has enough time to manage all of her PREA-related responsibilities; there are two PREA Compliance Managers, one for each facility the agency operates; she meets in person or communicates by phone and email with the PREA Compliance Manager about twice per week. She indicated that if she identifies an issue with complying with a PREA standard, she meets with management and the compliance manager to discuss the issue as a team and determine what can be done correct it. If it is a policy issue, the policy is revised, if it is a surveillance camera issue, it is referred to the Technical Support team to make the necessary changes to the surveillance system.

SITE REVIEW OBSERVATIONS: None required

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

The agency designated a lieutenant, an upper-level manager, as the agency-wide PREA

Coordinator; the Coordinator asserts that she has sufficient time and authority to dedicate to developing, implementing and overseeing the agency's efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator is appropriately placed in the agency's organizational chart and she communicates on a regular basis with the PREA Compliance Managers at the agency's two facilities.

CORRECTIVE ACTION

None required.

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115.11(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-Facility Organization Chart

The General Order establishes the PREA Compliance Manager position for each facility and the position appears in the Main Jail Organizational chart reporting to the Operations Commander for the B-Days shift.

PEOPLE INTERVIEWED

-PREA Compliance Manager

During the interview, the PREA Compliance Manager reported that he has sufficient time to dedicate to his PREA compliance responsibilities; he works collaboratively with designated jail staff to identify projects needed to bring the facility into compliance and to maintain compliance. He follows-up on all allegations of sexual abuse to ensure all required documentation is completed and referred for investigation. As a member of the Incident Review Team, he meets with appropriate executives to ensure all cases are handled properly and review physical and environmental factors to determine if changes need to be made to ensure inmate safety. He also reported that he is responsible for staff orientation and training, that he works with the PREA Coordinator to ensure agency policies and procedures are current and compliant with applicable laws.

SITE REVIEW OBSERVATIONS: None required

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

The PREA Compliance Manager asserts that he has sufficient time and authority to dedicate to his PREA compliance responsibilities; his position appears on the facility's organizational chart reporting to the Operations Commander for the B-Days shift and he is actively involved in the responsibilities associated with his position.

CORRECTIVE ACTION

	None required.
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115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency does not contract with private agencies or other entities for the confinement of inmates; therefore, the provisions of the standard do not apply.

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -PREA General Order -Operations Order -June 2016 Main Jail Staffing Plan <p>General Order Section III.B. specifies the language of the standard as it relates to each facility developing, documenting and complying on a regular basis with a staffing plan that provides for adequate levels of staffing and video monitoring to protect inmates from sexual abuse. Also, Operations Order titled "Preventing, Detecting, Responding to Inmate or Detainee Sexual Assault" states in Subsection I.E. that the Main Jail and RCCC (Rio Cosumnes Correctional Center) shall maintain a written staffing plan that provides for an adequate level of staffing to prevent, detect and respond to allegations of inmate sexual assault. The staffing plan specifies that the daily minimum sworn staffing in the Main Jail is 38 deputies, the maximum jail capacity is 2432, the average daily population year-to-date for 2016 is 2093. It also provides staff-to-inmate ratio based upon the maximum capacity and the average daily population; it lists the number of custody supervisors and brief information about the facility's audio/video monitoring system. The plan explains the facility's cell check procedure and style of supervision. It states that the 11 factors listed in the standard were considered in its development and lists those 11 factors. However, there is no explanation of how each factor was considered in calculating adequate staffing levels and determining the need for video monitoring.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Facility Commander -PREA Compliance Manager <p>During the interview, the facility commander stated that the facility established a minimum number of custody personnel to staff each shift; shift supervisors make every effort to comply with that minimum number and where they do not, an explanation is provided on the daily schedule. He confirmed that video monitoring is part of the staffing plan, that the plan is posted on the server where it is available to all and that the Administrative Sergeant posts all changes on the daily schedule. The commander also explained that he checks for compliance with the staffing plan by inspecting the daily schedules even on the weekend because they are emailed to him and that if he does not review them over the weekend, he does as soon as he gets to his office on Monday. The Commander further stated that the facility documents all instances of non-compliance with the staffing plan, that the most common reasons for deviation from the plan are sick leave, training and medical runs and that the documentation includes an explanation for non-compliance. The standard requires the facility to consider 11 items when assessing adequate staffing levels and the need for video monitoring. The Captain was asked to explain if and how the facility's staffing plan considers each of the 11 items prescribed by the standard and he provided the following explanations for each item:</p>

a. Generally accepted detention and correctional practices;

The staffing plan establishes a minimum number of staff to cover each shift, we make every effort to comply with the plan and the most prevalent reason for not complying is medical/transportation runs.

b. Any judicial findings of inadequacy;

There is a 1993 consent decree that requires the facility to ensure inmates sleep on bunks and not on the floor. That issue is no longer a challenge for this facility.

c. Any findings of inadequacy from federal investigative agencies;

There are none.

d. Any findings of inadequacy from internal or external oversight bodies;

No such findings in place.

e. All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated);

We are in the process of updating our video surveillance system to address blind spots; we have deputies patrolling areas several times per hour.

f. The composition of the inmate population;

The number of female deputies assigned are based upon our inmate population. We house inmates and assigned staff to address our inmates' classifications.

g. The number and placement of supervisory staff;

The normal shift includes a Watch Commander, an Administrative Sergeant, a Booking Sergeant and two housing Sergeants (upper and lower floors).

h. Institution programs occurring on a particular shift;

At nights there is less programming and inmates are in their assigned cells, during the day, there is more programming; therefore, some deputies are required to provide supervision and security for those services.

i. Any applicable state or local laws, regulations, or standards;

We abide by Title 15 of the California Code of Regulations.

j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and

If we identify an area where we have a problem, we conduct an incident review after every investigation where the allegation is substantiated or unsubstantiated. Part of the review calls for the team to assess whether changes to the staffing plan are needed or additional video surveillance is needed. Where this is the case, the staffing plan is modified to consider these changes based upon the investigative findings.

k. Any other relevant factors.

No other factors are considered.

The compliance manager was asked the same question and he provided the following explanations for each item:

a) We ensure enough staff is working at all times to complete all required duties and tasks as determined by current policy and the law. This includes increased staffing on high security floors as well as augmented security and non-security staffing on shifts where there is increased programs and inmate movement.

b) There is a 2006 Judicial finding that capped our inmate population at 2432. Our facility staffing model utilizes this number when determining overall staffing in the facility. When the inmate population reaches this level, inmates are moved to the RCCC Jail to ensure we do not exceed this level.

c) There are no findings of inadequacy from federal investigative agencies;

d) There are no findings of inadequacy from internal or external oversight bodies;

e) As mentioned before (question #3) the facility's physical make-up is considered when

determining the need for video monitoring. Identified blind spots and areas where staff or inmates may be isolated are considered and cameras are installed to complement supervision and increase staff and inmate safety.

f) Inmates are classified into various security groups as High, Medium and Low. Further, inmates can be classified as Protective Custody, Administrative Segregation, General Population, etc. The staffing plan considers this and has increased security staff on higher security floors which also house a majority of our separated inmates due to increased inmate movement and the requirement to have added deputy escorts.

g) The staffing plan considers how many officers are assigned to different areas of the facility and assigns adequate levels of supervision to ensure the scope of responsibility does not get too high.

h) During the day shift, there is a higher level of inmate movement due to education programs, court proceedings, medical appointments, job training, etc.; therefore, the staffing plan calls for increased personnel to augment standard custody staffing assigned to specific control points.

i) All Federal, State, and local laws, as well as regulations and standards are taken into account when determining staffing level.

j) If during an incident review or annual review of PREA incidents and allegations it is determined that inadequate staffing levels was a contributing factor, the facility would consider changes to the staffing in those areas to limit and stop those incidents.

k) All relevant factors are considered when determining the staffing model in an effort to limit PREA incidents and maintain an appropriate level of safety for staff and inmates.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes all of the requirements of the standard. The agency complements the General Order by including in the Operational Order a requirement for each facility to maintain a written staffing plan that provides for adequate levels of staffing to prevent, detect and respond to allegations of inmate sexual assault. These two policy documents are the agency's first step towards ensuring that each facility it operates develops, documents and makes its best efforts to comply on a regular basis with a staffing plan according to the requirements of the standard. However, the agency did not follow through to ensure the Main Jail's staffing plan includes all of the information required by the standard and the General Order. While the facility may or may not be operating with an adequate level of staffing and surveillance cameras, the staffing plan itself does not explain how, in calculating adequate staffing levels and determining the need for video monitoring, the facility took into consideration the eleven factors listed under 115.13(a).

RECOMMENDED CORRECTIVE ACTION

The agency should ensure the facility develops a staffing plan that meets the standard and the provisions of the General Order. The facility should modify the staffing plan to include how, in calculating adequate staffing levels and determining the need for video monitoring, the facility took into consideration each of the eleven factors listed under the standard and in the General

Order.

CORRECTIVE ACTION TAKEN

The facility provided a revised staffing plan that includes how the facility considered each of the 11 factors listed under the standard in calculating adequate levels of staffing and the need for surveillance cameras. This resolves the interim report's finding relative to this standard provision.

CORRECTIVE ACTION APPROVED

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115.13(b)- AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- PREA General Order
- June 2016 Main Jail Staffing Plan
- Four Daily Schedules

General Order Section III.B. specifies the language of the standard verbatim; therefore, all requirements of the standard are covered. The staffing plan specifies that the daily minimum sworn staffing in the main jail is 38 deputies, the maximum jail capacity is 2432, the average daily population year-to-date for 2016 is 2093. The facility submitted an actual daily schedule for each of its four shifts. The schedules list each post and the employee assigned; at the bottom of this list, is the total number of deputies posted for that shift on that day. Neither of the four daily schedules posted 38 deputies; the number of deputies posted on the four schedules are 32, 33, 33 and 35. The schedules also list employees who were absent that day, the reason for the absence and the person who filled the vacancy if it was filled. There is a "Notes" field at the bottom with information such as "Deputy Doe, mandatory training," or "Deputy and Sergeant Over-time list exhausted." There is no other form of justification for not complying with the daily minimum number of deputies specified in the staffing plan.

PEOPLE INTERVIEWED

- Facility Commander

During the interview, the facility commander stated that the facility established a minimum number of custody personnel to staff each shift, that shift supervisors make every effort to comply with that minimum number and where they do not, an explanation is provided on the daily schedule. He added that the facility documents all instances of non-compliance with the staffing plan and that the documentation includes an explanation for non-compliance.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Two of the four daily schedules provided indicate in the "Notes" section that the sergeant and deputy overtime lists were exhausted; one even specified that there was a modified lock-down due to staffing. This may be a valid justification for non-compliance with the daily minimum number of deputies required by the staffing plan, because it suggests there are no other alternatives for hiring a deputy or a sergeant for the unfilled posts; and, in the case of the modified lock-down note, that the facility took action to mitigate the effects of the deputy shortage by restricting inmate out-of-cell activity. It is not clear whether there are alternatives other than overtime for filling the unfilled posts, but a valid justification should make it clear that there were no other alternatives for filling the unfilled posts. The other two daily schedules do not list any justification for non-compliance with the standard. Indicating that a deputy has to attend mandatory training is not, in and of itself, a justification for non-compliance.

RECOMMENDED CORRECTIVE ACTION

The facility should modify its practice to ensure the Administrative Sergeant documents and justifies all instances of deviation from the staffing plan, or more specifically, whenever the facility's security posts are not filled to the daily minimum staffing level. Justification should specify that there were no available alternatives, within agency policy, for filling the unfilled posts and what, if any, actions were taken to mitigate any and all safety and security concerns associated with the staffing shortage.

CORRECTIVE ACTION TAKEN

The revised plan requires the administrative sergeant to document and justify all deviations from the staffing plan in the "Notes" section of the daily schedule. The auditor requests two samples from each of the four 12-hour shifts where the administrative sergeant documented instances where the staffing plan was not complied with and the justification explaining why all security posts could not be filled. The Compliance Manager stated that the facility's staffing is up following two academy graduations and several lateral hires; thus, the facility has been able to meet its staffing requirements. He added that the shifts that had staffing shortages filled their security posts to meet the staffing plan requirements. This resolves the interim report's finding relative to this standard provision.

CORRECTIVE ACTION APPROVED

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115.13(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- PREA General Order
- June 2016 Main Jail Staffing Plan

General Order Section III.B. specifies the language of the standard verbatim. The staffing plan

does not specify that the facility is required to conduct an annual review, in consultation with the PREA Coordinator, to 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.

PEOPLE INTERVIEWED

-PREA Coordinator

The PREA Coordinator stated that she is consulted regarding any assessments of, or adjustments to, the staffing plan and that assessments take place at least annually; however, neither the PREA Coordinator nor the facility provided any documentation of annual reviews as specified in 115.13(c).

SITE REVIEW OBSERVATIONS: None required

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

The General Order specifies the language of the standard verbatim; therefore, all requirements of the standard are covered. The staffing plan reflects that it was updated in June 2016 and neither the facility nor the PREA Coordinator provided an annual review of the 2015 version of the staffing plan.

RECOMMENDED CORRECTIVE ACTION

If not yet in place, the facility should institute the practice of conducting an annual agency review, in consultation with the PREA Coordinator, to 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 ensure adherence to the staffing plan.

CORRECTIVE ACTION TAKEN

The facility submitted the revised staffing plan as documentation of the annual review conducted, in consultation with the PREA Coordinator, to assess and determine whether any 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 ensure adherence to the staffing plan. This resolves the interim report's finding relative to this standard provision.

CORRECTIVE ACTION APPROVED

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115.13(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- PREA General Order
- Four Unit Logbooks
- Video Recordings of Supervisor Rounds

General Order Section III.B. specifies the language of the standard verbatim. The Compliance Manager obtained unit log books from the facility's archives. The auditor reviewed four log books, each from a different housing unit; these log books were completed between December 2014 and June 2015; each book includes both sergeants' and lieutenants' entries at different times of the day and night shifts. The compliance manager facilitated review of surveillance video recordings of the moment the sergeants entered the housing units for five of the rounds entered into the log books; these rounds included various housing units on both day and night shifts. These entries range in dates from May 2015 to April 2016. In each video recording, the sergeant is seen entering the housing unit and in each case, the time stamped on the video corresponds with the the time the sergeant entered into the log book.

PEOPLE INTERVIEWED

- Day Shift Supervisor

During the interview, one of the day shift sergeants stated that he conducts unannounced rounds and documents them in the log book on each floor. He explained that to prevent staff from alerting other staff that he is conducting unannounced rounds, he takes different routes, such as, using the stairs and elevators and that he conducts his rounds at different times of the day.

SITE REVIEW OBSERVATIONS

During the site review, the auditor asked inmates in different housing units if they ever see supervisors making rounds and the inmates confirmed this practice.

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

The General Order specifies the language of the standard verbatim; therefore, all requirements of the standard are covered. The day shift sergeant reported that he conducts unannounced rounds and documents them in the log book on each floor. He explained that to prevent staff from alerting other staff that he is conducting unannounced rounds, he takes different routes, such as, using the stairs and elevators and that he conducts his rounds at different times of the day. A sampling of logbooks from different housing units completed over the audit period reflects that supervisors signed these logbooks during both the night and day shifts and entered the time of their rounds. A review of surveillance videos reflect that supervisors entered different housing units on both shifts on five different days over the course of the audit period and the arrival times stamped on the surveillance videos correspond with the times they signed those unit logbooks. During the site review tour, inmates in different housing units confirmed that they see supervisors making rounds at different times of the day in their respective housing units.

CORRECTIVE ACTION

No corrective action required.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>GO III.C. specifies policy relative to housing and supervision of youthful inmates, but does not specify that the facility does not house this category of inmate.</p> <p>PEOPLE INTERVIEWED: None; the facility did not identify Line Staff who Supervise Youthful Inmates</p> <p>SITE REVIEW OBSERVATIONS: None; the facility does not have youthful inmate housing</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>The General Order specifies policy relative to housing and supervision of youthful inmates, but does not specify that the facility does not house this category of inmate. The Main Jail does not house youthful inmates; therefore, the provisions of this standard do not apply.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>The auditor recommends revising the General Order to remove the reference to housing and supervising youthful inmates and replace it with language specifying that the facility does not house youthful inmates.</p> <p>----- --</p>
	<p>115.14(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>GO III.C. specifies policy relative to housing and supervision of youthful inmates, but does not specify that the facility does not house this category of inmate.</p> <p>PEOPLE INTERVIEWED: None; the facility did not identify Staff who Supervise Youthful Inmates</p>

SITE REVIEW OBSERVATIONS: None; the facility does not have youthful inmate housing

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

The General Order specifies policy relative to housing and supervision of youthful inmates, but does not specify that the facility does not house this category of inmate. The Main Jail does not house youthful inmates; therefore, the provisions of this standard do not apply.

CORRECTIVE ACTION

None required

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115.14(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

GO III.C. specifies policy relative to housing and supervision of youthful inmates, but does not specify that the facility does not house this category of inmate.

PEOPLE INTERVIEWED: None; the facility did not identify Staff who Supervise Youthful Inmates

SITE REVIEW OBSERVATIONS: None; the facility does not have youthful inmate housing

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

The General Order specifies policy relative to housing and supervision of youthful inmates, but does not specify that the facility does not house this category of inmate. The Main Jail does not house youthful inmates; therefore, the provisions of this standard do not apply.

CORRECTIVE ACTION

None required

115.15 Limits to cross-gender viewing and searches

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.15(a) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.D.1 specifies that the Main Jail and the Rio Cosumnes Correctional Center 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.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

During the site review, the PREA Compliance Manager reiterated that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches.

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

The General Order forbids cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. Also, the PREA Compliance Manager reiterated that the facility does not conduct cross-gender strip searches or cross-gender visual body cavity searches. The auditor did not find any evidence that such searches are conducted.

CORRECTIVE ACTION

None required

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115.15(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.D.2 specifies that the Main Jail and the Rio Cosumnes Correctional Center 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.

PEOPLE INTERVIEWED

- 14 deputies
- Two female inmates

The auditor interviewed 14 deputies and asked if the facility restricts female inmates' access to programs or out-of-cell opportunities if a female deputy is not available to conduct a pat-down search. All but one of them replied "No;" that one deputy indicated that it is possible that the inmate would not be able to leave her cell. The auditor also interviewed two female inmates and asked if they have been unable to participate in activities outside of their cells because female staff was unavailable to conduct pat-down searches. Both inmates replied "No."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes all requirements of the standard and forbids cross-gender pat-down searches of female inmates, absent exigent circumstances; it also specifies that facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. Thirteen out of 14 deputies interviewed indicated that the facility does not restrict a female inmate's access to regularly available programming or other out-of-cell opportunities if there is not a female deputy to conduct pat-down searches. Also, both female inmates interviewed verified that this is not a practice at the facility.

CORRECTIVE ACTION

No corrective action required

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115.15(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

General Order III.D.3 specifies that each facility shall document in a work-site logbook all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates. During a strip search of an inmate while in booking, the security camera in the room being utilized for the search will be fully covered during the entire search to prevent unnecessary staff from being able to view the strip search.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

In Subsections D.1 and D.2, the General Order forbids these searches in the absence of exigent circumstances; however, in Subsection D.3, the General Order tells staff to document these searches in a work-site logbook without reiterating that they are allowed only in exigent circumstances. This appears to send conflicting messages to the reader.

CORRECTIVE ACTION

None required

Auditor Recommendation: The agency should consider revising Subsection D.3 to specify that these searches are not allowed except in exigent circumstances and that staff is required to document the exigent circumstances where that is the case. It is a good idea to require employees to obtain approval from their supervisor before proceeding with these searches, thus placing the exigent circumstance determination at the supervisory level; this would also allow the supervisor to ensure the exigent circumstances are properly documented.

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115.15(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.D.4. specifies that the Main Jail and the Rio Cosumnes Correctional Center shall 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.

PEOPLE INTERVIEWED

14 deputies

15 inmates

The auditor asked the 14 deputies to explain the facility's protocol if they are entering a housing unit that houses inmates of the opposite gender. All 14 deputies indicated that either they or the control booth officer must announce that staff of the opposite gender is entering the housing unit. The auditor asked the deputies if inmates are able to dress, shower and toilet without being viewed by staff of the opposite gender and all 14 said "Yes." The auditor then interviewed 15 inmates and asked if there is an announcement when staff of the opposite gender enter the housing unit. Eight of the inmates said "Yes," five said "No" and two did not

know or did not recall. The auditor noted that two of the seven inmates who gave answers other than "Yes," are limited English proficient and that they may not be able to distinguish between this announcement and other announcements. The auditor asked if inmates are ever naked in full view of non-medical staff of the opposite gender while using the toilet, showering or changing clothes. Eleven inmates said "No," two said "Yes" and two provided examples. One limited English proficient inmate explained that, although not a regular occurrence, sometimes he and others may be using the bathroom when a female deputy walks by either counting or conducting security checks and he would not know whether an announcement was made. The auditor asked if count is announced in advance and he said only for morning and evening counts, but not during the day. Another inmate reported that there used to be a cell-monitoring screen at the Nurse's Station at the entrance of the Medical Housing unit and one day he over-heard when a female nurse say "Look! he's peeing." He said that he reported it and the monitoring screen is no longer at that desk. He also reported that one male deputy has been seen opening the shower door, while a female inmate was in there, to ask if she was finished. He said he also reported this incident and the deputy is still assigned to the unit. He pointed out that he was fired from his job as a janitor after filing a complaint against a doctor; he acknowledged that his complaint was investigated but he is not satisfied with the way it was handled. The auditor reported the allegations made by this inmate to the PREA Compliance Manager and he indicated that he was aware of most of them; he took notes and stated he would follow-up on any opened cases.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor asked a few inmates if they are ever naked in the presence of staff of the opposite gender and they said "No." The auditor noted surveillance camera coverage in one of the control rooms and determined that they do not capture the interior of cells or showers. Housing unit 7E, houses male inmates in Pod 100 and female inmates in the others; the auditor asked about cross gender inmate viewing and staff pointed-out that the window on the Pod 100 door remains covered where the inmates cannot see outside where female inmates program and female inmates cannot see into Pod 100. When a male inmate is being escorted to or from Pod 100, female inmates are secured in their cells. Staff also explained that the control room officer announces, via intercom, the presence of staff of the opposite gender when they enter into the housing unit and inmates hear the announcement in their cells. The auditor toured other areas of the facility including the Laundry, Intake and Booking, Visitation, the Kitchen, Medical and Mental Health housing, recreation yards, Fiscal, Inmate Property, etc. At these locations, the auditor asked impromptu questions of staff and inmates, inquired about staff supervision of the areas, inspected inmate restrooms and the coverage of surveillance cameras. There are no cameras in Fiscal and Inmate Property; however, staff asserted that inmates are not allowed in these areas. In Male Booking, the toilet in some of the tanks and the segregation cell, are visible from outside and on the surveillance monitoring screens in the sergeant's office; all other toilets are blacked-out on the surveillance screen. During the tour, staff indicated that there was a malfunction with the system and the black-out technology for the surveillance screens in Central Control and the sergeants office was spotty; however, by the end of the day, staff reported the system had been repaired and was once again functioning as intended. The facility uses flexible magnetic sheets to cover the windows of occupied cells in Booking to provide privacy when needed.

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

The General Order includes all of the language in the standard and covers all of its requirements. All deputy interviews confirm that inmates are able to shower, use the toilet and change clothes without being viewed by staff of the opposite gender. Inmate interviews reveal that for the most part inmates are able to perform these functions without being viewed by staff of the opposite gender; however, a few inmates reported concerns that may or may not be systemic. For instance, if limited English proficient inmates do not understand the announcement made when staff of the opposite gender enter their housing unit, they may not know to cover-up, thus creating the potential for a cross-gender viewing situation. With respect to the aforementioned Nurses station complaint, the inmate indicated that the monitoring screen was removed; this suggest that staff took action to correct the alleged cross-gender viewing concern. The allegation about the deputy opening the shower door while the female inmate was in there, was reported to the PREA Compliance Manager for appropriate action. The toilets in Male Booking that are visible from outside the tanks/cell, definitely present a cross-gender viewing concern, even though the tanks and cell were not occupied at the time. The malfunction of the cell-toilet black-out system was repaired the day of the tour according to staff; however, it still presented a cross-gender viewing concern. Staff interviews also confirm that an announcement is made whenever staff of the opposite gender enter a housing unit. Although several of the inmates interviewed reported that the announcements are not made, a majority of them reported that they are made and the auditor's observations during the site review tour confirms that these announcement are made. What cannot be verified, is whether or not they are made consistently in all housing units.

RECOMMENDED CORRECTIVE ACTION

The facility should take steps to ensure limited English proficient inmates are able to benefit from the announcements alerting them of the presence of employees of the opposite gender in the housing unit. The facility should consider viable options, including the use a recording in other languages to make the announcements or other forms of accommodation to ensure these inmates do not miss-out on the benefits of this practice as specified in 115.16. The frequently ask questions on the PREA Resource Center's website include guidelines and examples of acceptable alternatives to this type announcement. The facility should install privacy screens or consider structural modifications as needed to cover all toilets in the booking area to ensure privacy for inmates using the toilet while occupying these tanks and cells. If the system malfunction that removed the black-out squares from monitoring screens is a frequent problem, the facility should develop a procedure to mitigate the cross-gender viewing situation created by this malfunction.

CORRECTIVE ACTION TAKEN

To address the announcement of staff of the opposite gender entering the housing unit, the facility added an alert button to the control board where the deputy would be able to alert inmates with an audible tone, which is used for that purpose only. The Compliance Manager provided pictures of the control board with the new alert tone button and indicated that a test of the system confirmed that it is audible inside cells and in the dayrooms. To educate inmates on the new alert system, the facility created a wall poster explaining the new process in

English, Spanish and with a simple picture illustration guide; the flyer is posted in all Intake areas. The facility issued a training bulletin to all employees on the new system and the bulletin is available on the facility's employee portal. The auditor received a copy of the training bulletin. The facility provided a Training Bulletin on "Use of the New Control Board Alert Tone: Cross Gender Announcement." The bulletin explains the purpose and procedure for using the new alert tone button, as well as the wall poster that educates inmates on the use of the new alert tone. The facility also provided sign-in sheets for all four shifts reflecting that they participated in a recent eight-hour session titled "PREA Briefings;" the Compliance Manager reports that these briefings included training with the updated staff training PowerPoint. With respect to the cross-gender viewing through cell windows in the Booking area, the facility explained that it will continue its practice of using magnetic sheets to cover cell windows when inmates are occupying cells and provided pictures of these magnetic sheets in use. The Compliance Manager stated that only staff of the same gender are assigned to supervise holding cells in the Booking area. The auditor recognizes that the cell in question was not occupied when the observation was made during the site review tour. This corrective action satisfies the Interim Report's finding relative to this standard provision. In response to the blackout-squares-on-surveillance-monitoring-screens malfunction during the site review tour, the Compliance Manager explained that the system malfunction was a one-time error and was the result of an upgrade to the Genetec Security Desk software and that there has not been any such malfunction since the system upgrade was completed. He added that a system upgrade was made in early October to address any stability concerns until the facility upgrades the entire monitoring system with additional cameras for blind spots, etc. This corrective action satisfies the Interim Report's finding relative to this standard provision.

CORRECTIVE ACTION APPROVED

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115.15(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.D.5 specifies that the Main Jail and the Rio Cosumnes Correctional Center 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.

PEOPLE INTERVIEWED

-14 deputies

-2 transgender inmates

The auditor asked the 14 deputies if they are aware of the policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the purpose of determining that inmate's genital status and all 14 said "Yes." The auditor asked two

transgender inmates if they have any reason to believe they were strip-searched for the sole purpose of determining their genital status. One said "No" and the other said "Yes." The auditor asked probing questions and the inmate made reference to the strip-search during the booking process and indicated that staff did it to everyone coming in. The auditor asked whether the inmate believes the strip-search was intended to determine genital status for inmates who are not transgender as well and the inmate said "I don't know, but I think it was different" and declined to continue with that line of questioning.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard; therefore, all requirements of the standard are covered. All 14 deputies indicated they are aware of the policy. One transgender inmate did not have any reason to believe a strip-search was conducted for the purpose of determining genital status and the other was unable to provide any information to support the belief that the booking search was intended to determine genital status.

CORRECTIVE ACTION

No corrective action required

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115.15(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- PREA Training PowerPoint
- PREA Video

General Order III.D.6 includes the language of the standard; the only difference is that the standard states "The agency shall train security staff..." and the General Order states "The Sacramento County Sheriff Department shall train staff..." Neither the PREA Training PowerPoint nor the PREA Video include any reference to conducting cross-gender searches and searches of transgender and intersex inmates.

PEOPLE INTERVIEWED

- 14 deputies

The auditor interviewed 14 deputies and asked if they received training on 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 and all said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard and appropriately covers all requirements of the standard. All deputies interviewed reported receiving the training and the PREA Compliance Manager stated that this training was included in both the PowerPoint and the PREA Video; however, after reviewing both the Power Point and the video, the auditor does not find any reference to conducting cross-gender pat-down searches and searches of transgender and intersex inmates. If staff received equivalent training at the Sheriff's academy or other training, the facility did not provide the curriculum and training records to establish that fact.

RECOMMENDED CORRECTIVE ACTION

If not yet completed, the facility should provide training to all security staff on 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. Upon completing the training, the facility should provide the training curriculum, training date and employee attestation forms to the auditor.

CORRECTIVE ACTION TAKEN

The facility provided an updated version of the training PowerPoint that includes the missing topic, specifically, "How to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates in a professional and respectful manner." The auditor requests attestation forms or other documentation showing that staff received training on this topic. The facility provided sign-in sheets for all four shifts reflecting that staff participated in a recent eight-hour session titled "PREA Briefings;" the Compliance Manager reports that these briefings included training with the updated PowerPoint. The facility provided an outline of the recent PREA Briefings, which reflects that the training included "How to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates in a professional and respectful manner." The facility also provided revised sign-in sheets showing that the training provided was for PREA Standards 115.15 and 115.31.

CORRECTIVE ACTION APPROVED

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Inmate Education Video <p>General Order III.E. includes all of the language in the standard verbatim; thus all requirements of the standard are covered in the policy. The auditor viewed the inmate education video, which was provided by Just Detention International; the video does not have subtitles.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Agency Head Designee <p>During the interview, the auditor asked the Chief Deputy of Corrections Division if the agency established procedures to provide inmates with disabilities and inmates who are limited English proficient 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. He said "Yes" and stated that the inmate handbook is provided in Spanish, the inmate video is played in four languages including Spanish, Hmong and Russian, the videos have subtitles for the hearing impaired and there is a contract with language line for telephonic interpreter services. The auditor asked about the use certified sign language interpreters and he indicated that it is provided when needed, but facilities also use employees who may have such skills.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>During the site review tour, the auditor noted the PREA posters on the wall in all housing units and asked impromptu questions of an inmate with visual impairment; the auditor asked if written materials with PREA information has been read to him and he said that staff has not read any material to him.</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>The General Order includes all of the language in the standard verbatim; thus all requirements of the standard are covered in the policy. The Chief Deputy stated that the PREA Education video has subtitles for the hearing impaired and the facilities provide sign language interpreter services if needed. The auditor viewed the inmate education video, which was provided by Just Detention International; the video does not have subtitles; thus inmates with hearing impairments do not enjoy the same benefit from the facility's comprehensive PREA education program as other inmates. The agency did not provide a contract for sign language interpreter services. The inmate with visual impairment reported that staff has not read any material to</p>

him. The facility has not established that reasonable accommodation is provided for inmates who rely on sign language for effective communication and inmates who need readers to access PREA information provided in written material.

RECOMMENDED CORRECTIVE ACTION

If not yet in place, the facility should implement protocols for accommodating inmates who rely on sign language for effective communication and inmates who are unable to access PREA information provided in written materials. The facility should also implement measures to accommodate inmates with hearing impairments to ensure they enjoy the benefits of the comprehensive PREA education program as do other inmates.

CORRECTIVE ACTION TAKEN

The PREA Compliance Manager at RCCC informed the auditor that the closed captioning must be turned-on in the video. The auditor viewed the video again and was able to turn-on the closed captioning. This satisfies the request for the video with closed captioning. The agency provided four contracts for sign language interpreter services (see uploaded documents); these contracts provide an acceptable accommodation for inmates with hearing impairments who rely on this form of communication. The facility provided a Picture Guide Book to communicate PREA information to inmates with intellectual disabilities; the guide book is very limited in content, but provides an acceptable initial solution. The auditor recommends that the agency commits to building on this version as it is used and shortcomings are identified. The facility provided the agency's Interpreter Services Operations Order; this document provides detail instructions to staff at both facilities on how to use the resources available to communicate with inmates who need a reasonable accommodation for effective communication or language interpreter services. The Operations Order also requires staff to try to establish communication with inmates with limited English proficiency.

CORRECTIVE ACTION APPROVED

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115.16(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Inmate Education Video
- PREA Poster
- Inmate Handbook (Spanish)
- Language Line Contract
- Telelanguage Contract
- Vionage Contract
- Interpreters Unlimited Contract

General Order III.E. includes all of the language in the standard verbatim; thus all requirements of the standard are covered in the policy. The auditor verified that the Inmate

Education video is played in Spanish, the inmate handbook is available in Spanish and the PREA poster has information in Spanish. The agency provided copies of contracts for over-the-phone interpreter service with four providers: Teleguage, Voiance, Interpreters Unlimited and Language Line. All four contracts are effective 7/1/16 to 6/30/17.

PEOPLE INTERVIEWED

-Two Inmates with limited English proficiency

The auditor is fluent in Spanish and interviewed two inmates who are proficient in Spanish but not English. The auditor asked both inmates if they received PREA information in formats they can understand and both said "Yes." The auditor then asked if someone has been assigned to explain matters to them and read and write for them and both inmates said "No." When asked how he would go about reporting sexual abuse, one of the inmates indicated that when he approaches deputies with questions or concerns, the deputies do not seem interested in talking with him because he does not speak English. On the issue of announcements when an employee of the opposite gender enters the housing unit, one inmate suggested he may not understand the announcement and thus might miss-out on the opportunity to cover-up if not appropriately dressed.

SITE REVIEW OBSERVATIONS: None required

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

The General Order III.E. includes all of the language in the standard verbatim; therefore, all requirements of the standard are covered in the policy. The facility plays the Education Video in Spanish to accommodate the inmates who need the information in Spanish and the agency has contracts for language interpreter services over the telephone . Also, both the PREA information poster and the inmate handbook provide information in Spanish. However, the announcements that an employee of the opposite gender is entering the unit does not seem to be working for limited English proficient inmates; also, if the deputies are unwilling to engage in conversation or seek interpreter services to communicate with these inmates, the inmates are missing out on the option to report sexual abuse or harassment to a deputy.

RECOMMENDED CORRECTIVE ACTION

The facility should remind deputies of their responsibility to receive reports of sexual abuse from all inmates and where there is a language barrier, the deputy is required to use the resources available at the facility to communicate with limited English proficient inmates. The facility should also consider alternatives for ensuring these inmates benefit from the announcements that alert inmates when an employee of the opposite gender enters the housing unit.

CORRECTIVE ACTION TAKEN

The facility provided the agency's Interpreter Services Operations Order (see uploaded documents). This document provides detail instructions to staff at both facilities on how to use

the resources available to communicate with inmates who need a reasonable accommodation for effective communication or language interpreter services. The Operations Order also requires staff to try to establish communication with inmates with limited English proficiency. The facility provided its updated PREA training PowerPoint for staff; Slides 18 to 23 inform staff of their responsibility to accept reports of sexual abuse verbally, in writing, anonymously and from third parties and provides information on how to use agency resources to establish communication with inmates who need interpreter services. The facility provided a training bulletin informing staff of a new procedure in which a special control board alert tone will be installed in housing unit controls. The special tone will be used solely for alerting inmates when an employee of the opposite gender is entering the housing unit. The facility also provided a wall poster (see uploaded documents) informing inmates in English and Spanish of the facility's efforts to protect them from cross-gender viewing. The poster tells inmates that they will hear three chimes on the floor and cell speaker alerting them that employees of the opposite gender are entering the housing unit. This procedure satisfies PREA cross-gender viewing requirements.

CORRECTIVE ACTION APPROVED

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115.16(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.E. includes all of the language in the standard verbatim; thus all requirements of the standard are covered in the policy.

PEOPLE INTERVIEWED

-14 deputies

-2 limited English proficient inmates

The auditor interviewed 14 deputies and asked how they would handle a situation where an inmate who is limited English proficient wishes to report sexual abuse. Only two deputies indicated they would allow an inmate interpreter; a few others indicated they would allow an inmate interpreter only in exigent circumstances. The auditor explained that the standard allows use of an inmate interpreter only if one or more of three limited circumstances exist. The auditor asked what are the three limited circumstances and none of the 14 deputies were able to articulate all three. The deputies were asked if they knew of any case at the facility where an inmate reader or interpreter was used in the situation presented and all said "No." The auditor is fluent in Spanish and interviewed two inmates who are proficient in Spanish but not English. The auditor asked both inmates if they received PREA information in formats they can understand and both said "Yes." The auditor then asked if someone has been assigned to explain matters to them and read and write for them and both inmates said "No." When asked how he would go about reporting sexual abuse, one of the inmates indicated that when he approach deputies with questions or concerns, the deputies do not seem interested in talking with him because he does not speak English.

SITE REVIEW OBSERVATIONS: None required

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

The General Order III.E. includes all of the language in the standard verbatim; thus all requirements of the standard are covered in the policy. The interview with deputies reflect that for the most part, they would all try to find a way to accommodate the communication barrier if a limited English proficient inmate needed to report sexual abuse or sexual harassment. Although none of the deputies were able to articulate the three limited circumstances in which the facility can use use an inmate interpreter or reader, there is no instance in which an employee used an inmate interpreter to communicate with a limited English proficient inmate who wanted to report sexual abuse or sexual harassment. The deputies inability to articulate the three limited circumstances does not amount to a violation of the standard.

CORRECTIVE ACTION

None required.

The auditor recommends that the facility consider additional training on the provisions of this standard.

115.17	Hiring and promotion decisions
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.17(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -15 Employee files -Questions for applicants with previous law enforcement experience <p>General Order III.F.1 includes all of the language in the standard verbatim; therefore all of the requirements of the standard are covered. The auditor reviewed a sample of 15 employee files, ten sworn and five non-sworn and the files did not include documentation of the questions prescribed by the standard being asked during the application process.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Supervising Records Officer <p>The auditor interviewed the supervising records officer and asked if the three questions prescribed by the standard are asked in written applications for hiring or promotions and she said they are asked in new employee applications but not for promotional applications. When asked if the questions are asked in interviews or written self-evaluations conducted as part of performance reviews of current employees, she said they are asked in new employee interviews but not in promotional interviews or self-evaluations of current employees. The records officer provided a copy of the questions asked of new applicants with previous law enforcement experience. The list of questions are only asked of new applicants with prior law enforcement experience and only the first of the three questions prescribed by the standard is included in the list of 16 questions. The auditor gave the records officer a copy of the standard on hiring and promotional decisions for future reference.</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>The General Order includes all of the language in the standard verbatim; therefore all of the requirements of the standard are covered. The agency does not ask all three questions prescribed by the standard in written applications for hiring or promotions and the questions are not asked in interviews or written self-evaluations conducted as part of performance reviews of current employees.</p> <p>RECOMMENDED CORRECTIVE ACTION</p> <p>The agency should modify its hiring and promotional practice to comply with the provisions of the standard and the general order. The three questions must be asked of all applicants and</p>	

employees who may have contact with inmates and they must be asked:

- in written applications for hiring or promotions
- in interviews or written self-evaluations conducted as part of performance reviews of current employees

CORRECTIVE ACTION TAKEN

The agency developed a PREA Supplemental Questionnaire with five questions, two ask about sexual harassment, whether the applicant ever engaged in sexual harassment and whether “a sexual harassment complaint ever been filed against you.” The other three questions are those prescribed under 115.17(a). The questionnaire includes space for the applicant to provide an explanation if he or she answered “Yes” to any of the questions. The proposed corrective action reports that the agency modified the personal history statement (PHS) completed by all applicants for employment with the Sheriff Department to include the three 115.17(a) questions; the auditor requests a copy of the modified PHS. With respect to promotional hirers, the agency explains that an employee’s Personnel File is scrutinized for any allegations or findings of all types of misconduct. Employees with allegations or charges related to either Professional Standards (Internal Affairs) or Fair Employment issues will also have files in those respective offices, which would also be scrutinized as part of the promotional process. The content of all three of these files are subject to discussion during the oral board portion of the promotional process, allowing the promotional panel to ask questions regarding any sexual harassment or sexual abuse allegations. With respect to self-evaluations and the employee performance review process, the agency reports that its performance review process does not include an employee self-evaluation. Both the standard and the general order specifically require the agency to ask applicants for new employment and applicants for promotion about the misconduct described in 115.17(a). Reviewing employee files alone does not satisfy the requirement of the standard or the general order. Employee files only reflect information that came to the attention of the agency either through the initial background investigation, subsequent arrests/convictions, or personnel actions. The first question under 115.17(a) asks the applicant or employee to disclose sexual misconduct that may not come to the agency’s attention through any of the aforementioned channels. The standard and the general order requires the agency to impose upon employees a continuing affirmative duty to disclose any such misconduct and to inform them that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Requiring employees to answer these questions is part of the agency’s efforts toward imposing a continuing duty to disclose such misconduct and to test for omissions and/or provision of materially false information. The agency should consider requiring all employees to answer these three questions and include their responses in employee files. The agency argued that requiring all employees to answer the three questions constitutes a violation of the Peace Officer’s Procedural Bill of Rights provisions of California Government Code 3300. The auditor recognizes that this recommendation may go beyond the requirement of the standard and agreed that the agency is only required to ask the question of promotional applicants and during the performance review process, which does not include employee self-evaluation. The agency developed a “PREA Supplemental Questionnaire” with the three 115.17(a) questions for promotional applicants to complete. The promotional application process will not be complete until the questionnaire has been received by the agency’s personnel office and the applicant’s answers will be considered during the promotional selection process. An earlier version of this supplemental application included two questions

about engaging in sexual harassment and sexual harassment complaints in addition to these three questions; these two questions should be restored to this form to satisfy the requirements of 115.17(b) for new and promotional applicants. The auditor still requests a copy of the new PHS with the three 115.17(a) questions. The agency provided a revised version of the supplemental application with the two sexual harassment questions and the three 115.17(a) sexual misconduct questions (see uploaded documents); the auditor also received three PHSs, one for applicants for sworn positions and two for non-sworn positions (see uploaded documents); all three documents include the supplemental application with the two sexual harassment questions and the three 115.17(a) sexual misconduct questions. This satisfies the requirement of this standard provision.

CORRECTIVE ACTION APPROVED

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115.17(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Criminal Background Records checks for contractors and volunteers
- Questions for applicants with previous law enforcement experience

General Order III.F.2 includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The list of questions asked of applicants with previous law enforcement experience includes:

- Have you ever had any sexual harassment complaints?
- Have you had any complaints filed with the Fair Employment Officer

The auditor reviewed criminal background records checks or live scans conducted on contractors and volunteers; this check revealed that the facility runs live scan checks once before enlisting the services of contractors and volunteers; then, runs an annual check of the California Law Enforcement Telecommunications System or (CLETS) for subsequent arrests before renewing facility access credentials.

PEOPLE INTERVIEWED

- Supervising Records Officer in Human Resources

During the interview, the auditor asked the supervising records officer if the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates and she said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The list of questions asked of applicants with previous law enforcement experience includes whether a sexual harassment complaint has ever been filed against them and if there has ever been any complaints filed against them with the Fair Employment Officer. The standard 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. However, the only time the agency asks about sexual harassment complaints, is for new hires with prior law enforcement experience. The agency does not ask about sexual harassment complaints for any other type of hire, for promotions or when enlisting the services of a contractor who may have contact with inmates. The current system of running a live scan would not capture sexual harassment complaints filed against the prospective contractor as the standard and the general order require.

RECOMMENDED CORRECTIVE ACTION

The agency should modify its hiring and promotional practices to ensure information about any incidents of sexual harassment is obtained before hiring or promoting anyone, or enlisting the services of any contractor who may have contact with inmates. The facility may have prospective contractors complete a form with questions about sexual harassment complaints (similar to the form used for candidates with prior law enforcement experience) to determine and consider incidents of sexual harassment before enlisting the services of a contractor.

CORRECTIVE ACTION TAKEN

The facility reports that the hiring practice has been modified by including the applicant's history of sexual harassment allegations, if any, in the PHS for Sheriff's Department employees, as mentioned above. The standard "Contractor Clearance Application" (the document used to begin the required background check of contractors) has also been updated to include questions to determine and consider incidents of sexual harassment before enlisting their services. During the promotional process, personnel files, Professional Standards and Fair Employment files are scrutinized and subject to questioning, as explained above. The facility provided the revised Contractor Clearance Application with the three questions included. Requiring all prospective employees, promotional applicants, contractors and volunteers (who may have contact with inmates) to complete the new "Supplemental Questionnaire" may satisfy the requirements of the 115.17(b). The "Jail Identification Card Application" asks prospective volunteers "Have you ever been convicted of any sexual misconduct or sexual harassment?" Because sexual harassment allegations do not normally result in a conviction, the question should be rephrased to ask the applicant if there have ever been any allegations of sexual harassment made against him or her. The facility submitted the application in question (see uploaded documents) with the question revised to ask about convictions for sexual misconduct or complaints or incidents of sexual harassment. This satisfies the requirement of this standard provision.

CORRECTIVE ACTION APPROVED

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115.17(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Records of new hires over the past 12 months

General Order III.F.3 includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The pre-audit questionnaire indicates that the facility hired 85 employees who may have contact with inmates over the past 12 months. The auditor reviewed a sample of ten sworn and five non-sworn files of new employees, who may have contact with inmates, hired over the past 12 months. Every file included documentation of a background investigation clearance that included contacting 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.

PEOPLE INTERVIEWED

- Supervising Records Officer

During the interview, the auditor asked the supervising records officer if the agency performs criminal background records checks before hiring new employees who may have contact with inmates and she said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The agency conducts full background investigations on all applicants for new employment who may have contact with inmates as the standard and the general order require and these investigations include contacting 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.

CORRECTIVE ACTION

None required

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115.17(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Records of new contractors over the past 12 months

General Order III.F.4 includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The auditor reviewed a sample of eight criminal background records checks of contractors enlisted for temporary services over the past 12 months, who may have contact with inmates. All eight records included a criminal background records check or live scan.

PEOPLE INTERVIEWED

-Supervising Records Officer at Human Resources

During the interview, the auditor asked the supervising records officer if the facility performs criminal background records checks before enlisting the services of any contractor who may have contact with inmates and she said "Yes" and added that Human Resources conducts these checks only for contractors the agency is hiring.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The facility runs criminal background records checks or live scans on contractors enlisted for temporary services and the Human Resources conducts a background investigation clearance on contractors being hired by the agency; therefore, the standard is met in both cases.

CORRECTIVE ACTION

None required

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115.17(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

-15 employee files

General Order III.F.5 states "The Sacramento County Sheriff's Department shall conduct criminal background records checks at least every five years of current contractors and volunteers who may have contact with inmates. Current employees shall be compelled to report incidents of criminal conduct pursuant to General Order 3/01 (Section VI. Subsection C)." This language excludes current employees from both options offered by the standard: either the quinquennial background records check or having in place a system that captures such information automatically. Instead, the policy compels current employees to report incidents of criminal conduct which the standard already requires in 115.17(f). The auditor

reviewed files of 15 employees, ten sworn and five non-sworn; all 15 files included a background clearance and a notice of subsequent arrest, which is the system that otherwise captures arrest information for current employees.

PEOPLE INTERVIEWED

- Supervising Records Officer at Human Resources
- Records Officer at Administrative Support Office

During the interview, the auditor asked the supervising records officer about the system the facility presently has in place to conduct criminal background records checks of current employees and contractors who may have contact with inmates and whether these background checks are conducted at least once every five years. The supervising records officer reported that the agency is setup to receive notices of subsequent arrests through the Department of Justice. During the visit to the Administrative Support Office, the records officer reported that she runs live scans on contractors and volunteers enlisted for temporary services annually.

SITE REVIEW OBSERVATIONS: None required

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

The language in the General Order does not satisfy the requirement of the standard because it replaces the requirement to either conduct quinquennial background records checks or have in place a system that captures such information automatically with a requirement for current employees to self-report on incidents of criminal conduct. The latter is already required under 115.17(f) for the conduct listed under 115.17(a). While the notice of subsequent arrests system with the department of justice satisfies the requirement of the standard, the language in the general order does not.

RECOMMENDED CORRECTIVE ACTION

The agency must modify the language of General Order III.F.5 to include the requirement of 115.15(e). The agency only needs to change the general order to match the current practice where notices of subsequent arrest are automatically received from the Department of Justice.

CORRECTIVE ACTION TAKEN

The agency provided the revised general order (see uploaded documents) with new language in Section III.F.5, specifying that the Department shall continue to participate in the Department of Justice automatic notification system whereby the Department is automatically notified of all arrests of all current employees of the Sheriff's department. This resolves this finding in the interim audit report.

CORRECTIVE ACTION APPROVED

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115.17(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.F.6 includes the language of the standard verbatim, except that at the end, the general order adds the phrase "pursuant to General Order 3/01, which the facility did not provide.

PEOPLE INTERVIEWED

-Supervising Records Officer

During the interview, the auditor asked the supervising records officer if the facility, in written applications for hiring or promotions, asks all applicants and employees who may have contact with inmates about previous misconduct described in section 115.17 (a), and she replied "Yes" for new employees, "No" for promotional. The auditor asked if the facility, in interviews or written self-evaluations conducted as part of performance reviews of current employees, asks all employees who may have contact with inmates about previous misconduct described in section 115.17 (a), and she replied "Yes" for new employees, "No" for promotional. The auditor then asked if the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct and she indicated that she was not sure.

SITE REVIEW OBSERVATIONS: None required

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

Both the standard and the general order require the agency to ask applicants for new employment and applicants for promotion about the misconduct described in 115.17(a) and the agency does not ask these questions of promotional applicants. Both the standard and the general order require the agency to ask about the misconduct described in 115.17(a) in interviews or written self-evaluations conducted as part of performance reviews of current employees who may have contact with inmates; however, the agency does not ask these questions as part of these personnel processes. The auditor has not received an answer on whether or not the facility imposes upon employees a continuing affirmative duty to disclose any such misconduct.

RECOMMENDED CORRECTIVE ACTION

The agency should modify its practice to comply with the requirements of the standard and the general order. Human Resources must ensure the questions listed under 115.17(a) and General Order III.F.6 are asked of all applicants and current employees, who may have contact with inmates, as part of the promotional application process and in interviews or written self-evaluations conducted as part of performance review process. The agency should also develop a process whereby it imposes upon employees a continuing affirmative duty to

disclose any such misconduct.

CORRECTIVE ACTION TAKEN

The agency reports that its promotional process includes review of a candidate's history of sexual harassment or sexual abuse allegations by the Professional Standards Bureau, Fair Employment and Human Resources, and the promotional panel is given all information of any allegations prior to promoting any employee, as mentioned above. The agency does impose upon employees a continuing affirmative duty to disclose any misconduct, as required by General Order 3/05 (Section IV). The agency will require all applicants for new hire and for promotion to complete the new PREA Supplemental Questionnaire as part of the interview process. The standard and the general order requires the agency to impose upon employees a continuing affirmative duty to disclose any such misconduct and to inform them that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Requiring employees to answer these questions is part of the agency's efforts toward imposing a continuing duty to disclose such misconduct and to test for omissions and/or provision of materially false information. General Order III.F.5, specifies that current employees shall be compelled to report incidents of criminal conduct. The general order may not be an effective method of informing employees of this critical requirement. The new PREA Supplemental Questionnaire informs promotional applicants of their continuing affirmative duty to disclose the sexual misconduct specified in 115.17(a) and that failure to do so is grounds for termination. This measure does not satisfy the requirement of 115.17(f) because only promotional applicants are informed of their continuing affirmative duty to report such misconduct. The standard requires the affirmative duty to disclose any such misconduct to be imposed upon all employees, not just promotional applicants. The agency should consider issuing a memorandum to all employees informing them of their continuing affirmative duty to disclose any sexual misconduct under 115.17(a) and that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. The agency modified its employee training attestation form (see uploaded documents) to include a statement advising them of their continuing affirmative duty to disclose sexual misconduct and that material omissions or providing materially false information may be grounds for termination. The auditor pointed out that the form used the term "may" be grounds for termination; the standard species "shall" be grounds for termination. The agency modified the attestation form to specify "shall" be grounds for termination. All new employees will be required to complete the attestation form for required PREA training and current employees will also be required to complete it for refresher training when they are scheduled. This satisfies the requirement of the standard.

CORRECTIVE ACTION APPROVED

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115.17(g) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.F.7 includes the language of the standard verbatim; therefore all of the requirements of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The standard specifies that "Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination." The misconduct in question are those listed under 115.17(a). In addition to the general order, the agency included a statement advising employees of this provision in a supplemental questionnaire for promotional applicants and in a new employee training attestation form. These two documents will be used advise all employees of this standard provision.

CORRECTIVE ACTION

None required.

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115.17(h) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order III.F.8 includes the language of the standard verbatim; therefore all of the requirements of the standard are covered.

PEOPLE INTERVIEWED

-Supervising Records Officer in Human Resources

During the interview, the auditor asked the supervising records officer "When a former employee applies for work at another institution, upon request from that institution, does the facility provide information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law?" She replied "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore all of the requirements of the standard are covered. The supervising records officer indicated 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.

CORRECTIVE ACTION

No corrective action required.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.18(a) - AUDITOR'S DETERMINATION: NOT APPLICABLE</p> <p>The agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012; therefore, the standard does not apply.</p> <p>-----</p> <p>--</p> <p>115.18(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Surveillance Camera project, Phase I documents <p>General Order III.G includes all of the language in the standard verbatim; therefore all of the requirements of the standard are covered. The agency provided a recent email from the vendor addressed to a deputy assigned to coordinate new surveillance camera installation for the Main Jail and RCCC. The email reflects that Phase 2 consists of installation of the remaining Americans with Disabilities Act/PREA cameras. Attached to the email is a budgetary quote, pictures of camera views taken within the Main Jail, a list of areas where cameras will be installed, etc. The areas where cameras are being installed include Booking, pat-down areas, holding cells, and other areas identified as blind spots.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Agency Head Designee -Facility Commander <p>During the interview, the auditor asked the Chief Deputy how does the agency use monitoring technology (either newly installed or updated) to enhance the protection of inmates from incidents of sexual abuse and he said the agency uses video surveillance and makes modifications as needed to provide the necessary coverage for safety and security. He added that the agency also has noise alarms, which are activated when the noise level increases, to alert staff to respond and investigate. The auditor interviewed the facility commander and asked "When installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, how has the facility considered using such technology to enhance inmates' protection from sexual abuse?" The commander explained that the facility is in the process of getting additional cameras to cover blind spots and for this project, staff walked the facility, identified blind spots and designated them for new cameras to enhance inmate safety in those areas.</p> <p>SITE REVIEW OBSERVATIONS: 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

Based upon the interviews with the Chief Deputy and the Facility Commander, as well as the documents related to camera installation (see uploaded documents), the auditor finds strong evidence that in deciding to install and upgrade to cameras with greater resolution, the facility considered how such technology may enhance staff's ability to protect inmates from sexual abuse.

CORRECTIVE ACTION

None required.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -Operations Order: Preventing, Detecting, Responding to Inmate or Detainee Sexual Assault -PREA Incident Routing Sheet <p>General Order IV.A.1 includes the language in the standard verbatim; therefore, all provisions of the standard are covered. Item III of the Operations Order specifies the agency's Sexual Assault Response Team Responsibilities (or protocols). It lists response responsibilities for Jail Social Worker, Correctional Health Services, Custody Response Personnel and Custody Supervisor. The protocol includes medical staff's responsibility to refer the inmate to the BEAR Center where forensic examinations are performed; the protocol also allows sexual assault investigators to order this evidentiary examination. The Operations Order list the reports that need to be completed and submitted by the end of the shift. The PREA Incident Routing Sheet lists the names and identification numbers of victims and suspects, specifies which documents must be attached, other attachments (photographs, video, etc.), required notifications and other notifications that could be applicable depending upon the circumstances.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -14 deputies <p>During interviews, the auditor asked deputies about the agency's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse and asked them who is responsible for conducting sexual abuse investigations. The deputies listed the following protocols: call crime scene investigators, call Sex and Elderly Abuse Bureau (Sex Crimes) investigators, collect evidence from the scene, evidentiary examinations at BEAR Clinic, separate the inmates and prevent them from taking actions that would destroy evidence, timely collection of evidence, protect evidence from contamination, collect DNA evidence, etc. The deputies identified Sex Crimes, Internal Affairs, the facility's Investigative Services Unit, deputies and supervisors as responsible for sexual abuse investigations. Although all responses were not identical, the auditor was able to identify a pattern which suggests that deputies as a whole, are aware of some protocol where the first responder performs the functions listed in General Order VIII.D, Staff First Responder Duties, which includes among others, the four steps required under Standard 115.64. Some deputies expanded their response beyond the steps listed in the General Order to include transporting the inmate to the BEAR Center for a forensic examination.</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>

The Operational Order includes a variety of disciplines in the response to an incident of sexual assault, such as Medical, Social Workers, Custody and Custody Supervisors. The auditor notes that the response team does not include Sexual Assault Investigators from the Centralized Investigations Division, although it appears custody responders do contact these investigators for guidance. Each facility has its own Investigative Services Unit or Intelligence Team and the Operations Order does not include this unit among the response team either. The standard requires that the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions; the evidence protocol must provide sufficient technical detail to aid responders in obtaining usable physical evidence. If the agency's sexual assault response team does not include trained sexual assault investigators and crime scene investigators, does it really maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? The deputies correctly identified several steps in the agency's protocol for obtaining usable physical evidence, as well as who is responsible for sexual abuse investigations.

CORRECTIVE ACTION

None required.

The auditor recommends that the agency revisits its Operations Order to ensure its sexual assault response team includes all the necessary expertise to ensure the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions is maximized and the protocol includes sufficient technical detail to aid responders in obtaining usable physical evidence.

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115.21(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-Agreement with Sutter Medical Foundation

The agency provided a copy of its agreement with Sutter Medical Foundation - Adult Forensic Exams. Under the agreement, Sutter Medical Foundation will provide evidentiary examination services to adults for whom the Sheriff Department has authorized such exams. Item II.B on Page 14 states that the exams will be conducted according to California Emergency Management Agency Medical Protocol for Sexual Assault and Child Sexual Abuse Victims. The Description of Services provides great detail about how evidence is preserved, collected and processed with law enforcement and ultimately with prosecuting authorities. On Page 17, the agreement specifies that in 2011, the California Emergency Management Agency developed guidelines in response to the Federal Violence Against Women Act.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The agreement with Sutter Medical Foundation reflects that their forensic examinations will be conducted according to California Emergency Management Agency Medical Protocol for Sexual Assault and Child Sexual Abuse Victims; thus making the case that the protocol is developmentally appropriate for youth. The agreement specifies that in 2011, the California Emergency Management Agency developed guidelines in response to the Federal Violence Against Women Act; this establishes that the protocol was adapted from the most recent edition of the Department of Justice Office of Violence Against Women publication.

CORRECTIVE ACTION

None required.

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115.21(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Agreement with Sutter Medical Foundation

General Order IV.A.2 includes the language in the standard verbatim; therefore, all provisions of the standard are covered. The agency provided a copy of its agreement with Sutter Medical Foundation - Adult Forensic Exams. Under the agreement, Sutter Medical Foundation will provide evidentiary examination services to adults for whom the Sheriff Department has authorized such exams. The pre-audit questionnaire reflects that where possible, examinations are always conducted by a Sexual Assault Nurse Examiner and that when a nurse examiner is not available, a qualified medical practitioner performs forensic medical examinations and that the facility documents efforts to provide a Sexual Assault Nurse Examiner (SANE) or a Sexual Assault Forensic Examiner (SAFE). The questionnaire also reflects that there were no forensic medical examinations conducted over the past 12 months, but the facility offers all inmates who experience sexual abuse access to forensic medical examinations at an outside facility, specifically the Sutter Medical Foundation's Bridging Evidence Assessment and Resources or "BEAR" Center.

PEOPLE INTERVIEWED

- Sexual Assault Nurse Examiner

The auditor interviewed a Doctor and the at Sutter Medical Foundation's BEAR Center and she reported that there is an agreement with the Sacramento Sheriff Department to provide forensic medical examinations for inmate victims sexual assault from both facilities operated by the Sheriff Department. She stated that she has a team which includes nine Advanced Practice Physician's Assistants and Registered Nurses and all have received specialized training in forensic medical examinations. The auditor asked if there are ever situations where

a Sexual Assault Nurse Examiner may not be available and she stated that they are opened everyday 24 hours a day and they are always available.

SITE REVIEW OBSERVATIONS: None required

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

The agency provided its agreement with Sutter Medical Foundation for forensic examinations at the BEAR Center and the Sexual Assault Response Team protocol outlined in the Operations Order includes transporting the inmate to the BEAR Center for a forensic examination. The interview with the doctor at the BEAR Center confirms that the facility provides forensic medical examinations as part of the uniform evidence protocol and that four or five cases from the Main Jail have been processed over the past 12 months.

CORRECTIVE ACTION

None required

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115.21(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- WEAVE Agreement
- Social Worker Certificates of completion

General Order IV.A.3 includes the language in the standard verbatim; therefore, all provisions of the standard are covered. The WEAVE agreement reflects that WEAVE will participate in the Sexual Assault Response Team as the victim accompaniment (upon victim's request) to the Sutter BAER Clinic when such medical examination is deemed necessary by Sheriff Department personnel or attending medical staff. The facility provided WEAVE Certificates of Completion for two Social Workers. The certificates reflect that on February 25, 2016, the social workers completed 68 hours of Peer Counseling, which included domestic violence and sexual assault education.

PEOPLE INTERVIEWED

- PREA Compliance Manager
- Inmate who reported sexual abuse

During the interview, the PREA Compliance Manager reported that if requested by an inmate a WEAVE advocate is called in to provide support and assistance and that inmates have the choice to use facility Social Workers who received training through WEAVE to serve as advocates. He also explained that a WEAVE advocate can be made available either through the WEAVE hotline (*222), by requesting an Advocate during the forensic medical examination

process or by requesting a facility trained Social Worker. He further explained that inmates can also request advocate support through medical personnel, Jail Psychiatric Services staff or in writing. The auditor interviewed an inmate who reported sexual abuse and was offered forensic medical examination. The inmate reported that staff transported him to BEAR Clinic for forensic medical examination and that a man was there who provided advocacy services.

SITE REVIEW OBSERVATIONS: None required

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

The facility makes available to the inmate a victim advocate from WEAVE or a trained facility social worker; the inmate may also contact a victim advocate by calling the WEAVE hotline. WEAVE is a nationally recognized and accredited rape crisis center and their advocates clearly meet the qualifications of the standard. With respect to facility social workers, they received training from WEAVE that qualifies them to serve as victim advocates. If and when a victim advocate from WEAVE is not available, the agency provides one of its trained social workers. The General Order requires the facility documents these efforts in its incident reports. The inmate who reported sexual abuse was transported to BEAR Clinic for forensic medical examination. He reported that a man was there to provide advocacy services. During the interview, the WEAVE representative stated that they dispatched an advocate to the BEAR Clinic to provide services for an inmate from the Main Jail and the interview took place sometime after the date of the services reported by the inmate.

CORRECTIVE ACTION

None required.

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115.21(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- WEAVE Agreement

General Order IV.A.4 includes the language in the standard verbatim; therefore, all provisions of the standard are included. The WEAVE Agreement includes victim accompaniment services in its description of services.

PEOPLE INTERVIEWED

- PREA Compliance Manager
- Inmate who reported sexual abuse

During the interview, when asked how does the agency makes sure WEAVE meets the the qualifications described in the standard, the PREA Compliance Manager reported that the

Sheriff's Department has Memorandum of Understandings with the BEAR Clinic and directly through WEAVE and asserted that these organizations are nationally recognized and accredited. The inmate indicated that the advocate gave him water and a snack and talked to him to keep his mind off what had happened to him.

SITE REVIEW OBSERVATIONS: None required

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

The General Order specifies that if 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 WEAVE contract includes these services and the PREA Compliance Manager reported that these services are provided to victims if they request them; furthermore, the agency trained its social workers to provide these services if a victim advocate from WEAVE is not available. The WEAVE agreement includes a provision for WEAVE to train agency staff on this function and provide refresher training. The inmate who reported sexual abuse stated that the victim advocate talked to him to keep his mind off the sexual assault.

CORRECTIVE ACTION

No corrective action required.

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115.21(f) - AUDITOR'S DETERMINATION: The agency is responsible for investigating administrative or criminal allegations of sexual abuse; therefore, the provisions of 115.21(f) do not apply.

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115.21(g) - AUDITOR'S DETERMINATION: The Sacramento Sheriff Department did not identify any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails; therefore, the provisions of 115.21(g) do not apply.

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115.21(h) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED: None required

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The agency uses facility social workers to serve as victim advocates among other duties; as employees who have direct contact with inmates, the agency conducts a criminal background records check before hiring pursuant to the provision of the General Order and Standard 115.17(c). The WEAVE contract reflects that WEAVE will provide training to agency employees to serve as victim advocates as well as other intervention roles.

CORRECTIVE ACTION

None required.

115.22	Policies to ensure referrals of allegations for investigations
	<p data-bbox="252 168 901 201">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 246 526 280">Auditor Discussion</p> <p data-bbox="252 324 1093 358">115.22(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p data-bbox="252 414 917 448">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="252 459 925 526" style="list-style-type: none"> -General Order -Investigative reports of allegations of sexual abuse <p data-bbox="252 582 1476 952">General Order IV.B.1 includes the language in the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that over the past 12 months, the facility received 39 allegations of sexual abuse or sexual harassment, two of which resulted in an administrative investigation and two were referred for criminal investigation and that all of these investigations have been completed. The auditor reviewed seven facility investigative reports into inmate allegations of sexual abuse and verified that the facility investigator worked with the Sex Crimes unit when necessary to complete these investigations. Every report has an After Action Report that includes a summary of the allegation and the investigation as well as the finding.</p> <p data-bbox="252 1008 574 1041">PEOPLE INTERVIEWED</p> <ul data-bbox="252 1052 574 1086" style="list-style-type: none"> -Agency Head Designee <p data-bbox="252 1142 1476 1646">During the interview, the auditor asked if the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment and the Chief Deputy said "Yes" and explained that to ensure an administrative or criminal investigation is completed, line staff serve as initial investigators, then each facility's Investigative Services Unit follows up with interviews; if it is a crime such as sodomy, Sex Crimes is notified and they would take over the investigation from there; they are the agency's experts and they would collect evidence from the crime scene. If staff is involved, Internal Affairs would run a parallel investigation with Sex Crimes. If staff misconduct does not raise to the level of a crime, such as sexual harassment of an inmate, the agency would refer the case to the county's Fair Employment office and they would take action against the employee and issue a cease and desist order. If the misconduct is criminal in nature, it would be referred to the District Attorney for prosecution.</p> <p data-bbox="252 1702 869 1736">SITE REVIEW OBSERVATIONS: None required</p> <p data-bbox="252 1792 1460 1904">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 1960 1476 2150">The General Order includes the language in the standard verbatim; therefore, all provisions of the standard are covered. The Chief Deputy reported that the agency ensures that an administrative or criminal investigation is completed for every allegation of sexual abuse or sexual harassment. Over the past 12 months, the facility received 39 allegations of sexual abuse and sexual harassment, two of which resulted in an administrative investigation, two</p>

were referred for criminal investigation and all of these investigations have been completed. To ensure all allegations are investigated, line staff serve as initial investigators, then each facility's Investigative Services Unit follows up with interviews; if it is a crime such as sodomy, Sex Crimes is notified and they would take over the investigation from there; they are the agency's experts and they collect evidence from the crime scene when necessary. If staff is involved, Internal Affairs runs a parallel investigation with Sex Crimes. A review of a sample of seven investigative reports reveals that facility investigators conduct investigations into allegations of sexual abuse and sexual harassment and document the investigative process and investigative findings.

CORRECTIVE ACTION

None required

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115.22(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Agency Website
- Seven investigative reports

General Order IV.B.2 includes the language in the standard except that it replaced "... referred for investigation to an agency with the legal authority..." with "...referred for investigation to the appropriate bureau with legal authority..." All provisions of the standard are still covered. The agency's website specifies that "Per department policy, Sacramento Sheriff Department shall ensure that an administrative or criminal investigation (whichever is appropriate) is completed for all allegations of sexual abuse or sexual harassment." The auditor reviewed a sample of seven investigative reports and verified that allegations of sexual abuse are in fact referred for investigation.

PEOPLE INTERVIEWED

- Sex Crimes Detective from Centralized Investigations Division

During the interview, the auditor asked the detective if agency policy requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior and the detective replied "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language in the standard verbatim; therefore, all provisions of

the standard are covered. The agency's website specifies its policy requirement that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. The seven investigative reports reviewed establish that agency investigators document all referrals of allegations of sexual abuse or sexual harassment for administrative or criminal investigation. These reports include the incident report generated by the employee who received the allegation as well as the investigator's report.

CORRECTIVE ACTION

None required.

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115.22(c) - AUDITOR'S DETERMINATION: The agency/facility is responsible for criminal investigations; therefore, this provision of the standard does not apply.

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115.22(d) - AUDITOR'S DETERMINATION: The auditor is not required to audit this provision of the standard.

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115.22(e) - AUDITOR'S DETERMINATION: The auditor is not required to audit this provision of the standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -PREA Training PowerPoint -PREA Training Video -Employee Training Records <p>General Order V.A.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility provided a PowerPoint presentation used for PREA training. The presentation covers most of the ten topics listed under the standard; not covered are Items 9 and 10, specifically, " How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming" and "How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities." The facility provided a 32-minute training video titled "Responding to Prison Rape." The video is sponsored by the National Institute of Corrections and the Moss Group. A review confirms that the video covers most of the ten topics listed under 115.31(a); not covered is Item 9 specifically, " How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates." The auditor reviewed a sample of 12 employee training records; the training started about two years ago using the PowerPoint presentation and the video. Employees completed the video training individually and upon completing it, employee training records are updated automatically.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -14 deputies <p>During the interview, the auditor asked deputies about the PREA training they received and asked them to share what they learned about the first four topics required under the standard: 1) The agency's zero-tolerance policy, 2) Their responsibilities as it relates to the agency's efforts to eliminate sexual abuse and harassment of inmates, 3) Inmates' rights as it relates sexual abuse and sexual harassment and 4) Inmate and employee rights under PREA. Most were able to accurately explain the agency's zero-tolerance policy and the requirement to report all cases of sexual abuse and sexual harassment of inmates immediately to their supervisor. With regard to the other three, the auditor had to prompt most of the deputies with questions, scenarios and other measures before they were able to provided the expected responses. Overall, the deputies know something about these topics, but getting them to articulate them as listed in the standard is a different matter. All of the deputies acknowledged receiving training on the remaining six topics listed under the standard. Also, most of them reported that they received the PREA training during the June briefing.</p> <p>SITE REVIEW OBSERVATIONS: 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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The interviews of the deputies, reflect that all of them received PREA training; however, the interviews did not establish that they had been trained throughout the 12-month audit period; in fact, the interviews establish that most of them received the training just a few weeks before the audit. Both the PowerPoint presentation and the video reflect that the training curriculum did not include all ten topics required by the standard, specifically, Item 9, " How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates."

RECOMMENDED CORRECTIVE ACTION

The facility should provide evidence that employees received training on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates or provide training to all employees on this topic. Upon completing the training, the facility should submit to the auditor, the training curriculum used for the training, and employee attestation forms reflecting that they receive the training.

CORRECTIVE ACTION TAKEN

The facility provided a revised version of the PowerPoint presentation (see uploaded documents) used to train employees; the presentation includes a segment on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates. The facility asserts that training is provided to all employees and is posted on the department's website; however, the auditor still needs verification that employees received the training in question. The auditor needs to know when the facility started using the revised PowerPoint and the facility needs to show proof that employees received training since the new presentation was placed in use. The facility provided training to custody staff on all four shifts and submitted sign-in sheets (see uploaded documents) reflecting that staff received eight hours of PREA training during the first week of December and that the training included the provisions of Standard 115.31. An outline of the eight-hour course reflects that it included "How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates" and the Compliance Manager reports that the new PowerPoint was used.

CORRECTIVE ACTION APPROVED

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115.31(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order V.A.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Both facilities operated by the agency house male and female inmates and deputies (male and female) work with inmates of both genders. The site review and deputy interviews establish that deputies have been trained on PREA standards relating to limits to cross-gender viewing and searches.

CORRECTIVE ACTION

None required

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115.31(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Employee Training Records

General Order V.A.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The number of employees currently employed by the facility, who may have contact with inmates, who were trained or retrained is 357. The Facility Characteristics section reflects that the number of staff assigned to the facility during the past 12 months is 375. $357 / 375 \times 100 = 95.2\%$ of staff assigned to the facility have been trained on PREA. The sample of training records reviewed establishes that employees have received refresher training and the Compliance Manager provided a list of 388 employees who received the training and are in compliance with the training requirements; this list reflects that all employees who viewed the training video are automatically scheduled to view the video again one year later. The PREA Compliance Manager also provided a list of 26 employees who are not in compliance with training requirements.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

REASONING AND CONCLUSIONS

The standard requires that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards. The PREA standards became effective August 20, 2012; therefore, all employees had to be trained by August 19, 2013. The PREA Compliance Manager reported that the training started two years earlier, this means it did not start within one year of the effective date of the PREA standards.

CORRECTIVE ACTION

The training cannot be provided retroactively; therefore, no corrective action required.

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115.31(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Employee Training Records

General Order V.A.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a sample of 12 employee personnel files and each included the employee's attestation for receiving PREA training. The PREA Compliance Manager explained that employees who view the video also attest electronically to receiving PREA training; therefore, the list of 388 employees is also a list of employees who completed attestations for receiving the training.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The auditor reviewed 12 employee personnel files and all included employee electronic attestation forms; also, the list of 388 employees who received the training establishes that the facility has a system where employees attest to receiving the training electronically after viewing the video.

CORRECTIVE ACTION

None required.

115.32	Volunteer and contractor training
	<p data-bbox="248 168 898 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="248 248 523 284">Auditor Discussion</p> <p data-bbox="248 329 1086 365">115.32(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p data-bbox="248 409 914 445">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="248 454 826 533" style="list-style-type: none"> -General Order -Contractor and Volunteer Training Records <p data-bbox="248 584 1485 831">General Order V.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a box of training records for contractors and volunteers and verified that training was provided; specifically that they viewed the training video. The PREA Compliance Manager explained that contractors and volunteers were trained between October 2015 and June 2016 and that the training video was used to train all employees.</p> <p data-bbox="248 882 571 918">PEOPLE INTERVIEWED</p> <ul data-bbox="248 927 475 963" style="list-style-type: none"> -Three chaplains <p data-bbox="248 1014 1477 1350">The auditor interviewed three chaplains, one of which is a contract employee and the other two are volunteers. During the interviews, all three chaplains reported that they had been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure and notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents. The chaplains explained that they learned about the meaning of sexual abuse and sexual harassment, prohibited behaviors and how and whom they are supposed to report sexual abuse and sexual harassment of inmates to.</p> <p data-bbox="248 1402 871 1438">SITE REVIEW OBSERVATIONS: None required</p> <p data-bbox="248 1489 1457 1601">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="248 1653 1485 1861">The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Training records reviewed and the three chaplains interviewed establish that contractors and volunteers received the training. The facility completed training for contractors and volunteers in June 2016, the month of the audit; therefore, contractors and volunteers had not been trained throughout the audit period.</p> <p data-bbox="248 1912 555 1948">CORRECTIVE ACTION</p> <p data-bbox="248 2000 1453 2078">Although the training has been provided, it was completed late in the audit period; therefore, no corrective action is needed.</p> <p data-bbox="248 2130 970 2157">-----</p>

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115.32(b) - AUDITOR'S DETERMINATION: EXCEEDS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order V.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a box of training records for contractors and volunteers and verified that training was provided; specifically that they viewed the training video. The PREA Compliance Manager explained that the training video was used to train all employees. This means that the level and type of training provided to volunteers and contractors was not limited to just the services they provide and level of contact they have with inmates.

PEOPLE INTERVIEWED

-Three chaplains

The auditor interviewed three chaplains, one of which is a contract employee and the other two are volunteers. During the interviews, all three chaplains reported that they had been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure and notified of the agency's zero-tolerance policy on sexual abuse and sexual harassment, as well as informed about how to report such incidents. The chaplains explained that they learned about the meaning of sexual abuse and sexual harassment, prohibited behaviors and how and whom they are supposed to report sexual abuse and sexual harassment of inmates to.

SITE REVIEW OBSERVATIONS: None required

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

The facility provided evidence that contractors and volunteers received training via the training video. The level and type of training provided to volunteers and contractors was not limited to just the services they provide and level of contact they have with inmates; the auditor finds that the content of the training they received may have exceeded the topics prescribed by the standard.

CORRECTIVE ACTION

None required

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115.32(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Contractor and Volunteer Training Records

General Order V.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a box of training records for contractors and volunteers that included PREA training attestation forms.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The auditor reviewed attestation forms for volunteer and contractor training.

CORRECTIVE ACTION

None required.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.33(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Intake Records <p>General Order V.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that during the past 12 months, the facility provided the zero-tolerance policy and how to report information to 25,610 inmates admitted at the facility. The Facility Characteristics section reflects that 49,275 inmates were admitted to the facility over the past 12 months: $25610 / 49275 \times 100 = 52\%$. The PREA Compliance Manager provided a box full of the agency's Inmate/Detainee PREA Attestation Forms; the forms tell inmates about the agency's zero-tolerance policy and how to report any incident of sexual abuse. The PREA Compliance Manager explained that during booking, arrestees are searched and dressed into jail clothing; then they are moved to a room where they view the PREA education video. After viewing the video, they sign the attestation form on which they attest to receiving the handbook and seeing the PREA video. The facility started showing the PREA video and using the attestation form on May 17, 2016.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Two Intake deputies (male and female booking) -16 inmates <p>During the interview, the Intake deputies reported that they provide inmates with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment and that to ensure current inmates, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment, the video is played continuously in Intake cells and the inmates have to sign a form acknowledging that they viewed the video and received the inmate handbook; they added that the facility also has the PREA information poster displayed in every cell. The auditor interviewed 16 inmates and asked what information they received about the facility's rules against sexual abuse and harassment when they arrived. Inmates who had been at the facility prior to May 17, 2016, mostly reported that they did not receive any information; those who have been at the facility since May 17, 2016, mostly reported that they had seen the video. Inmates seem to recall getting the information from the video more than they recall getting it on the attestation form. Also, most of the limited English proficient inmates interviewed reported that they did not receive any information, even some who arrived after May 17, 2016.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>During the site review tour, the auditor visited the Intake area where inmates view the PREA video and sign the attestation forms. The auditor noted that the PREA information poster</p>

which informs inmates (in English and Spanish) of the agency's zero-tolerance policy and how to report sexual abuse and sexual harassment is displayed on the walls in the Intake area.

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

The facility provided a box with all inmate attestation forms completed since the facility started this process on May 17, 2016. Deputies from both Male and Female Booking explained that the PREA education video is played continuously in all Intake cells and the PREA information poster is displayed in all cells in the housing units. The auditor observed the PREA information posters displayed on the walls in the Intake area and saw where the video is played in Intake. However, the facility provided this information during intake to only 52% of all inmates admitted over the past 12 months.

CORRECTIVE ACTION

The facility has a very good system in place and the auditor is convinced that it has been institutionalized. Since the required information cannot be provided retroactively, no corrective action is needed.

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115.33(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Intake Records
- PREA Education Video

General Order V.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that 2117 inmates admitted at the facility during the past 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education within 30 days of intake. The Facility Characteristics reflects that 6625 inmates admitted at the facility during the past 12 months remained at the facility for 30 days or more; therefore, $2117 / 6625 = 32\%$ of these inmates received comprehensive education within 30 days of intake. The PREA Compliance Manager provided a box full of the agency's Inmate/Detainee PREA Attestation Forms. The PREA Compliance Manager explained that during booking, arrestees are searched and dressed into jail clothing; then they are moved to a room where they view the PREA education video. After viewing the video, they sign the attestation form on which they attest to receiving the handbook and seeing the PREA education video. The facility started showing the PREA video and using the attestation form on May 17, 2016.

PEOPLE INTERVIEWED

- Two Intake deputies (male and female booking)
- 16 inmates

During the interview, the Intake deputies reported that to ensure inmates are educated 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, inmates can request to see the PREA education video if they wish. They added that inmates are made aware of these rights immediately; they are placed in a holding cell with the information posted on the wall and after they are dressed-in jail clothing, they are placed in a room to see the video. The auditor interviewed 16 inmates and asked if they received any kind of education about PREA when they arrived. Mostly inmates who arrived after May 17, 2016 reported seeing the video; most of those who arrived before that date said they did not receive any education about PREA or they reported that they saw the video when the facility started playing it.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor asked a few inmates about the PREA education video and they confirmed that it is played in their housing units.

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

The facility provided a box with all inmate attestation forms completed since the facility started this process on May 17, 2016. Deputies from both Male and Female Booking explained that inmates can request to see the PREA education video if they wish. During the site review tour, inmates confirmed that the video is played in their housing units. However, the facility provided comprehensive PREA education within 30 days of intake to only 32% of inmates admitted to the facility during the past 12 months who remained at the facility for 30 days or more. The auditor viewed the Inmate Education video; it includes the following topics: Inmate's right to be free from sexual harassment and sexual abuse, the zero-tolerance policy, right to report sexual abuse and harassment, how to report, definitions of sexual abuse and sexual harassment, voyeurism, how to stay safe, different reporting methods, common reactions to sexual victimization, right to be free from retaliation for reporting, right to know the results of the investigation, right to free medical and mental health treatment, right to follow-up medical and mental health treatment, etc.

CORRECTIVE ACTION

The facility has a very good system in place and the auditor is convinced that it has been institutionalized. Since there is no way show the video to inmates retroactively, no corrective action is needed.

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115.33(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

-Intake records

General Order V.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire indicates that inmates not educated within 30 days of intake were educated as of June 15, 2016. The facility started showing the PREA education video and using the attestation form on May 17, 2016.

PEOPLE INTERVIEWED

-Two Intake deputies (male and female booking)

During the interview, the Intake deputies reported that to ensure current inmates, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse and sexual harassment, the video is played continuously in Intake cells and the inmates have to sign a form acknowledging that they viewed the video and received the inmate handbook; they added that the facility also has the PREA information poster displayed in every cell.

SITE REVIEW OBSERVATIONS: None required

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

The facility started showing the PREA education video on May 17, 2016; therefore, no inmates at the facility were educated within one year of the effective date of the PREA standards, that is by August 20, 2013.

CORRECTIVE ACTION

There is no way to show the video retroactively; therefore, no corrective action is needed.

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115.33(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order
-Intake records
-PREA Education video

General Order V.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. General Order VI.A.6 requires classification officers to assist inmates with limited reading skills or otherwise disabled, to understand PREA policies and inmate rights as it relates to sexual abuse, sexual harassment and retaliation. Assistance shall be noted on the inmate's Jail Information Management System record. The auditor verified that the PREA education video is played in English and Spanish. The auditor viewed the PREA education video and determined that it does not have subtitles to accommodate inmates with

hearing impairments. The facility did not provide information about how it would accommodate inmates who may not comprehend the PREA education video due to a developmental disability and may need adaptive support.

PEOPLE INTERVIEWED

-Agency Head Designee

During the interview, the Chief Deputy reported that the inmate education video is available in four languages including Spanish, Hmong and Russian and have subtitles for the hearing impaired.

SITE REVIEW OBSERVATIONS: None required

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

The facility ensures that comprehensive PREA education is provided in accessible formats to accommodate a variety of disabilities where accommodation is needed to achieve equally effective communication. However, the PREA video does not have subtitles; therefore, the comprehensive PREA education is not provided in formats accessible to inmates with hearing impairments. The video is available in other languages to accommodate inmates with limited English proficiency. According to the general order, classification officers are required to assist inmates with limited reading skills or otherwise disabled, to understand PREA policies and inmate rights as it relates to sexual abuse, sexual harassment and retaliation. The auditor requested inmate education materials in formats accessible to inmates who are otherwise disabled and the facility did not provide any materials or examples where classification officers noted assistance provided to inmates with limited reading skills and comprehension deficits in the Jail Information Management System record according to the requirements of General Order VI.A.6.

RECOMMENDED CORRECTIVE ACTION

If not yet in place, the facility should provide PREA education in formats accessible to inmates with comprehension deficits, such as Comic Books, and classification officers should document this accommodation in the inmate's Jail Information Management System record according to the requirements of General Order VI.A.6. The comprehensive PREA education should be provided in formats accessible to inmates with hearing impairments.

CORRECTIVE ACTION TAKEN

The facility provided the agency's Interpreter Services Operations Order (see uploaded document). This document provides detail instructions to staff at both facilities on how to use the resources available to communicate with inmates who need a reasonable accommodation for effective communication or language interpreter services. The Operations Order also requires staff to try to establish communication with inmates with limited English proficiency. The agency provided the PREA Advisement for Inmates with Disabilities and Limited English Proficiency (see uploaded documents); this includes a summary of the Comprehensive PREA

Education for staff to read to inmates with limited English proficiency using the language interpreter services. The agency provided a Picture Guide Book (see uploaded documents) to be used to communicate PREA information to inmates with comprehension deficits. The guide book provided is very limited in content, but provides an acceptable initial solution. The auditor recommends that the agency commits to building on this version as it is used and shortcomings are identified. The PREA Compliance Manager at RCCC informed the auditor that the closed captioning must be turned-on in the video. The auditor viewed the video again and was able to turn-on the closed captioning. This satisfies the request for the video with closed captioning.

CORRECTIVE ACTION APPROVED

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115.33(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-Inmate education records

The PREA Compliance Manager provided a box full of completed Inmate/Detainee PREA Education Attestation Forms.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

While the facility may have a very good system in place for documenting comprehensive PREA education, the facility started the system on May 17, 2016; therefore, it was not in place throughout the 12-month audit period.

CORRECTIVE ACTION

There is no way to provide the comprehensive education retroactively and document it; therefore, no corrective action is needed.

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115.33(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-Inmate Handbook

-PREA Information Pamphlet

-PREA Information Posters

The handbook, the pamphlet and the posters all include PREA information. Inmates receive the handbook and the pamphlet shortly after arrival and the information posters are displayed in inmate housing and program areas.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor verified that the PREA information poster is displayed in every housing pod.

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

The PREA information posters are displayed in every housing pod and inmates receive the pamphlet and the handbook shortly after arrival.

CORRECTIVE ACTION

None required.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Investigator Training Records <p>General Order V.D includes the language of the standard verbatim; therefore, all provisions of the standard are included. The agency provided a sign-in sheet and certificates of completion for investigators at both facilities, Sex Crimes investigators and Internal Affairs Investigators. The documents indicate that investigators received eight hours of training in a course titled Prison Rape Elimination Act - Investigators on June 17, 2016.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Sex and Elderly Abuse Bureau (Sex Crimes) investigator -Internal Affairs investigator -Main Jail Gang Intel Unit deputy <p>During the interview, the Sex Crimes investigator reported that he received training specific to conducting sexual abuse investigations in confinement settings and that the training involved interviewing, interrogation, PREA, Miranda vs Garrity, evidence collection in jails, etc. The Internal Affairs investigator also reported receiving training specific to conducting sexual abuse investigations in confinement settings and that the training involved PREA investigations, interviewing victims and suspects, crime scene management, etc. The Gang Intel deputy also reported that he received training specific to conducting sexual abuse investigations in confinement settings and that it was an on-line course provided by the National Institute of Corrections.</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>The agency policy requires that investigators receive training in conducting sexual abuse investigations in confinement settings. The training was provided on June 17, 2016 and the audit period is June 2015 to May 2016; therefore, investigators did not have the training throughout the audit period.</p> <p>CORRECTIVE ACTION</p> <p>Since the training cannot be provided retroactively, no corrective action is required.</p> <p>-----</p>

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115.34(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Training records

General Order V.D includes the language of the standard verbatim; therefore, all provisions of the standard are included. The agency provided a sign-in sheet, certificates of completion for investigators at both facilities and several documents used during the training. The documents indicate that investigators received eight hours of training in a course titled Prison Rape Elimination Act - Investigators on June 17, 2016. Some of the most significant material include a brief from Los Angeles County District Attorney's Office with information about the 1966 Miranda v Arizona decision, Applications of the Garrity and Miranda decisions, Sample Garrity Questions and "Staff Perspective: Sexual Violence in Adult Prisons and Jail." The latter is a comprehensive document on investigating sexual assault in correctional facilities from the US Department of Justice National Institute of Corrections.

PEOPLE INTERVIEWED

- Sex Crimes investigator
- Internal Affairs investigator
- Main Jail Gang Intel Unit deputy

During the interview, both the Sex Crimes investigator and the Internal Affairs investigator reported that the training included 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 Gang Intel deputy reported that the training included techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Gang Intel Unit does not conduct investigations where the allegation of sexual abuse is against an employee.

SITE REVIEW OBSERVATIONS: None required

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

The agency policy requires that investigators receive training in 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 auditor finds that the "most significant material" referenced above cover the four topics prescribed by the standard for investigators. All three investigators reported that they received the training prescribed by the standard provision, except that the Gang Intel deputy did not receive the training on proper use of Miranda and Garrity warnings. This is understood because Gang Intel does not conduct

investigations where the allegation is against an employee; therefore, these warnings do not apply to their scope of work.

CORRECTIVE ACTION

None required.

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115.34(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- Facility Characteristics
- Training records

The agency provided the sign-in sheet and certificates of completion for the PREA Investigations training which includes investigators from Sex Crimes, Internal Affairs and Gang Intel. The Facility Characteristics reflect that the agency currently employs eight investigators to investigate allegations of sexual abuse and the questionnaire reflects that eight investigators completed the required training.

PEOPLE INTERVIEWED: None required.

SITE REVIEW OBSERVATIONS: None required

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

The sign-in sheets provided includes the names of investigators from all three investigative units referenced above and certificates of completion were issued for all participants. This establishes that the agency maintains documentation that investigators completed the required specialized training in conducting sexual abuse investigations in confinement settings. The training was provided on June 17, 2016.

CORRECTIVE ACTION

None required

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115.34(d) - AUDITOR'S DETERMINATION: The auditor is not required to audit this provision of the standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Correctional Health Services Lesson Plan -Jail Psychiatric Services PowerPoint -Training Records -PREA training video <p>General Order V.E. includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that 100% of health care practitioners who work regularly at the facility, received the required training. The compliance manager reported that there are 379 medical and mental health practitioners who work regularly at the facility who received the training. The PREA Compliance Manager provided training attestation forms for medical and mental health staff and indicated that the training took place October through November 2015 and the PREA training video was used. The auditor viewed the training video and determined that it includes all four topics prescribed by the standard for medical and mental health staff. The auditor received a lesson plan titled Preventing, Detecting, Responding to Inmate Detainee Sexual Assault from a medical practitioner. The lesson plan includes the Zero-tolerance policy, how to report sexual abuse, definitions of sexual harassment and sexual abuse, how to respond to an incident of sexual abuse (including the agency's protocol on evidentiary examinations) and follow-up care instructions for medical staff. The facility also provided a PowerPoint presentation used to train Jail Psychiatric Services personnel on PREA. The presentation includes: definitions of sexual abuse and sexual harassment, the agency's zero-tolerance policy, what employees can do to avoid violating policy, reporting requirements, data on the prevalence of sexual abuse, screening for risk of victimization, medical and mental health screening and services to victims, risk factors, signs of sexual victimization, the role of the mental health practitioner and what to include in PREA evaluations. The PowerPoint presentation reflects that it was used for June 2016 PREA Training.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Medical and Mental Health staff <p>The auditor interviewed a medical practitioner and a mental health practitioner. Both practitioners reported that they received specialized training regarding sexual abuse and sexual harassment. The medical practitioner indicated that he came from Juvenile Hall where he was the PREA Coordinator; he received annual refresher training on sexual harassment prevention and took a four-hour course on PREA. The mental health practitioner from Jail Psychiatric Services stated that she received Sexual Harassment as part of University of California Davis' annual training requirement and PREA training provided by the Sheriff Department, which included a PowerPoint presentation provided for their staff.</p>

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Training records reviewed establish that medical and mental health staff received the PREA video training in October and November 2015. Both medical and mental health practitioners reported that they received the training and that it included the four topics prescribed by the standard provision. The training video includes all four topics prescribed by the standard for medical and mental health staff. The lesson plan includes the Zero-tolerance policy, how to report sexual abuse, definitions of sexual harassment and sexual abuse, how to respond to an incident of sexual abuse (including the agency's protocol on evidentiary examinations) and follow-up care instructions for medical staff. This lesson plan includes a test on the last page and further reinforces the evidence that medical staff received the training required under the standard. The training was provided in October and November 2015; therefore, staff had not been trained throughout the 12-month audit period. The Jail Psychiatric Services PowerPoint presentation includes: definitions of sexual abuse and sexual harassment, the agency's zero-tolerance policy, what employees can do to avoid violating policy, reporting requirements, data on the prevalence of sexual abuse, screening for risk of victimization, medical and mental health screening and services to victims, risk factors, signs of sexual victimization, the role of the mental health practitioner and what to include in PREA evaluations. The PowerPoint presentation reflects that it was used for June 2016 PREA Training.

CORRECTIVE ACTION

Since the training cannot be provided retroactively, no corrective action is required.

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115.35(b) - AUDITOR'S DETERMINATION: Agency medical staff at the facility do not conduct forensic examinations; therefore, this provision of the standard does not apply.

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115.35(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Training Records

General Order V.E. includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The PREA Compliance Manager provided training attestation forms for medical and mental health staff and indicated that the training took place October through

November 2015 and the PREA training video was used.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The PREA Compliance Manager provided training attestation forms for medical and mental health staff and indicated that the training took place October through November 2015 and the PREA training video was used.

CORRECTIVE ACTION

None required.

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115.35(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-Training material

The PREA Compliance Manager provided training attestation forms for medical and mental health staff and indicated that the training took place October through November 2015 and the PREA training video was used.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The PREA Compliance Manager provided training attestation forms for medical and mental health staff and indicated that the training took place October through November 2015 and the PREA training video was used. Medical and mental health staff must receive the training required for employees under Standard 115.31; if they are contract employees, they must also receive the training required under 115.32. The auditor viewed the training video, as well as the lesson plan used to train medical practitioners and the PowerPoint presentation used to train mental health practitioners. The auditor finds that the 115.32 training requirements for contractors is covered in the training material provided. However, all of the topics prescribed for employees of the confining agency who may have contact with inmates under 115.31(a) are included, except Topic 9, "how to communicate effectively and professionally with inmates,

including lesbian, gay, bisexual, transgender, intersex, or gender-nonconforming inmates." Medical practitioners are county employees and mental health practitioners are University of California Davis contract staff. The PREA Frequently Asked Questions is clear about its broad interpretation of the term contractors. According to the Frequently Asked Questions, the employee training requirements under 115.31 apply to employees of the confining agency. Staff who provide services to inmates on a reoccurring basis, but are not employees of the confining agency, are required to have the training for contractors specified under 115.32.

CORRECTIVE ACTION

None required.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VI.A.1 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED</p> <p>-Classification deputy</p> <p>-16 inmates</p> <p>The auditor interviewed a classification deputy and asked if she screens inmates upon admission to the facility, or transfer from another facility, for risk of sexual abuse victimization or sexual abusiveness toward other inmates and she replied "Yes." She explained that she uses a checklist system and the agency started the system on a trial basis on May 20, 2016 and moved to implementation on May 23, 2016. The auditor interviewed 16 inmates, only six of whom arrived at the facility during the 12-month audit period. Of those six inmates, only two reported that they were asked the PREA screening questions.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>The auditor toured the Intake screening area and the PREA Compliance Manager explained that Classification deputies interview inmates the same day they arrive.</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>The General Order includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The classification deputy reported that she screen inmates upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates; however, the PREA screening system has only been in place since May 23, 2016. Inmate interviews reflect that all inmates admitted over the past 12 months were not screened.</p> <p>CORRECTIVE ACTION</p> <p>The facility has a good system in place and the auditor believes it has been institutionalized. Since inmates cannot be screened retroactively, no corrective action is needed.</p> <p>-----</p> <p>--</p>

115.41(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Screening records of inmates admitted during the past 12 months

General Order VI.A.2 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The Facility Characteristics shows that the number of inmates admitted to the facility during the past 12 months, whose length of stay in the facility was 72 hours or more is 18985. The compliance manager reported that over the past 12 months, the number of inmates entering the facility (either through intake or transfer), whose length of stay in the facility was 72 hours or more, who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake is 18985. This indicates that over the past 12 months, the facility screened, within 72 hours of intake, 100% of all inmates whose length of stay in the facility was for 72 hours or more. The auditor reviewed a sample of 20 records of inmates received since the new PREA Checklist system started and all cases reviewed reflect that the PREA Profile Checklist was completed within 72 hours of booking. The classification deputy did not provide earlier screenings; prior to the new PREA Profile Checklist system, inmate screening did not include the questions prescribed in the PREA standard to screen inmates for risk of victimization and abusiveness.

PEOPLE INTERVIEWED

- Classification deputy
- 16 inmates

The auditor asked the classification deputy if she screens inmates for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their intake and she replied "Yes" and explained if the inmate is immediately placed in acute psychiatric housing, the screening would not take place until the inmate is stabilized. The auditor interviewed 16 inmates, only six of whom arrived at the facility during the 12-month audit period. Of those six inmates, only two reported that they were asked the PREA screening questions.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. Although the facility screened 100% of inmates admitted during the 12-month audit period, only those screened since May 23, 2016, were screened for risk of victimization and abusiveness according to the PREA Standards.

CORRECTIVE ACTION

The facility has a good system in place and the auditor believes it has been institutionalized. Since inmates cannot be screened retroactively, no corrective action is needed.

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115.41(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- PREA Profile Checklist

General Order VI.A.3 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency provided its PREA risk-screening form or PREA Profile Checklist; the checklist is an objective document that collects the same information and asks the same questions of all inmates.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The agency provided its PREA risk-screening form; it is an objective document that collects the same information and asks the same questions of all inmates.

CORRECTIVE ACTION

None required.

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115.41(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- PREA Profile Checklist

General Order VI.A.4 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor compared the questions on the PREA Profile Checklist to the ten questions prescribed in 115.41(d) and found that nine of the ten questions prescribed by the standard provision are included in the agency's risk screening form; missing is Question 10, "Whether the inmate is detained solely for civil immigration purposes." The agency's risk screening form has 13 questions that screen for risk of victimization; 115.41(d), Question 7, "Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming" has been divided into two questions (7 & 8) on the agency's screening form. The following questions on the agency's

screening form are not questions prescribed by the standard:

- 2) History of facility consensual sexual activity during prior incarceration(s)?
- 10) Is there a history of sexual abuse?
- 13) Does the inmate's dress or appearance appear to be gender non-conforming?

PEOPLE INTERVIEWED

-Classification deputy

During the interview, the classification deputy reported that the initial risk screening asks about sexual orientation, sexual identity, if they've ever been sexually assaulted, if they wish to report sexual abuse and following the interview, the PREA profile checklist is completed. The auditor probed for all the questions prescribed by the standard and the deputy said "Yes" to all of them. The auditor asked about the process for conducting the initial screening and the deputy explained that inmates are interviewed after being moved from Booking to the Intake housing floors.

SITE REVIEW OBSERVATIONS: None required

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

The agency's risk screening form includes all of the questions prescribed by the standard except the last question, which asks whether the inmate is detained solely for civil immigration purposes. The facility's inmate handbook includes embassy and consulate contact information for inmates with civil immigration holds. The additional questions not prescribed by the standard do not establish any conflict with the standard.

RECOMMENDED CORRECTIVE ACTION

The facility should explain why 115.41(d) Question 10 was not included on their PREA Profile Checklist or add that missing question to their checklist.

CORRECTIVE ACTION TAKEN

The facility's provided an explanation of the reason Question 10 is not included in the PREA Profile Checklist; the explanation reflects that Immigration and Customs Enforcement detainees are booked into the system as such and classification officers are aware of the inmate's status before conducting the PREA risk screening.

CORRECTIVE ACTION APPROVED.

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115.41(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- PREA Profile Checklist

General Order VI.A.5 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor compared the questions on the PREA Profile Checklist to the three questions prescribed in 115.41(e) to screen for risk of being sexually abusive and found that all three questions prescribed by the standard provision are included in the agency's risk screening form. The agency's risk screening form has six questions; the following three questions are not prescribed by the standard:

- 2) Is the current charge, or any pending charge, for a sex offense?
- 5) Does the inmate have a history of domestic violence?
- 6) Does the inmate have any gang affiliation?

These three questions do not present a conflict with the standard provision.

PEOPLE INTERVIEWED

- Classification deputy

During the interview, the classification deputy reported that the initial risk screening asks about sexual orientation, sexual identity, if they've ever been sexually assaulted, if they wish to report sexual abuse and following the interview, the PREA profile checklist is completed.

SITE REVIEW OBSERVATIONS: None required

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

The agency's screening form for risk of being sexually abusive includes all three questions prescribed by the standard and the questions not prescribed by the standard are not in conflict with the standard.

CORRECTIVE ACTION

None required.

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115.41(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

General Order VI.A.7 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The PREA Compliance Manager reported that the number of inmates, during the past 12 months, admitted to the facility (either through intake or transfer) whose length of stay at the facility was 30 days or more and who were reassessed, within 30 days of intake, for risk of sexual victimization or being sexually abusive based upon

any additional relevant information received since intake is 42. The Facility Characteristics section reflects that the number of inmates admitted to the facility in the past 12 months whose length of stay was 30 days or more is 6625. $42 / 6625 \times 100 = 0.6\%$. The facility reassessed, within 30 days of intake, only 0.6 % of inmates admitted during the past 12 months whose length of stay was 30 days or more.

PEOPLE INTERVIEWED

- Classification deputy
- 16 inmates

The auditor asked how long after arrival are inmates' risk levels reassessed and the classification deputy stated that the frequency of reassessment varies with the level of security. She explained that the new computerized system automatically schedules inmates for reclassification every 30 days. Although inmates classified at lower custody levels are reviewed less frequently, they are never classified into these lower custody levels upon arrival at the facility. The auditor interviewed 16 inmates; only six of whom arrived at the facility during the 12-month audit period. The auditor inquired as to whether they were asked the PREA risk screening questions again anytime after intake and all of them said "No."

SITE REVIEW OBSERVATIONS: None required

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

While the facility may have a good system in place which the auditor believes to be institutionalized, the system is very new. The facility did not conduct reassessments for risk of sexual victimization and abusiveness within 30 days of intake prior to implementing the new system. Since the new system was implemented, the facility only reassessed 0.6% of inmates admitted to the facility over the past 12 months, who remained at the facility for 30 days or more. Under the current system, inmates are automatically reclassified every 30 days; the facility needs to ensure the first 30-day reclassification includes reassessing the inmate's risk of sexual victimization and abusiveness.

CORRECTIVE ACTION

Since inmates cannot be reassessed retroactively, no corrective action is needed.

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115.41(g) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Request for Reclassification form

General Order VI.A.8 includes all the language of the standard verbatim; therefore, all

provisions of the standard are covered.

PEOPLE INTERVIEWED

- Classification deputy
- 16 inmates

During the interview, the auditor asked if an inmate's risk level is reassessed as needed 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 classification deputy said "Yes" and reported that her office reviews inmates every 30 days unless they are classified as low security level; she explained that her office receives all relevant classification data including disciplinary reports. She provided a blank Request for Reclassification form; the form is marked confidential and facility staff can fill-it-out and submit it to the classification office to request for an inmate to be reclassified; the classification deputy stated that these reviews due to new information are done as soon as possible. The auditor interviewed 16 inmates; only six of whom arrived at the facility during the 12-month audit period. The auditor inquired as to whether they were asked the PREA risk screening questions again anytime after intake and all of them said "No."

SITE REVIEW OBSERVATIONS: None required

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

Although the classification deputy did not provide any examples of reclassification due to new information received since intake, the auditor finds that the system is workable and should satisfy the intent of the standard. Not having any cases where an inmate was reclassified based upon new information received since intake that bears on the inmate's risk of sexual victimization or abusiveness does not, in and of itself, establish that the standard is not met.

CORRECTIVE ACTION

None required.

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115.41(h) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

General Order VI.A.9 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

- Classification deputy

The auditor asked whether inmates are disciplined in any way for refusing to respond to (or for not disclosing complete information related to) the following:

- Whether the inmate has a mental, physical, or developmental disability,
- Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming,
- Whether the inmate has previously experienced sexual victimization,
- The inmate's own perception of vulnerability

The classification deputy replied "No" to all four scenarios presented in the question.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The classification deputy's response indicates that the facility's practice is compliant with the standard and the general order.

CORRECTIVE ACTION

None required.

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115.41(i) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.A.10 includes all the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

- PREA Coordinator
- PREA Compliance Manager
- Classification Deputy

The auditor asked the PREA Coordinator, PREA Compliance Manager and the Classification Deputy if the agency outlined who can have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation and all three replied "Yes." Both the PREA Coordinator and PREA Compliance Manager indicated that only classification officers and PREA management staff have access. The classification deputy stated that the information is confidential and classification officers disseminate it as they see necessary; she pointed out that housing officers do not get the information.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes all the language of the standard verbatim; therefore, all provisions of the standard are covered. The PREA Coordinator, PREA Compliance Manager and the Classification Deputy reported that the agency outlined who can have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. The practice as reported meets the provision of the standard.

CORRECTIVE ACTION

None required.

Auditor Recommendation: If the paper version of the PREA Profile Checklist is used to collect inmate risk-screening information, the form should be labeled with a watermark or other conspicuous label stating that the form contains sensitive inmate information that only classification officers and other designated staff should have access to.

115.42	Use of screening information
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.42(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VI.B.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED</p> <p>-PREA Compliance Manager</p> <p>-Classification deputy</p> <p>The PREA Compliance Manager was asked how does the agency or facility use information from risk screening during intake (per 115.41) to keep inmates from being sexually victimized or being sexually abusive. He explained that the facility utilizes the Northpointe Compass System to assess inmate vulnerability and help in identifying potential predators, that inmates identified as vulnerable or predatory are tracked and kept separate. He added that routine and periodic assessment of identified inmates at risk of victimization or identified as predators are completed by Classification Deputies who then classify and determine where these inmates are housed. The auditor asked the classification deputy the same question and she stated that the facility offers protective custody housing to all inmates and anyone who requests it gets it and that such requests are never denied. She added that the most aggressive inmates are placed in higher security housing, where more vulnerable inmates tend to end up in lower level security.</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>The facility uses a computerized system to capture all inmate information that should be considered in making decision about sexual safety. The classification deputy explained that her office is notified of all incidents, reports and other information relevant to designating security level and safe housing for inmates. The PREA Compliance Manager stated that the information from the computerized system is used to assess inmate vulnerability and potential for predatory behavior and ultimately used to inform inmate housing decisions.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p> <p>-----</p>

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115.42(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.B.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Classification deputy

The classification deputy was asked how does the agency or facility use information from risk screening during intake (per 115.41) to keep inmates from being sexually victimized or being sexually abusive and she explained that the facility offers protective custody housing to all inmates and anyone who requests it gets it and that such requests are never denied. She added that the most aggressive inmates are placed in higher security housing, where more vulnerable inmates tend to end up in lower level security.

SITE REVIEW OBSERVATIONS: None required

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

The facility makes individualized determinations about inmate security level and where to house an inmate to ensure his or her sexual safety.

CORRECTIVE ACTION

None required

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115.42(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.B.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-PREA Compliance Manager

-Two transgender inmates

The PREA Compliance Manager was asked how does the agency or facility determine housing and program assignments for transgender or intersex inmates and he stated that all transgender or intersex inmates are housed as Protective Custody Segregation (PSEG) inmates and explained that this housing classification separates these inmates for safety/security reasons; namely, vulnerability. However, they still have access to all normal privileges of recreation, classes, training, etc. The auditor interviewed two inmates identified as transgender individually and inquired if staff asked them questions about their safety; Inmate A said "Yes" and Inmate B said "No." The auditor asked if they had been placed in a housing area only for transgender or intersex inmates; Inmate A said "No" and Inmate B said "Yes."

SITE REVIEW OBSERVATIONS

During the site review tour, the unit where the two transgender inmates are housed, was identified as protective housing. In that housing unit, the auditor asked impromptu questions of an inmate on protective custody status; that inmate reported that there was a transgender woman in the housing pod and that she has access to education, yoga, religious services and the recreation area.

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

The facility houses transgender inmates in protective custody segregation and allows them access to programs and activities. This is evidence that the facility considers the inmate's health and safety in making placement and program decisions, as well as whether the placement and program participation presents management or security problems. One of the inmates interviewed reported being placed in a housing area only for transgender or intersex inmates. The auditor notes that the facility only identified four transgender inmates and no intersex inmates and that the housing area where these inmates are assigned, houses inmates who are neither transgender nor intersex.

CORRECTIVE ACTION

None required.

Auditor observation: During the visit to the Classification Office, one of the classification deputies stated that transgender inmates are assigned to male or female housing based upon their genital status; however, the auditor was not able to verify the practice. This is not consistent with the standard or the provision of General Order VI.B.3, which require a case-by-case consideration of whether placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The facility should ensure this practice is consistent with the standards and the general order.

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115.42(d) - AUDITOR'S DETERMINATION: EXCEEDS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.B.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-PREA Compliance Manager

-Classification deputy

The PREA Compliance Manager was asked if placement and programming assignments for each transgender or intersex inmate is reassessed at least twice each year to review any threats to safety experienced by the inmate; he said "Yes" and explained that placement and programming assignments for each transgender or intersex inmates is reassessed every 30 days and that the Northpointe system has an inmate vulnerability and predatory assessment tool. The auditor asked the classification deputy the same question; she said "Yes" and added that transgender inmates are classified as protective custody segregation and reassessed every 30 days or as needed.

SITE REVIEW OBSERVATIONS: None required

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

The standard requires reassessment at least twice each year; the facility reassesses all inmates every 30 days or more frequently if needed. The auditor finds that this practice exceeds the requirement of the standard.

CORRECTIVE ACTION

None required.

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115.42(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.B.5 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-PREA Compliance Manager

-Classification deputy

-Two transgender inmates

The PREA Compliance Manager was asked whether a transgender or intersex inmates' views of his or her safety is given serious consideration in placement and programming assignments and he said "Yes." The auditor asked the classification deputy the same question; she said "Yes" and added that transgender inmates are housed based upon their current anatomy and will remain in protective custody segregation housing, which is single cell, but they are allowed to program with other inmates with the same classification. During the interview of the two transgender inmates, the auditor asked both inmates to elaborate on what staff asked them about their safety: Inmate A indicated that staff asked if she was straight or gay; Inmate B commented that she was kept separated from everybody and that she thinks that is best for her.

SITE REVIEW OBSERVATIONS: None required

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

Both the PREA Compliance Manager and the classification deputy reported that a transgender or intersex inmates' views of his or her safety is given serious consideration in placement and programming assignments. With respect to Inmate A, it is not clear that staff gave serious considerations to her own views of personal safety; however, it cannot be established that staff did not. With respect to Inmate B, her comment suggests that she is fine with her placement; this is evidence that staff may have given serious consideration to her views on her personal safety.

CORRECTIVE ACTION

None required.

Auditor recommendation: classification officers should document questions asked, answers provided and comments made when reassessing a transgender inmate for threats to safety. In the event of a sexual assault or other safety-related incident, this type of documentation could establish whether or not there was poor judgement in making a housing or program decision.

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115.42(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.B.6 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

- PREA Compliance Manager
- Classification deputy
- Two transgender inmates

The PREA Compliance Manager was asked whether transgender and intersex inmates are given the opportunity to shower separately from other inmates and he said "Yes" and added that transgender and Intersex inmates are housed and program together as protective custody segregation inmates, they receive the same programming as all other inmates and this classification requires showering separately from other inmates. The auditor asked the classification deputy the same question and she said "Yes." During the interview of the two transgender inmates, the auditor asked both inmates if they are allowed to shower separately and both of them said "Yes."

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor noted that showers in all housing units are single occupancy.

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

Both the PREA Compliance Manager and classification deputy reported that transgender inmates are allowed to shower separately. Both transgender inmates confirmed this practice and during the site review tour, the auditor noted that showers in the housing units are single person use.

CORRECTIVE ACTION

None required.

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115.42(g) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

General Order VI.B.7 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

- PREA Coordinator
- PREA Compliance Manager
- Two transgender inmates

The PREA Coordinator was asked how does the agency ensure against placing lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of their sexual orientation, genital status, or gender identity and she stated that there are no dedicated housing for lesbian, gay, bisexual, transgender, or intersex inmates. The PREA Compliance Manager was asked if the facility is subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates; he said "No" and explained that there is a 2006 case (Medina-Tejada v. Sacramento County) stating that the Sheriff Department cannot automatically classify a transgender inmate as total separation. During the interview of the two transgender inmates, the auditor asked both inmates if they have been placed in a housing area designated only for gay, lesbian, bisexual, transgender, or intersex inmates; Inmate A said "No", and Inmate B did not respond.

SITE REVIEW OBSERVATIONS

During the site review tour, the unit where the two transgender inmates are housed, was identified as protective custody housing and the majority of inmates assigned were not identified as either lesbian, gay, bisexual, transgender, or intersex inmates.

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

Both the PREA Coordinator and PREA Compliance Manager reported that there is no dedicated housing for lesbian, gay, bisexual, transgender, or intersex inmates. One of the transgender inmates confirmed that her housing unit is not dedicated for lesbian, gay, bisexual, transgender, or intersex inmates and the auditor verified this during the site review tour.

CORRECTIVE ACTION

None required.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VI.C.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no inmates at risk of sexual victimization were placed in segregated housing involuntarily for 24 hours or less pending completion of housing assessment.</p> <p>PEOPLE INTERVIEWED</p> <p>-Facility Commander</p> <p>-Two inmates who reported sexual abuse</p> <p>During the interview, the auditor asked the Captain if agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers and he said "Yes." The auditor interviewed two inmates who reported sexual abuse and were placed in segregated housing following their report. Inmate A reported that he battered his abuser and did not need protection at the time and does not need it now. The auditor recognizes the appropriateness of placing this inmate in segregated housing for obvious disciplinary reasons. Inmate B reported that he reported the sexual assault the next day; he was interviewed and transported to BEAR Clinic for forensic examination. Upon returning, he was classified as Total Separation and placed in segregated housing. The auditor asked if he was given the option of declining segregated housing and he said "No." The auditor asked if he would characterized his placement in segregated housing as voluntary or involuntary and he said involuntary. Inmate B stated that he expected to be released back to general population housing within a day or two because the next day, staff asked him if he felt it would be safe for him to be released back to that housing status and he said "Yes." According to Inmate B, he had to file a grievance asking to be removed from segregated housing; he received a response and was released after eight days in segregated housing.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Captain confirmed the provision of the policy. The placement and retention in segregated housing as reported by Inmate B may not be in compliance with the standard provision or General Order VI.C.1. The standard and the general order state:</p>

"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 auditor requested documentation of Inmate Bs placement in segregated housing and the facility did not provide any.

RECOMMENDED CORRECTIVE ACTION

If not yet completed, the facility should provide training to classification officers on the provision of General Order VI.C.1 as it relates to placing inmates in segregated housing for protection from sexual abuse. In cases where an inmate is being placed in segregated housing for protection from likely sexual abusers, classification officers should document whether the placement is voluntary or involuntary; this is necessary in determining the applicability of all provisions under 115.43 or General Order VI.C.

CORRECTIVE ACTION TAKEN

The facility generated a Training Bulletin (see uploaded documents) for Classification Officers; the bulletin provides training on the standard provision as specified in the auditor's suggested corrective action. The facility submitted the training bulletin with signatures of classification officers declaring that they received and read it. The facility did not submit any cases demonstrating that the practice has been institutionalized.

CORRECTIVE ACTION APPROVED

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115.43(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.C.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no inmates at risk of sexual victimization were placed in segregated housing involuntarily for 24 hours or less pending completion of housing assessment.

PEOPLE INTERVIEWED

-Two deputies who supervise inmates in (male and female) segregated housing
-Two inmates who reported sexual abuse

During the interview, the auditor asked the two deputies whether inmates placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse still have access to programs, privileges, education and work opportunities and both deputies said "Yes." During the interview, Inmate B reported that after being placed in segregated housing

involuntarily, he did not have access to the day-room until after four days, which was his first opportunity to call family members and tell them about the incident in his cell.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor asked impromptu questions of an inmate in segregated housing and the inmate reported that he had access to phone calls and some privileges.

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Deputies assigned to both male and female segregated housing reported that inmates placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse still have access to programs, privileges, education and work opportunities. The inmate in segregated housing (although not for the reasons stated in the standard) indicated that he still has access to some privileges. According to Inmate B, he did not have access to programs or privileges for the first four days in segregated housing. The auditor requested this documentation on the Check list of documents for onsite review and the facility did not provide them.

RECOMMENDED CORRECTIVE ACTION

If not yet completed, the facility should provide training to classification officers and deputies who supervise inmates in segregated housing on the provision of General Order VI.C.2 as it relates to documenting restrictions to programs, privileges, education and work opportunities for inmates placed in segregated housing for protection from sexual abuse. The documentation shall include: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations.

CORRECTIVE ACTION TAKEN

The facility generated a Training Bulletin for Classification Officers; the bulletin provides training on all three topics specified in the auditor's suggested corrective action. The facility submitted the training bulletin with signatures of classification officers declaring that they received and read it. The facility did not submit any cases demonstrating that the practice has been institutionalized.

CORRECTIVE ACTION APPROVED

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115.43(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.C.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no inmates at risk of sexual victimization were placed in segregated housing involuntarily for more than 30 days while awaiting alternative placement.

PEOPLE INTERVIEWED

- Facility Commander
- Two deputies who supervise inmates in (male and female) segregated housing

During the interview, the auditor asked the Captain whether inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and he said "Yes." The auditor also asked how long, ordinarily, are inmates at high risk for sexual victimization or who have alleged sexual abuse placed in involuntary segregated housing and the Captain said less than a day and added that "staff are able to determine what happened without delay." The auditor asked the two deputies whether inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and both deputies said "Yes." The auditor then asked how long, ordinarily, are inmates placed in involuntary segregated housing as a means of separation from likely abusers and the deputies reported that normally the victim requests placement in segregated housing, but if placement is involuntary, staff will find a spot for the inmate in about 24 hours.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Captain stated that inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and this arrangement is made without delay. The two deputies reported that inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and if placement is involuntary, staff will find a spot for the inmate in about 24 hours.

CORRECTIVE ACTION

None required.

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115.43(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

-Incident Report

General Order VI.C.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no inmates at risk of sexual victimization were placed in segregated housing involuntarily for 24 hours or less pending completion of housing assessment. The auditor reviewed Incident Report MJD 2016-0183695, which documents the allegations of sexual abuse made by Inmate B and staff's response to that incident.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The incident report generated to document Inmate B's allegation of sexual abuse and staff's response does not specify the (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 auditor requested records and documentation of housing assignments of inmates at high risk of sexual victimization as part of documents for onsite review and the facility did not provide them.

RECOMMENDED CORRECTIVE ACTION

If not yet completed, the facility should provide training to classification officers on the provision of General Order VI.C.4 as it relates to documenting (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 when an inmate is placed in involuntary segregated housing pursuant to Standard 115.43(a) and General Order VI.C.1. The auditor recommends developing a template where classification officers are required to document this information to ensure consistency in the practice.

CORRECTIVE ACTION TAKEN

The facility generated a Training Bulletin for Classification Officers; the bulletin provides training on the standard provision as specified in the auditor's suggested corrective action. The facility submitted the training bulletin with signatures of classification officers declaring that they received and read it. The facility did not submit any cases demonstrating that the practice has been institutionalized.

CORRECTIVE ACTION APPROVED

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115.43(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VI.C.5 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no inmates at risk of sexual victimization were placed in segregated housing involuntarily for 24 hours or less pending completion of housing assessment.

PEOPLE INTERVIEWED

-Two deputies who supervise inmates in (male and female) segregated housing

During the interview, the auditor asked the two deputies what kind of reviews, if any, are conducted once an inmate is assigned to involuntary segregated housing and they said classification officers conduct 30 reviews and the inmates can submit kites if they want to be reviewed again.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not have any cases to test compliance with the standard.

CORRECTIVE ACTION

None required.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VII.A.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED</p> <p>-14 deputies</p> <p>-15 inmates</p> <p>During the interview, the auditor asked the deputies how can inmates privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment. The deputies provided a variety of answers including: kites (written notes to staff), grievances, using the WEAVE hotline, calling the Sheriff's non-emergency number, calling the facility's tip-line, telling a third party, tell a deputy, tell the jail commander, etc. The auditor interviewed 15 inmates and asked how he or she would report an incident of sexual abuse or sexual harassment that happened to him or her or to another inmate. The inmates provided a variety of answers including: file a grievance, use the hotline, tell a deputy, notify attorney, notify control and some just did not know.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>During the site review tour, the auditor noted the PREA posters with information on how to report sexual abuse were displayed in all housing pods; the auditor asked impromptu questions of some inmates and some reported that the PREA video is played regularly and it provides information on how to report.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Between 14 deputies and 15 inmates interviewed, the auditor finds that the facility has multiple ways for inmates to privately report sexual abuse or sexual harassment and most of them are aware of at least one way to report.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p>

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115.51(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- WEAVE Contract
- Inmate Handbook
- PREA Brochure

General Order VII.A.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agreement with WEAVE includes, in the description of services, a provision for inmates to report sexual abuse or sexual harassment to WEAVE and for WEAVE to immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Instructions to inmates on how to report sexual abuse to WEAVE and to the Sheriff's tip-line is provided on the 3rd and 4th page of Appendix A at the end of the Inmate Handbook and in the PREA Brochure. In these documents, inmates are advised that their calls are not monitored or recorded by jail staff and that the information they provide is kept confidential. The handbook also includes instructions for inmates detained on for civil immigration purposes to contact their respective embassies or consulates and/or Department of Homeland Security officials.

PEOPLE INTERVIEWED

- PREA Compliance Manager
- 15 inmates

During the interview the auditor asked that PREA Compliance Manager how does the facility 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 he said the Sheriff's Department provides a number of reporting methods to inmates including using the phone to dial *222 which reports to WEAVE. The auditor asked if these procedures enable receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to agency officials while allowing the inmate to remain anonymous upon request; he said "Yes" and pointed out that when using the phone system an inmate is given the option to remain confidential and when this occurs the system will not record the call. He added that inmates can also submit confidential mail straight into a mail box and not to a staff member so the inmate can remain unidentified if they wish. The auditor interviewed 15 inmates and asked how he or she would report an incident of sexual abuse or sexual harassment that happened to him or her or to another inmate. The inmates provided a variety of answers including: file a grievance, use the hotline, tell a deputy, notify attorney, notify control and some just did not know. The auditor then asked whether they know if they can report sexual abuse without having to give their names and about half of the inmates said "Yes" and the other half said "No" or did not know.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor noted the PREA posters with information on how to

report sexual abuse were displayed in all housing pods; the auditor asked impromptu questions of some inmates and some reported that the PREA video is played regularly.

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor verified that PREA information posters are displayed in all housing pods, the inmate handbook and PREA brochure tell inmates how to report to WEAVE and tell inmates on civil immigration holds how to contact their respective embassies or consulate and/or Department of Homeland Security officials. The WEAVE contract specifies that WEAVE will perform the function listed in the standard for inmates in custody of the Sacramento Sheriff Department.

CORRECTIVE ACTION

None required.

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115.51(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VII.A.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-14 deputies

-15 inmates

During the interview, the auditor asked the deputies what are some of the methods inmates can use to report sexual abuse or harassment; all of the deputies identified multiple methods including: verbally, in writing, anonymously, through a third party, using the hotline, etc. When asked what they would do if they receive a verbal report of sexual abuse, almost all of them included documenting it among other tasks they would perform. The auditor asked the inmates what are some of the methods they could use to report sexual abuse and they provided a variety of answers, including: tell a deputy, send a kite, file a grievance, tell their attorney, report it to medical, etc.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The responses from the deputies indicate that they do accept reports, in a variety of methods, from inmates and that they document these reports immediately. The responses from inmates reflect that a majority of them know they can use different methods to report sexual abuse to staff.

CORRECTIVE ACTION

None required.

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115.51(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VII.A.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency added additional information identifying the chain of command and the Employee Relations Officer as people staff should contact to report sexual abuse privately. The policy further requires annual PREA training to include this information.

PEOPLE INTERVIEWED

-14 deputies

The auditor asked the deputies how can staff report sexual abuse privately; four deputies said to the Employee Relations Officer, three said to the chain of command, two said Employee Relations Officer or chain of command and the remaining five provided other answers, mostly that they would tell their supervisor.

SITE REVIEW OBSERVATIONS: None required

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

The General Order specifies who staff are to report sexual abuse of inmates to if they want to report privately and requires annual PREA training to include this information. The interviews reflect that most deputies are aware of this procedure for reporting sexual abuse privately.

CORRECTIVE ACTION

None required.

115.52	Exhaustion of administrative remedies
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.52(a) - AUDITOR'S DETERMINATION: The agency has administrative procedures to address inmate grievances regarding sexual abuse; therefore it is NOT exempt.</p> <p>-----</p> <p>--</p> <p>115.52(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Inmate Handbook <p>General Order VII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The last page of the handbook tells inmates that reports of sexual abuse can be made by filing a grievance.</p> <p>PEOPLE INTERVIEWED: None required</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. There are no time limits on when an inmate can file a grievance alleging sexual abuse and an inmate does not have to use any informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse. The inmate handbook informs inmates of their option to file a grievance to report sexual abuse. The inmate handbook does not provide adequate information for inmates to make an informed decision about using this process to report sexual abuse.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p> <p>Auditor Recommendation: The inmate handbook should be revised to include sufficient information about the grievance process for inmates to be able to make an informed decision about using the process to report sexual abuse.</p> <p>-----</p> <p>--</p>

115.52(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Inmate Handbook

General Order VII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The last page of the handbook tells inmates that reports of sexual abuse can be made by filing a grievance.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor asked inmates in two different housing units about the grievance process; one reported that it worked well, deputies always provide grievance forms upon request without asking why the inmate wants it, and the commander provided a timely response. In another housing unit, an inmate reported that some deputies ask inmates to explain their reason for requesting a grievance form and deny the form if they disagree with the reason stated and that sometimes the deputies may accept the grievance and not process it. This inmate also claimed to have requested to speak with the lieutenant in private but had to speak in the presence of other inmates.

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. 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 the grievance is not referred to a staff member who is the subject of the complaint. The statement from one of the inmates questioned during the site review tour suggests that there could be a practice of obstructing inmates' access to the grievance process, particularly in female housing.

CORRECTIVE ACTION

None required

Auditor recommendation: Supervisory staff should provide training to housing deputies on an inmate's right to use the grievance process without obstruction at the front end; alternatively, the facility could issue a directive requiring housing unit staff to provide grievance forms to inmates upon request and not ask inmates to explain the reason for requesting the form.

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115.52(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Two Grievances filed alleging sexual abuse

General Order VII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, there were five grievances filed that alleged sexual abuse, all reached final decision within 90 days after being filed and none of them involved extensions because final decision was not reached within 90 days. The PREA Compliance Manager later explained that there was an error counting the grievances in question and that there were actually only two grievances alleging sexual abuse. The auditor reviewed the two grievances and noted that responses were provided well within 90 days.

PEOPLE INTERVIEWED

- Two inmates who reported sexual abuse

The auditor interviewed two inmates (not the two referenced above as filing grievances) who reported sexual abuse; both inmates reported that they did not file a grievance to report their incident of sexual abuse.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility provided responses to the two inmates who filed grievances to report sexual abuse within the required 90 days. In neither case, did the facility request an extension; therefore, there is no case to test compliance with that provision of the standard.

CORRECTIVE ACTION

None required.

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115.52(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

General Order VII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, there were no grievances filed in which third-party assistance was used.

PEOPLE INTERVIEWED: None required.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. In the past 12 months, there were no grievances filed in which third-party assistance was used; therefore, the auditor was not able to test for compliance with this provision of the standard.

CORRECTIVE ACTION

None required.

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115.52(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

-Inmate handbook

General Order VII.B.13 and 14 specify the agency's procedures for filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The procedure specifies that the department shall accept from any inmate an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The policy/procedure includes the language of the standard and requires staff who receive the emergency grievance to forward it to the facility commander for the initial response. Neither the "Inmate Grievances" section nor "Appendix A" in the inmate handbook include a reference to filing an emergency grievance. Inmates should be informed of this resource for reporting substantial risk of imminent sexual abuse and how it works. The questionnaire reflects that there were no emergency grievances filed in the past 12 months.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Under the policy, the facility commander must provide an initial response within 48 hours and a final decision must be provided within five days. There were

no emergency grievances filed in the past 12 months; therefore, the auditor was not able to test for compliance with this provision of the standard.

CORRECTIVE ACTION

None required.

Auditor recommendation: the facility should modify the inmate handbook to include the agency's procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. If these procedures exist only in the general order, which may not be available to inmates, the inmates would not know about this resource they could use if they believe they are subject to a substantial risk of imminent sexual abuse.

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115.52(g) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by the facility against the inmate for having filed the grievance in bad faith.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. In the past 12 months, there were no inmate grievances alleging sexual abuse that resulted in disciplinary action by the facility against the inmate for having filed the grievance in bad faith; therefore, the auditor was not able to test for compliance with this provision of the standard.

CORRECTIVE ACTION

None required

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -PREA information posters -Public area PREA brochure -Inmate Handbook -PREA education video <p>General Order VII.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility provided the agency's PREA information posters with PREA information, public area brochure with PREA information and facility Inmate Handbook with PREA information in Appendix A at the end of the handbook. Item XII in the handbook informs inmates that they may place Pro-Bono calls to the Consulate or Embassy of their choice and provides instructions for using this service. These three documents include the agency's Zero-tolerance policy, information on how to report, contact information for WEAVE (for both inmate and the public), as well as how to use the telephone hotline to contact WEAVE. These documents also provide a mailing address for WEAVE and inform inmates that calls to the hotline are confidential and not monitored or recorded.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -15 inmates randomly selected -two inmates who reported sexual abuse <p>The auditor asked the inmates randomly selected whether they know if there are services available outside of the facility for dealing with sexual abuse, if they needed it; nine inmates said "Yes" and two of the nine provided the following description of the services provided: "confidential mental health support and counseling from WEAVE" and "therapy treatment." To contact these services, inmates indicated that they would: "talk to a social worker," "have a family member contact them," "use the hotline" and "write to them because they do not take phone calls." Inmates identified the services as: local network with State resources and nationwide network. They identified the phone numbers as toll-free, although one inmate stated the calls are not free. Inmates indicated that they could talk to people who provide these services 24 hours-a-day; one inmate stated these people could be reached during business hours only. All other inmates said they did not know about services or said they know there are services but cannot describe them. During interviews, the auditor asked the two inmates who reported sexual abuse if the facility gave them mailing addresses and telephone numbers for outside services; Inmate A said "No" and Inmate B reported that while he was at the BEAR Center for forensic examination, the victim advocate gave him a packet with confidential services, free hotline phone numbers, mailing addresses, contact information to reach him (the advocate), etc. The auditor asked under what circumstances is he able to talk with people who provide these services and Inmate B said by phone during day room programming or using an envelope to send confidential mail.</p>

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor verified that the PREA information poster is displayed in every housing pod next to the inmate phone and that the PREA education video is played.

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility provides inmates access to outside victim advocates, specifically WEAVE, for emotional support related to sexual abuse and provides mailing addresses and phone numbers (including toll-free hotline). The facility provides contact information where inmates detained on civil immigration charges can contact immigrant services and the embassy or consulate of their choice. The facility allows inmates to communicate with advocacy organizations confidentially.

CORRECTIVE ACTION

None required

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115.53(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- PREA information posters
- Inmate Handbook
- PREA education video

General Order VII.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Both the wall poster and the handbook tell inmates their telephone hotline call to WEAVE is not monitored or recorded and is kept confidential. Although both the wall poster and the handbook inform inmates that their calls to WEAVE are not monitored or recorded, neither of the two inform inmates of the mandatory reporting rules governing privacy, confidentiality, and/or the privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

PEOPLE INTERVIEWED

- 16 inmates randomly selected
- two inmates who reported sexual abuse

The auditor asked the nine inmates who gave descriptions of the services provided to explain what they know about the privacy aspect of their conversations with service providers and four

inmates provided the following responses: "The calls are not monitored or recorded, there are signs saying that and it is announced on the phone when you place one of these calls." "Calls are supposed to be confidential." "Nothing is private by phone." "It is confidential the hotline is not monitored." With respect to when service providers can report what inmates tell them to someone else or when someone else could listen to their call with the provider, one inmate stated that it is allowed in cases of danger to self or someone else. The auditor asked the two inmates who reported sexual abuse if they are able to communicate verbally or in writing with service providers in a confidential way; Inmate A asserted that he did not need these services; Inmate B said "Yes" and indicated that his conversations with them was not monitored or recorded and that there is a message to that effect on the phone before the call is placed.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Both the wall poster and the handbook tell inmates their hotline call to WEAVE is not monitored or recorded and is kept confidential. However, the facility does not inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of sexual abuse will be forwarded to authorities in accordance with mandatory reporting laws.

RECOMMENDED CORRECTIVE ACTION

If not yet in place, the facility should identify a practical and effective method of informing inmates of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Examples include placing a conspicuous notice next to telephones where inmates can read about these rules before placing a call to outside victim advocates.

CORRECTIVE ACTION TAKEN

The facility provided a revised PREA wall poster (see uploaded documents) that informs inmates of their right to report, how to report and the availability of victim services through WEAVE. The poster also informs inmates that all staff and volunteers are required to immediately report all forms of sexual abuse to law enforcement.

CORRECTIVE ACTION APPROVED

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115.53(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VII.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency provided a copy of its agreement with WEAVE.

PEOPLE INTERVIEWED

-Representative at WEAVE

During the interview, a WEAVE representative verified that there is an agreement with the Sheriff Department to provide the services listed in the standard.

SITE REVIEW OBSERVATIONS: None required

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

The agency has an agreement with WEAVE to provide inmates with confidential emotional support services related to sexual abuse and the agency maintains a signed copy of the agreement.

CORRECTIVE ACTION

None required

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Agency website -Public PREA brochure <p>General Order VII.D.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Both the agency's website and the public brochure provide information to the public on how to report sexual abuse on behalf of inmates at either of the agency's two jails.</p> <p>PEOPLE INTERVIEWED: None required</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency established a method where it can receive third-party reports of sexual abuse and sexual harassment of inmates in its custody and disseminated this information publicly. This information is provided to the public on the agency's website at: http://www.sacsheriff.com/Pages/Organization/Corrections/PREA.aspx and in the Public Area Brochure.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p>

115.61	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.61(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VIII.A.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED</p> <p>-14 deputies</p> <p>The auditor asked the deputies if all staff are required to report any knowledge, suspicion, or information regarding:</p> <ul style="list-style-type: none"> • sexual abuse or sexual harassment that occurred in a facility; • retaliation against inmates or staff who reported an incident; • sexual abuse or retaliation that may be attributed to staff neglect or violation of responsibilities <p>All 14 deputies replied "Yes" to all three parts of the question and indicated they would immediately report it to their supervisor or the chain of command.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. All 14 deputies interviewed confirmed that staff are required to immediately report 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.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p> <p>-----</p> <p>--</p> <p>115.61(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p>

-General Order

General Order VIII.A.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-14 deputies

After discussing their response to an incident of inmate sexual abuse, the auditor asked the deputies if there is anyone with whom they would not share the information about the incident. The deputies provided a variety of responses including: anyone who does not need to know, regular citizens, people not involved, family, friends, the suspect, people who do not need to know, people not involved in the investigation, other inmates, people outside the chain of command and non-essential personnel.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The deputies responses reflect that they are aware of the agency's policy that prohibits them from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

CORRECTIVE ACTION

None required.

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115.61(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order
-Mental Health Clinical Assessments

General Order VIII.A.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a sample of ten clinical assessment forms provided by Jail Psychiatric Services; all ten included documentation by mental health practitioners stating "patient or client informed and agreed to confidentiality limitations."

PEOPLE INTERVIEWED

-One Medical and one Mental Health practitioner

The auditor asked one medical and one mental health practitioner if at the initiation of services to an inmate, does he or she disclose the limitations of confidentiality and his or her duty to report. The medical practitioner said "No" and explained that the inmate is informed only after he or she reports abuse to the medical practitioner. The mental health practitioner said "Yes" and agreed to provide samples of such documentation. The auditor asked the practitioners if they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it and both of them said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Although both practitioners stated that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it, the medical practitioner reported that inmates are informed of the limitations of confidentiality and the medical practitioner's duty to report any allegation of sexual abuse the inmate discloses, only after the inmate reports the abuse to the medical practitioner. This is in reverse order from the requirement of the standard and General Order VIII.A.3. Mental health practitioners provided a sample of patient-clinical assessment forms where practitioners document that the patient or client was informed and agreed to confidentiality limitations. The samples, however, are recent documentation made during the first six months of 2016.

RECOMMENDED CORRECTIVE ACTION

The agency should ensure the leadership of the Medical Department issues a directive to medical practitioners informing them that they are required (under the PREA Standards and General Order VIII.A.3) to inform inmates, at the initiation of services, of their duty to report all allegations of sexual abuse and the limitations of confidentiality. Whether this is done via memorandum, training or other method, the agency shall provide documentation to prove that medical staff has been informed of this requirement and documentation to prove the practice has been institutionalized. Also, medical staff should be trained to document this advisory to inmates in a manner where it can be provided as proof of practice in subsequent PREA audits.

CORRECTIVE ACTION TAKEN

The facility produced a wall poster (see uploaded documents) advising inmates (in English and Spanish) of the medical practitioner's duty to report and the limitations of confidentiality. The facility also provided an Inter-Departmental Correspondence advising all Correctional Health Services clinical staff of their responsibility to inform inmates of their duty to report sexual abuse and the limitations of confidentiality. The memorandum states in part: "... whenever an inmate presents and/or discloses to you any type of sexual assault, before you continue with the exam, you must first inform the inmate of his / her limited confidentiality

related to sexual assaults and that you are required, by law, to report this case to the appropriate jail officials.” This is in reverse order from the requirement of the standard and General Order VIII.A.3. The practitioner is required to provide the advisory to the inmate at the initiation of services to ensure the inmate knows what to expect should he or she decide to report a case of sexual abuse. The Inter-Department Correspondence should include the use of the wall poster and require practitioners to point out the poster to inmates at the initiation of services and confirm that they understand it. The memorandum appropriately requires practitioners to include a reference to the advisory in their clinical notes; this will be needed to show proof of practice during an audit. The facility produced a revised version of the Inter-Department Correspondence with new language specifying that “...whenever an inmate presents and/or discloses to you any type of sexual assault, before you continue with the exam, you must first inform the inmate of his / her limited confidentiality related to sexual assaults and that you are required, by law, to report this case to the appropriate jail officials.” There is also a new paragraph requiring signs to be posted in medical screening areas with the advisory. The revised document still prompts the practitioner to provide the advisory after receiving a report of sexual abuse from an inmate. The standard requires the practitioner to provide the advisory at the initiation of services, in other words, before an inmate decides to report a case of sexual abuse. The auditor wrote suggested language into the Inter-Departmental Correspondence. The facility may delete, modify or accept the suggested language. The facility provided another revised version of the Inter-Departmental Correspondence (see uploaded documents) with the language suggested by the auditor which instructs practitioners to post the wall poster in medical consultation areas, ensure inmates read it upon admission and acknowledge understanding. It also requires them to document that the advisory was given to the inmate.

CORRECTIVE ACTION APPROVED

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115.61(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VIII.A.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Facility Commander

-PREA Coordinator

The auditor asked the Captain how staff responds when an allegation of sexual abuse or sexual harassment is made by someone under the age of 18 or someone considered a vulnerable adult under state or local law; he stated that staff still takes the crime report, complete a full and thorough investigation and review inmate classification to ensure appropriate housing. The auditor probed for notifications and the Captain said that the Sex and Elder Abuse Bureau would be notified; the auditor asked about notifications to outside

agencies, such Adult Protective Services and the Captain indicated he was not sure how that works, but they should be notified as well. The auditor asked the PREA Coordinator the same question and she stated that the response would be the same as any other incident, separate the inmates and investigate the allegation; the auditor asked if there is any mandatory reporting and she explained that the agency's Sex and Elderly Abuse Bureau would be notified and they would take care of reporting to outside agencies under mandatory reporting laws.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Both the Captain's and the PREA Coordinator's response provides some evidence that the agency/facility reports the allegation of sexual abuse involving someone considered a vulnerable adult under state law to the designated State or local services agency under applicable mandatory reporting laws.

CORRECTIVE ACTION

None required.

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115.61(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

General Order

General Order VIII.A.5 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Facility Commander

The auditor asked the Captain if all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators and he said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of

the standard are covered. The Facility Commander reported that all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators. The auditor reviewed several facility investigative reports prepared in response to allegations of sexual abuse; this is evidence that facility staff refers allegations of sexual abuse to investigators.

CORRECTIVE ACTION

None required.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VIII.B.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, there were no cases where the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>PEOPLE INTERVIEWED</p> <p>-Agency Head Designee</p> <p>-Facility Commander</p> <p>-14 deputies</p> <p>The auditor asked the Chief Deputy what protective action does the agency take when staff learns that an inmate is subject to a substantial risk of imminent sexual abuse. He stated that the Investigative Services Unit and Classification review the information and conduct an initial investigation; he pointed out that communication with the victim is key and that a plan is developed to move the inmate to safer housing. He added that staff makes sure the potential victim is involved in the housing decision and corrective action is taken when the evidence leads to misconduct. The auditor asked the Facility Commander the same question and he stated that the inmate is moved to the Intake housing to be isolated pending classification and that after classification, the inmate is moved to new housing consistent with his or her new classification. He added that inmate safety is assessed during booking as well and they are placed in tanks accordingly. The auditor asked the 14 deputies the same question and they provided responses indicating that they would move the inmate away from a dangerous situation immediately, have him or her reclassified and safely rehoused.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Chief Deputy provided a general response that indicates the agency takes action to move the inmate to safety, reclassify and investigate the report. The Facility Commander's response also indicates that staff would take action to move the inmate away from a dangerous situation an move to the Intake housing pending reclassification. All 14 deputies provided answers that are consistent with the response prescribed by the standard.</p>

	<p>CORRECTIVE ACTION</p> <p>None required.</p>
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115.63	Reporting to other confinement facilities
	<p data-bbox="252 170 895 203">Auditor Overall Determination: Meets Standard</p> <p data-bbox="252 248 523 282">Auditor Discussion</p> <p data-bbox="252 327 1230 360">115.63(a) - AUDITOR'S DETERMINATION: DOES NOT MEET STANDARD</p> <p data-bbox="252 416 911 450">POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul data-bbox="252 461 528 528" style="list-style-type: none"> -General Order -After Action Reports <p data-bbox="252 584 1477 1133">General Order VIII.C.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The policy adds a statement requiring that a record of the report be placed in the inmate's file in archives. The questionnaire reflects that in the past 12 months, the facility received four allegations that an inmate was abused while confined at another facility and that the Main Jail documented via courtesy report and notified the facility within 72 hours. The auditor reviewed four reports in which inmates alleged sexual abuse while in the custody or under arrest by other law enforcement agencies. In each case, Main Jail staff reported the inmate's allegation to the other law enforcement agency within 72 hours and even investigated the allegation in some cases. The auditor reviewed a fifth report in which a sheriff department in another state reported an inmate's allegation of sexual abuse while in Sacramento County. The inmate claimed to have been sexually abused during US Marshall transport from the Main Jail to the Federal Courthouse on the next block from the jail. The agency's Sex and Elderly Abuse Bureau investigated the allegation.</p> <p data-bbox="252 1189 775 1223">PEOPLE INTERVIEWED: None required</p> <p data-bbox="252 1267 871 1301">SITE REVIEW OBSERVATIONS: None required</p> <p data-bbox="252 1357 1453 1469">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 1525 1477 2029">The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The investigative reports reflect that upon receiving an allegation that an inmate was sexually abused while in the custody of another law enforcement agency, the staff at the Main Jail or other agency staff notify the appropriate office of the agency where the alleged abuse occurred. The investigative reports also reflect that upon receiving an inmate's allegation of sexual abuse, while in the custody of the Sacramento Main Jail, the allegation is promptly investigated by Main Jail or agency investigators. The standard and General Order VIII.C.1 state: "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." In either of the aforementioned cases, was the notification to made by the head of the Main Jail or other designated manager.</p> <p data-bbox="252 2085 799 2119">RECOMMENDED CORRECTIVE ACTION</p>

The facility should establish a system where these allegations are reported in writing under the facility head's signature to the head of the facility or appropriate office of the agency where the alleged incident took place. These notification shall be made within 72-hours. Nothing prevents a classification officer or other staff from placing a phone call as initial notification; however, documentation from facility head to facility head should follow.

CORRECTIVE ACTION TAKEN

The facility provided a new letter template for this notification (see uploaded documents). The auditor finds that the form letter provided satisfies the requirement of the standard for facility head to facility head written notification. The facility reports that since implementation of the form letter, there has not been any inmate allegation of sexual abuse while confined at another facility.

CORRECTIVE ACTION APPROVED

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115.63(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VIII.C.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed four reports in which inmates alleged sexual abuse while in the custody or under arrest by other law enforcement agencies. In each case, Main Jail or appropriate agency staff reported the inmate's allegation to the other law enforcement agency within 72 hours and even investigated the allegation in some cases.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The four investigative reports reflect that notifications are done as soon as possible and within 72 hours of receiving the allegation.

CORRECTIVE ACTION

None required

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115.63(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Investigative Reports

General Order VIII.C.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed four reports in which inmates alleged sexual abuse while in the custody or under arrest by other law enforcement agencies. In each case, Main Jail staff reported the inmate's allegation to the other law enforcement agency within 72 hours and even investigated the allegation in some cases.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. In all four cases referenced above, the agency/facility documented in its After Action Report, that it notified the agency where the alleged sexual abuse occurred.

CORRECTIVE ACTION

None required.

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115.63(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

General Order VIII.C.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, the Main Jail did not receive any allegations from other facilities.

PEOPLE INTERVIEWED

- Agency Head Designee
- Facility Commander

The auditor asked the Chief Deputy if another agency or a facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within one of Sacramento

Sheriff Department's facilities, is there a designated point of contact and he said "Yes." The auditor asked what happens when his agency (or a facility within his agency) receives such allegations and he stated that the facility commander is notified. The auditor asked if there are any examples of such allegations and the Chief Deputy said "there is one from Polk County Jail in Iowa, where an inmate alleged to have been sexually abused while at one of our jails;" however, he did not recall the details and indicated the PREA Coordinator should know them. The auditor asked the Facility Commander the same two questions and he stated that when the facility receives such allegations, an investigation is conducted and his facility works with the reporting agency or facility to arrange interviews if needed. The Commander indicated there were no examples of such reports for his facility. The auditor asked the PREA Coordinator about this allegation and she explained that a federal inmate being transported by the US Marshall from the Main Jail to the court house made an allegation against one of the transporting officers; the allegation was reported to the US Marshall and the Sheriff's Sex and Elderly Abuse Bureau investigated it.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, the Main Jail did not receive any allegations from other facilities; therefore, there is no examples to review for compliance with the standard. The Chief Deputy reported that when such allegations are received, they facility commander is notified and the Facility Commander reported that when such allegations are received, they are investigated and the reporting agency is contacted to arrange interviews if necessary. The agency appropriately reported the allegation received form Polk County, Iowa to the US Marshall and conducted its own investigation.

CORRECTIVE ACTION

None required.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VIII.D.1 includes all four steps in the standard with additional detail, plus two additional steps: Notify the sergeant immediately and take statements from involved persons. The questionnaire reflects that in the past 12 months, there were 39 allegations of sexual abuse of an inmate; however, the questionnaire does not provide the number of times the first security responder separated the victim from the abuser. The compliance manager later reported that number to be 10.</p> <p>PEOPLE INTERVIEWED</p> <p>-14 deputies</p> <p>-Security Staff first responder</p> <p>-Two inmates who reported sexual abuse</p> <p>During the interviews, the auditor asked the deputies if they were the first person to be alerted that an inmate has been the victim of sexual abuse, what would be their responsibility in that situation; the deputies provided a variety of answers, including: notify supervisor, document event, secure time-essential information, separate the inmates, lock cell to protect evidence, tell inmates not to take actions that destroy evidence, collect evidence in timely fashion, interview victim, tell victim not to do anything that destroys evidence, get statements from inmates, notify medical, preserve evidence, get inmate to safety, start investigation, treat as crime scene, call Crime Scene Investigation, notify chain of command, collect clothing, medical exam, determine victim/suspect, notify detectives, identify evidence that can be collected, get help for victim, determine and contain suspect, and notify classification. The auditor also interviewed a Compliance deputy who would served as security first responder and asked him the same question. The deputy stated that he would separate the inmates if they are housed together, get medical help if needed, preserve crime scene, tell inmates not to take any of the actions that might contaminate evidence (he specified these actions), send to forensics if timely, offer WEAVE advocacy service, call mental health staff for both inmates, get statements from inmates, notify supervisor and document. The auditor asked the two inmates who reported sexual abuse if the first staff member to respond took action immediately and both inmates said "Yes." The auditor asked the inmates to describe what staff did when they first got to the scene; Inmate A said that staff came to the cell and removed the suspected abuser after he fought-him-off; they interviewed the abuser then asked him what he wanted to do and he told them if the abuser does not press battery charges against him, he would not press charges against the abuser for sexual assault. Inmate A contend that staff did not check into his cellmate's history before housing him with others. When asked about staff's actions related to preserving evidence, Inmate A explained that there was no actual sexual contact, only touching over his clothing. Inmate B explained that the first responder removed him from the cell he shared with the alleged abuser, sat him down and asked him what happened and</p>

that a few other deputies also asked him what happened. Inmate B reported that staff asked if he had showered or washed and he told them he only cleaned himself-up; he does not know whether staff gave any instructions to the abuser with regards to preserving evidence, nor does he know when the abuser was removed from the cell. He stated that evidence was collected at BEAR Clinic and his clothing was taken as evidence.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes all four steps in the standard with additional detail, plus two additional steps: Notify the sergeant immediately and take statements from involved persons. The four steps prescribed by the standard must be included in any response to an allegation of sexual abuse of an inmate to the extent each step applies. These steps are:

- (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.

Of the 14 deputies interviewed, 13 identified Step 1, seven identified Step 2, five identified Step 3 and four identified Step 4. Where deputies said they would tell both inmates not to take any of the actions that could destroy evidence, the auditor gave them credit for Steps 3 and 4; however, where deputies said they would preserve evidence, collect evidence or other similar action without specifying that they would instruct the victim and perpetrator not to take actions that could destroy evidence, the auditor did not give credit for Steps 3 or 4. These steps require the security first responder to take charge of the crime scene and give specific instructions to all inmates, in particular to the suspected victim(s) and suspected abuser(s). The following reflects, for each of the four steps, the percentage of deputies who identified it in their response:

Step 1: 93%

Step 2: 50%

Step 3: 36%

Step 4: 28.6%

The security first responder included all four steps prescribed by the standard in his response. However, the responses provided by the 14 deputies suggest that additional training or a job aide may be needed to remind them of the steps they are required to take as security first responders to an incident of sexual abuse of an inmate. The first staff responder actions described by the two inmates who reported sexual abuse included Step 1 and, where applicable, Steps 2 and 3; the two inmates could not report on Step 4 because staff acted

immediately to separate both inmates.

RECOMMENDED CORRECTIVE ACTION

The facility should either provide additional training or issue a job-aid, such as a card or flowchart that lists all the steps the deputy should take in response to an incident of sexual abuse; alternatively, the facility may use any other method to ensure deputies are well prepared to respond according to agency policy in the event of an actual case of sexual abuse.

CORRECTIVE ACTION TAKEN

The facility provided a PREA First Responder Checklist (see uploaded documents) where all first responder steps are listed on a one-page document. The checklist is available on the facility's employee portal under the PREA link. This satisfies the corrective action for this standard.

CORRECTIVE ACTION APPROVED

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115.64(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VIII.D.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The policy replaced the term "security staff " with the term "sworn officer/sworn staff" and added a statement requiring non-sworn staff to attempt to comply with the requirements of the section, if such can be done safely. This addition does not present a conflict with the standard. The questionnaire reflects that in the past 12 months, there were no cases of alleged sexual abuse of an inmate in which a non-sworn employee was the first responder.

PEOPLE INTERVIEWED

-Non-security staff first responder

During the interview, one of the volunteers stated that he received training on the agency's first responder duties for non-security staff and that he was trained to report the incident to custody staff and ask the victim not to take any of the actions that destroy evidence.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency provided training to non-security staff and the interview reflects that the volunteer knows how to respond in the event of an actual case of sexual abuse.

CORRECTIVE ACTION

None required.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.65(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Operations Order: Preventing, Detecting Responding to Inmate or Detainee Sexual Assault <p>General Order VIII.E.1 includes the language of the standard with minor changes that do not present any conflict with the standard; thus, all requirements of the standard are covered. The agency provided Operations Order: Preventing, Detecting Responding to Inmate or Detainee Sexual Assault. This Operations Order applies to both facilities.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Facility Commander <p>The Facility Commander was asked if the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse and he said "Yes." The auditor asked how the plan is implemented and the Captain said that the Sergeant and Watch Commander are notified and they determine whether to call the sexual assault team, refer to medical and whether referral for forensic examinations is needed. He added that mental health staff is involved to determine if mental health treatment is necessary.</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>The General Order includes the language of the standard with minor changes that do not present any conflict with the standard; thus, all requirements of the standard are covered. The Facility Commander stated that the facility has a plan and provided a brief description of how it is implemented. With respect to the operations order, it appears to have been derived from an</p>

existing field services operations order for responding to a case of rape in the community and it was developed as an agency-wide document for both jails operated by the agency. The standard specifically requires facilities to develop an institutional plan to coordinate response actions; a facility specific plan could include detail that applies only to that facility, such as phone numbers or radio call signs of core responders, identification of specific facility sites, transportation procedures, etc. While the operations order includes roles for jail social workers, health care practitioners, custody staff and a custody supervisor, it does not include a role for facility leadership or a requirement for investigators to respond to the scene. Response protocols should include response teams with all the necessary expertise to ensure the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions is maximized. In Subsection III. C.1, the Operations Order states "The responding officer shall comply with Field Services Operations Order 7/04 (REV 01/04) - Rape, while responding to, reporting, transporting, collecting evidence and making victim referrals with the following exceptions:" then it goes on to list three exceptions. Since the field operations order is not attached, a custody responder may not know or recall all of the detail in that document and may not respond as expected. In Subsection III. C.2, the Operations Order states "In accordance with Sacramento County Sheriff's Department Correctional Services Operations Order 3/16 (REV 2/08) - Crimes Occurring within Correctional Facilities, the following reports will be completed and submitted by the end of the watch:" and goes on to list the reports. The Coordinated Response Plan required by the standard should be a document that stands on its own where responding staff who may consult the procedures in the plan should not have to look at another plan to find-out what they are required to do next. The auditor also finds that some key procedures may be missing from the operations order, for instance: if a decision is made to transport the inmate victim to the BEAR Center for forensic examination, medical staff should be required to call the BEAR Center and alert them that the victim is being transported and the expected arrival time. The facility should review US Department of Justice Office of Violence Against Women Recommendations for Administrators of Prisons, Jails, and Community Confinement Facilities for Adapting the U.S. Department of Justice's A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. Section II, Overview of the Sexual Assault Medical Forensic Examination for Victims in Correctional Facilities. This plan can be downloaded at the following website: file:///G:/Other%20Materials/OVW%20Protocol%20for%20Sexual%20Assault%20Medical%20Forensic%20Examinations_Adapting%20for%20Confinement.pdf. This might provide ideas in terms of what to consider in developing an institutional response plan.

RECOMMENDED CORRECTIVE ACTION

The facility should develop an institution-specific response plan to replace the Operations Order. The plan should be a stand-alone document and include roles for all core responders required by the standard and General Order VIII.E.1, including facility leadership and investigators. The plan should provide sufficient detail where a relatively new employee should be able to read the plan and know what response protocols apply to him or her as well as what to expect from other core responders. The plan should be distributed to relevant posts about the facility where it is readily available to core responders in the event of an actual case of sexual assault on an inmate.

CORRECTIVE ACTION TAKEN

The facility submitted a Coordinated Response Guide (see uploaded documents) that details the Main Jail's coordinated response in the case of an incident of sexual assault. The response guide includes specific steps for all staff first responders listed in the standard as well as steps for other responders not specified in the standard. The response guide has been posted to the Main Jail's employee portal where it is available for review by all staff.

CORRECTIVE ACTION APPROVED

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>General Order VIII.F.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. There has not been any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>PEOPLE INTERVIEWED -Agency Head Designee</p> <p>The auditor asked the Chief Deputy if the agency or any governmental entity responsible for collective bargaining on the agency's behalf, entered into or renewed any collective bargaining agreements or other agreements since August 20, 2012, and he said "No."</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Chief Deputy reported that there has not been any agency collective bargaining agreement or other agreement since August 20, 2012; therefore, there is no material to test for compliance with the standard.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p> <p>----- --</p> <p>115.66(b) - AUDITOR'S DETERMINATION: MEETS STANDARD: The auditor is not required to audit this provision.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>General Order VIII.G.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that the facility designated its Jail Intel Unit with the responsibility of monitoring for possible retaliation. The General Order should be modified to include this designation.</p> <p>PEOPLE INTERVIEWED: None required.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The General Order does not identify who the agency designated as the person or department responsible for monitoring retaliation against staff and inmates. The Pre-Audit Questionnaire is not the document where such designation should be made. It may be of some value to formally inform facility staff and inmates that Intel Unit deputies have been tasked with the responsibility of monitoring retaliation, as well as some of the activities they are expected to perform in their role as retaliation monitors. This would put staff and inmates on notice that the facility leadership is serious about dealing effectively with this violation of agency policy.</p> <p>RECOMMENDED CORRECTIVE ACTION</p> <p>The agency should modify the General Order to specify that the Intel Unit at the Main Jail has been designated to monitor retaliation against staff and inmates at the Main Jail.</p> <p>CORRECTIVE ACTION TAKEN</p> <p>The facility provided the PREA General Order (see uploaded documents) with new language designating classification officers and intelligence officers at both jails with the responsibility of monitoring retaliation against inmates; the general order also designates Fair Employment Officers with the responsibility of monitoring retaliation against staff. The facility reconsidered the monitoring responsibilities to protect staff from retaliation and redirected responsibility for this task from the Fair Employment Officer to the PREA Compliance Manager.</p>

CORRECTIVE ACTION APPROVED

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115.67(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VIII.G.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Agency Head Designee

-Facility Commander

-Designated Staff Member Charged with Monitoring Retaliation

-Two inmates who reported sexual abuse

The auditor asked the Chief Deputy how does he protect inmates and staff from retaliation for sexual abuse or sexual harassment allegations; he said case-by-case and explained that if the alleged retaliation comes from an employee, the agency could move that officer to another facility or place him or her on Administrative Leave, even remove him or her from inmate-contact duties; he added that the agency would reinforce its no-retaliation policy and increase supervisor retaliation monitoring in the area. If the alleged retaliation comes from an inmate, the agency would move the victim temporarily until staff figures-out where to house him or her safely. He added that the agency can also move the suspect to another facility, provide services to the victim as needed and that there is a mechanism in place where an employee can be restricted from working at a facility. The auditor asked the Captain to describe the different measures he takes to protect inmates and staff from retaliation for allegations of sexual abuse and sexual harassment; he said if the inmate is listed as a victim, he or she is listed anonymously and staff will monitor phone calls, check the mail, move the inmate to another facility if necessary to ensure safety. The Intel Unit has been identified as responsible for monitoring retaliation; the auditor asked a deputy from the Intel Unit what role does he play in preventing retaliation against inmates and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations. He said that his unit monitors correspondence and phone calls between inmates, uses informants to develop leads, re-interviews the victim every 30 days as part of a classification interview, makes sure they are safely housed, tries to determine if they have new information and if they are willing to provide information they did not want to provide earlier. The auditor asked if his unit monitors housing changes or transfers, assignment changes, emotional support services and disciplinary write-ups and he said "Yes." The auditor asked the two inmates if anyone spoke to them about monitoring retaliation for having reported sexual abuse and both inmates said "No."

SITE REVIEW OBSERVATIONS: None required

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT

THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Between the Chief Deputy, the Captain and the Intel Deputy, staff identified a variety of measures the facility takes to monitor retaliation, including those prescribed by the standard. According to the two inmates who reported sexual abuse, after being placed in segregated housing, staff responsible for monitoring retaliation did not establish contact with them. Both inmates have since been released to general population housing; Inmate A stated that he is not concerned about retaliation from anyone; however, Inmate B informed the auditor that gang members in his current housing unit have been asking him questions such as why there were crime scene investigators taking photos at his cell and that they are demanding that he produce a disciplinary report to show that his placement in segregated housing was not attribute to reasons they disapprove of. He explained that he has been using delaying tactics such as telling them the disciplinary report is forthcoming. The auditor informed Inmate B of his (the auditor's) responsibility to report the retaliation he is facing to the PREA Compliance Manager and that he should expect staff to contact him about this situation. The information provided by Inmate B is an example of retaliation that is not likely to be detected using the methods the facility reported. Sometimes inmates may not initiate contact with staff to report retaliation; therefore, it is critical for staff to establish contact with inmates who reported sexual abuse or sexual harassment as well as inmates who cooperate with investigations into these types of allegations.

RECOMMENDED CORRECTIVE ACTION

The facility should ensure staff responsible for monitoring retaliation establish contact with inmates who reported sexual abuse or sexual harassment as well as inmates who cooperate with investigations. Staff should document all activities related to monitoring retaliation to establish a defensible record in the event of litigation charging facility staff with failure to protect an inmate who complied with the facility's policy on reporting sexual abuse.

CORRECTIVE ACTION TAKEN

The facility provided three documents used for inmate classification: Request for Reclassification, High Risk and Special Conditions List and PREA Incident Routing Sheet. It is not clear how either of these documents are used to document retaliation monitoring activities, such as those listed in General Order VIII.G. The facility should be prepared to produce documentation showing that staff designated to monitor retaliation against inmates and staff, engaged in retaliation monitoring activities, including interviewing the inmate or employee about any retaliation he or she may be experiencing. Documentation should show the specific monitoring activity, any relevant finding and follow-up action, the employee who conducted the monitoring activity and the date. The facility could consider developing a retaliation monitoring form or a log where all monitoring activities are documented for every inmate or employee being monitored; the monitoring form or the log would remain active until the monitoring is terminated. With this documentation, the facility will be able to show proof that retaliation monitoring activities were in place to protect an inmate or employee from retaliation. The Compliance Manager explained that the facility will document retaliation monitoring activities in the Northpoint system used by classification officers, that a classification officer will conduct a

face-to-face interview with inmates who allege sexual abuse, that any case of retaliation will be documented in the agency's Northpoint system with time and date stamps and can be printed if necessary. Monitoring will include 30-day classification reviews for at least 90 days; however, if warranted, classification reviews will be conducted sooner to address any case of retaliation. The Compliance Manager will follow-up with inmates who reported sexual abuse to ensure face-to-face interviews and retaliation monitoring continues for at least 90 days. This proposed corrective action satisfies the requirement of the standard; however, the facility did not provide a written procedure or a policy where this methodology is memorialized for current and future staff responsible for retaliation monitoring; therefore, the auditor requested a written procedure. The facility provided a Training Bulletin documenting provisions of the standard and general order. The bulletin identifies Classification Officers as staff designated to monitor retaliation against inmates and outlines steps to be taken when an inmate alleges sexual abuse. The bulletin requires, among other activities, a face-to-face interview with the inmate and documentation of monitoring activities in Northpoint. This satisfies the auditor's request for a written procedure as it relates to monitoring retaliation against inmates; however, the facility designated Fair Employment Officers with the responsibility for monitoring retaliation against employees. The facility should provide a written procedure for monitoring retaliation against employees. Upon completing the written procedures, the facility should provide documentation of staff training on these monitoring procedures. Signatures declaring that employees received and read the procedures will suffice. The facility reconsidered the monitoring responsibilities to protect staff from retaliation and redirected responsibility for this task from the Fair Employment Officer to the PREA Compliance Manager. Another Training Bulletin was issued (see uploaded documents) outlining the agency/facility's policy on monitoring retaliation against employees who report sexual abuse or cooperate with investigations. It designates the PREA Compliance Manager as the official responsible for this monitoring and requires him or her to initiate contact with employees who report sexual abuse and ask them about potential retaliation. The bulletin requires monitoring for at least 90 days and even longer if the circumstances dictate. It further requires appropriate measures to protect the employee if retaliation is detected, including consultation with the Watch Commander and notification to the Fair Employment Officer. This satisfies the auditor's request for a written procedure as it relates to monitoring retaliation against staff.

CORRECTIVE ACTION APPROVED

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115.67(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VIII.G.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, there has not been any cases of retaliation.

PEOPLE INTERVIEWED

-Facility Commander

-Intel Deputy

The auditor asked the Captain what measures does he take when he suspects retaliation; he said if it is an inmate, staff will discipline that inmate; if it is a staff member, the facility makes sure the staff member is not able to visit the area where the inmate is housed and that staff member may be placed on administrative leave pending investigation. The auditor asked the Intel Deputy what does he look for to detect possible retaliation; he said looks for someone who spoke to members of his team first and then refuses to talk later; he looks for injuries, not wanting to talk to other inmates and his team hopes to hear from relatives. The auditor asked how long does he monitor the conduct and treatment of inmates or staff who report sexual abuse of an inmate or an inmate alleged to have suffered sexual abuse; he said there is no minimum time period and explained that because of the type of facility, the monitoring would continue as long as the person is there. The auditor asked if there is concern that potential retaliation might occur, what is the maximum length of time he would monitor conduct and treatment; he said he monitors for the entire stay at the facility.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Both the Captain and the Intel Deputy identified measures the facility takes when retaliation is suspected, in particular monitoring beyond 90 days. These measures are consistent with those prescribed by the standard.

CORRECTIVE ACTION

None required.

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115.67(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VIII.G.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Intel Deputy

The auditor asked the Intel deputy what does he look for to detect possible retaliation and he said someone who spoke to a member of his team first and then refuses to talk later. He added that his unit looks for injuries, hopes to hear from relatives and looks for changes in

behavior such as not wanting to talk to other inmates. The auditor asked if monitoring includes looking at inmate disciplinary reports, housing changes, program changes, negative performance reviews (if it is a staff member) and periodic status checks, and he said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Intel deputy did not include periodic status checks in his response, but said "Yes" in response to a probing question. The facility did not have any cases of retaliation; therefore, there is no examples to review for compliance with the standard.

CORRECTIVE ACTION

None required

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115.67(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order VIII.G.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Agency Head Designee

-Facility Commander

The auditor asked the Chief Deputy if an individual who cooperates with an investigation expresses a fear of retaliation, how does the agency take measures to protect that individual against retaliation; he said communication with that individual is key and that the facility discusses options with the individual (including moving him or her to another facility), that the agency offers services including counseling or meeting with a chaplain and assigns someone to monitor security and establish "keep-away" orders as needed. He added that the agency would also make sure to open lines of communication between the inmate and the PREA Coordinator. The auditor asked the Captain to describe the different measures he takes to protect inmates and staff from retaliation for allegations of sexual abuse and sexual harassment; he said if the inmate is listed as a victim, he or she is listed anonymously and staff will monitor phone calls, check the mail, move the inmate to another facility if necessary to ensure safety. The auditor then asked what measures does he take when he suspects retaliation; he said if it is an inmate, staff will discipline that inmate; if it is a staff member, the facility makes sure the staff member is not able to visit the area where the inmate is housed

and that staff member may be placed on administrative leave pending investigation.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Chief Deputy and the Captain provided a variety of measures the agency and facility takes to protect other individuals who cooperate with an investigation and expresses a fear of retaliation.

CORRECTIVE ACTION

None required.

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115.67(f) - AUDITOR'S DETERMINATION: The auditor is not required to audit this provision.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order VIII.H.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, there were no inmates who alleged to have suffered sexual abuse who were held in involuntary segregated housing for one to 24 hours awaiting completion of assessment.</p> <p>PEOPLE INTERVIEWED</p> <p>-Facility Commander</p> <p>-Two deputies who supervise inmates in (male and female) segregated housing</p> <p>-Two inmates who reported sexual abuse</p> <p>The auditor asked the Captain if agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers and he said "Yes." The auditor asked if inmates at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and he said "Yes." The auditor asked how long, ordinarily, are inmates at high risk for sexual victimization or who have alleged sexual abuse placed in involuntary segregated housing and the Captain said less than a day and asserted that the facility is able to determine what happened without delay. The auditor then asked the Captain to describe any recent circumstances (within the past 12 months) in which segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse and he said there has been instances where the victim was moved into segregated housing for protection and re-classification, but he does not have the details or the number of times this happened. During the interview, the auditor asked the two deputies whether inmates placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse still have access to programs, privileges, education and work opportunities and both deputies said "Yes." The auditor asked the two deputies whether inmates are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged and both deputies said "Yes." The auditor then asked how long, ordinarily, are inmates placed in involuntary segregated housing as a means of separation from likely abusers and the deputies reported that normally the victim requests placement in segregated housing, but if placement is involuntary, staff will find a spot for the inmate in about 24 hours. The auditor then asked the two deputies what kind of review, if any, are conducted once an inmate is assigned to involuntary segregated housing and they said classification officers conduct 30 reviews and the inmates can submit kites if they want to be reviewed again. The auditor interviewed two inmates who reported sexual abuse and were placed in segregated housing following their report. Inmate A reported that he battered his abuser and did not need</p>

protection at the time and does not need it now. The auditor recognizes the appropriateness of placing this inmate in segregated housing for obvious disciplinary reasons. Inmate B reported that he reported the sexual assault the next day and that he was interviewed and transported to BEAR Clinic for forensic examination. Upon returning, he was classified as Total Separation and placed in segregated housing. The auditor asked if he was given the option of declining segregated housing and he said "No." The auditor asked if he would characterize his placement in segregated housing as voluntary or involuntary and he said involuntary. Inmate B stated that he expected to be released back to general population housing within a day or two because the next day, staff asked him if he felt it would be safe for him to be released back to his previous housing unit and status and he said "Yes." According to Inmate B, he had to file a grievance asking to be removed from segregated housing; he received a response and was released after eight days in segregated housing. During the interview, Inmate B reported that after being placed in segregated housing involuntarily, he did not have access to the day-room until after four days, which was his first opportunity to call family members and tell them about the incident in his cell. The auditor reviewed Incident Report MJD 2016-0183695, which documents the allegations of sexual abuse made by Inmate B and staff's response to that incident.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The responses from the Captain and the two deputies reflect that the facility's practice is in compliance with the provisions of 115.43 as it relates to involuntary placement in segregated housing for protection from likely sexual abusers. The placement and retention in segregated housing as reported by Inmate B may not be in compliance with the standard provision or General Order VI.C.1. The standard and the general order state: "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." According to Inmate B, he did not have access to programs or privileges for the first four days in segregated housing. The auditor requested this type of documentation on the Check list of documents for onsite review and the facility did not provide them. The incident report generated to document Inmate B's allegation of sexual abuse and staff's response does not specify the (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 auditor requested records and documentation of housing assignments of inmates at high risk of sexual victimization as part of documents for onsite review and the facility did not provide them.

RECOMMENDED CORRECTIVE ACTION

If not yet completed, the facility should provide training to classification officers on the provision of General Order VI.C.1 as it relates to placing inmates in involuntary segregated

housing for protection from sexual abuse. In cases where an inmate is being placed in segregated housing for protection from likely sexual abusers, classification officers are required to document whether the placement is voluntary or involuntary; this is necessary in determining the applicability of all provisions under 115.43/115.68 and General Order VI.C. The facility should also provide training to classification officers and deputies who supervise inmates in segregated housing on the provision of General Order VI.C.2 as it relates to documenting restrictions to programs, privileges, education and work opportunities for inmates placed in segregated housing involuntarily for protection from likely abusers. The documentation shall include: (1) The opportunities that have been limited; (2) The duration of the limitation; and (3) The reasons for such limitations. The facility should further provide training to classification officers on the provision of General Order VI.C.4 as it relates to documenting (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 when an inmate is placed in involuntary segregated housing pursuant to Standard 115.43(a) and General Order VI.C.1. The training should further include the requirement to conduct reviews every 30 days to determine whether there is a continuing need for separation from the general population; this is required only in cases where the inmate remains in involuntary segregated housing for 30 days or more. The auditor recommends developing a template where classification officers are required to document this information to ensure consistency in the practice.

CORRECTIVE ACTION TAKEN

The facility generated a Training Bulletin for Classification Officers (see uploaded documents); the bulletin provides training on all topics specified in the auditor's recommended corrective action. The facility submitted the training bulletin with signatures of classification officers declaring that they received and read it. The facility did not submit any cases demonstrating that the practice has been institutionalized.

CORRECTIVE ACTION APPROVED

115.71	Criminal and administrative agency investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.71(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Six Investigative reports <p>General Order IX.A.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility provided Rape Operations Order as evidence of compliance with the standard provision; however, in reviewing this operations order, it is clear that it is intended for response to a case of rape in the community as opposed to response in a confinement setting. The auditor reviewed six of 12 investigative reports received from the facility and verified that in all six cases, the allegations were investigated promptly; two of the cases reviewed were third party reports.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Centralized Investigation Division (Sex Crimes) detective -Internal Affairs investigator -Intel Unit deputy <p>The auditor asked the Sex Crimes detective how long does it take to initiate an investigation following an allegation of sexual abuse or sexual harassment and he said pretty much immediately and pointed out that deputies are trained to start the investigative process. The auditor asked the detective how does he handle anonymous or third-party reports of sexual abuse or sexual harassment and he indicated that they are not handled any differently from other types of reporting. The auditor asked the Internal Affairs investigator the same two questions and he said investigations are initiated immediately after receiving the complaint and there is no difference in the way third-party and anonymous reports are handled. The auditor asked the Intel Unit deputy the same two questions and he said normally investigations are initiated immediately and anonymous and third party reports are handled the same way.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The six cases reviewed provide evidence that the facility investigates allegations of sexual abuse promptly, including third-party reports. Investigators from Sex Crimes, Internal Affairs and the Intel Unit reported that allegations of sexual abuse are investigated promptly.</p> <p>CORRECTIVE ACTION</p>

None required.

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115.71(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Investigator Training Records

General Order IX.A.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

- Centralized Investigation Division (Sex Crimes) detective
- Internal Affairs investigator
- Intel Unit deputy

During the interview, both the Sex Crimes investigator and the Internal Affairs investigator reported that the training included 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 Gang Intel deputy reported that the training included techniques for interviewing sexual abuse victims, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. The Gang Intel Unit does not conduct investigations where the allegation of sexual abuse is against an employee.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Agency policy requires that investigators receive training in conducting sexual abuse investigations in confinement settings. The training was provided on June 17, 2016 and the audit period is June 2015 to May 2016; therefore, investigators did not have the training throughout the audit period.

CORRECTIVE ACTION

Since the training cannot be provided retroactively, no corrective action is required.

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115.71(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Six Investigative reports

General Order IX.A.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed six of the 12 investigative reports the facility submitted. The six investigative reports reflect that investigators gather and preserve direct and circumstantial evidence, including any available physical and Deoxyribonucleic acid (DNA) evidence and any available electronic monitoring data; interview alleged victims, suspected perpetrators, and witnesses; and review prior complaints and reports of sexual abuse involving the suspected perpetrator.

PEOPLE INTERVIEWED

- Centralized Investigation Division (Sex Crimes) detective
- Internal Affairs investigator
- Intel Unit deputy

The auditor asked the Sex Crimes detective what would be the first steps in initiating an investigation and how long would they take; the detective explained that when the allegation is received, the first step is to talk to the victim, maybe the suspect, collect evidence from the crime scene, monitor phone calls, mail etc. The auditor asked the detective to describe any direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse and he provided the following examples: statements, video surveillance, monitoring phone calls, emails, correspondence, clothing, DNA, evidence of fetish, trace evidence, criminal history. The auditor asked the Internal Affairs investigator the same questions and he identified the first steps in initiating an investigation as those taken by staff who receive the complaint and pointed-out that they conduct an initial investigation; he stated that he consults with the Sex Crimes detectives to determine if they need to be involved. He described the investigative process as gathering and preserving all direct and circumstantial evidence, interviewing the victim, suspects and witnesses, reviewing suspect's prior history, conducting follow-up interviews as needed, monitoring correspondence and inmate phone calls, etc. He identified physical and DNA, electronic monitoring, email, previous complaints and reports as examples of direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse. The auditor asked the Intel Unit deputy the same questions and he identified the first steps as case-by-case; and stated that he interviews the alleged victim, preserves evidence, secures crime scene, sends victim to hospital for forensic examination if appropriate, collects DNA evidence, etc. He described the investigative process as interviewing the victim, reviewing video surveillance, interviewing witnesses, as well as monitoring phone calls, correspondence and email to the inmates involved.

SITE REVIEW OBSERVATIONS: None required

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

REASONING AND CONCLUSIONS

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Investigators from Sex Crimes, Internal Affairs and the Intel Unit described the investigative process and some of the direct and circumstantial evidence they are responsible for gathering in an investigation of an incident of sexual abuse. The evidence they are responsible for gathering include those listed in the standard.

CORRECTIVE ACTION

None required.

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115.71(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Six Investigative reports

General Order IX.A.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed six investigative reports and could not find any documentation describing collaborative work with the district attorney before conducting compelled interviews.

PEOPLE INTERVIEWED

- Centralized Investigation Division (Sex Crimes) detective
- Internal Affairs investigator
- Intel Unit deputy

The auditor asked the Sex Crimes detective if when he discovers evidence that a prosecutable crime may have taken place, does he consult with prosecutors before conducting compelled interviews and he said "Yes." The auditor asked the Internal Affairs investigator the same question and he said his unit works collaboratively with Sex Crimes and prosecutors when compelled interviews are being considered. The Intel Unit deputy stated that cases that involve a prosecutable crime are handled by Sex Crimes.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Investigators from Sex Crimes and Internal Affairs asserted that consultation with the district attorney before conducting compelled interviews in criminal cases is part of their practice. The auditor recognizes that this collaboration would not normally be a

part of the investigative report; therefore, the absence of documentation does not establish that it did not take place.

CORRECTIVE ACTION

None required.

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115.71(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order IX.A.5 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Centralized Investigation Division (Sex Crimes) detective

-Internal Affairs investigator

-Intel Unit deputy

-Two Inmates who reported sexual abuse

The auditor asked the Sex Crimes detective on what basis does he judge the credibility of an alleged victim, suspect, or witness and he said each is judged on an individual basis and that status as a deputy or an inmate has no bearing. The auditor asked the detective if there are any circumstances under which he would require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition of proceeding with an investigation; he said "No" and pointed out that there is a long standing policy against that. The auditor asked the Internal Affairs investigator the same questions and he stated that credibility is assessed on an individual basis and is never based on the status of the person interviewed. He replied "No" to the question about using truth-telling devices as a condition for proceeding with an investigation. The auditor asked the same questions of the Intel Unit deputy and he stated that there is no real gauge, that he goes where the evidence takes him and that information is not treated differently based upon the status of the witness. He also replied "No" the question about using truth-telling devices. The auditor asked the two inmates if they were required to take a polygraph test as a condition for proceeding with a sexual abuse investigation and both of them said "No."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Investigators from Sex Crimes, Internal Affairs and the Intel Unit

reported that they never judge the credibility of a witness based upon status as a deputy, inmate or otherwise. They also reported that under no circumstances would they require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with an investigation.

CORRECTIVE ACTION

None required.

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115.71(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

-12 Investigative Reports

General Order IX.A.6 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed all 12 investigative reports received from the facility and two of them involved allegations of sexual abuse against police officers from other jurisdictions; the auditor did not find any cases involving allegations against staff at the facility.

PEOPLE INTERVIEWED

-Internal Affairs Investigator

The auditor asked the Internal Affairs investigator what efforts does he make during an administrative investigation to determine whether staff's actions or failures to act contributed to the sexual abuse and he explained that he looks into the actions of the employee, his or her history going into the event and the facts of the case to determine whether there were failures or inactions and whether there were policy violations. The auditor asked if he looks into employee training, disciplinary history and past performance evaluations and he said "Yes." The auditor asked if he documents administrative investigations in written reports; he said "Yes" and added that all interviews, associated reports, performance history, training record, etc. are documented in written reports.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Internal Affairs investigator reported that he documents all interviews, associated reports, performance history, training record, etc. in his written reports. There were no cases involving allegations against staff at the facility; therefore, the auditor did not have any cases to review for compliance with the standard.

CORRECTIVE ACTION

None required.

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115.71(g) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Six investigative reports

General Order IX.A.7 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed six investigative reports and verified that criminal investigations are documented in written reports.

PEOPLE INTERVIEWED

- Centralized Investigation Division (Sex Crimes) detective
- Internal Affairs investigator

The auditor asked the Sex Crimes detective if criminal investigations are documented; he said "Yes" and added that written reports, collateral documents, evidence, criminal history as well as medical and forensic records are included in the report. The auditor asked the same question and both the Internal Affairs investigator and the Intel Unit deputy and both said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The investigators interviewed confirmed that criminal investigations are documented in written reports and the auditor reviewed a sample of six investigative reports to verify this practice.

CORRECTIVE ACTION

None required.

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115.71(h) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order IX.A.8 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that since August 20, 2012, the facility referred 4 substantiated cases that appeared to be criminal for prosecution.

PEOPLE INTERVIEWED

-Centralized Investigation Division (Sex Crimes) detective
-Internal Affairs investigator

The auditor asked the Sex Crimes detective when does he refer cases for criminal prosecution and he said when there is probable cause to support the case. The auditor asked the Internal Affairs investigator the same question and he indicated that he refers substantiated cases that appear to be criminal. The Intel Unit refers criminal cases to Centralized Investigations.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Sex Crimes detective and the Internal Affairs Investigator asserted that they refer cases for criminal prosecution when they are substantiated and appear to be criminal. During the review of the six investigative reports, the auditor found one case that was referred for criminal prosecution.

CORRECTIVE ACTION

None required.

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115.71(i) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order IX.A.9 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that the agency retains investigative reports according to the provision of the standard. The agency only provided investigative reports generated during the audit period.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that the agency retains investigative reports according to the provision of the standard. The agency did not provide investigative reports dating back five years; therefore, there are no cases to test for compliance with the standard.

CORRECTIVE ACTION

None required.

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115.71(j) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order IX.A.10 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

- Centralized Investigation Division (Sex Crimes) detective
- Internal Affairs investigator
- Intel Unit deputy

The auditor asked the Sex Crimes detective and the Internal Affairs Investigator how they proceed when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. The Sex Crimes detective stated that employment status has no bearing and the investigation continues. The Internal Affairs investigator stated that the administrative investigation is placed on hold in the event the employee reinstates. The auditor then asked all three investigators how they proceed when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident and all three investigators stated that the investigation continues.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of

the standard are covered. All three investigators reported that if a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident, the investigation will continue. The Sex Crimes detective stated that the investigation continues if a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and the Internal Affairs investigator stated that the investigation is suspended in the event the employee reinstates. In neither case, is the investigation terminated if the victim or alleged abuser leaves the facility or agency.

CORRECTIVE ACTION

None required.

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115.71(k) - AUDITOR'S DETERMINATION: The auditor is not required to audit this provision.

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115.71(l) - AUDITOR'S DETERMINATION: An outside agency does not conduct administrative or criminal sexual abuse investigations; therefore, the provisions of the standard do not apply.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order <p>General Order IX.B.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Centralized Investigation Division (Sex Crimes) detective -Internal Affairs investigator -Intel Unit deputy <p>The auditor asked all three investigators what standard of evidence they require to substantiate allegations of sexual abuse or sexual harassment; the Sex Crimes detective and the Intel Unit deputy said probable cause; the Internal Affairs investigator said "a preponderance of the evidence."</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Neither of the three investigators reported using a standard of proof higher than "a preponderance of the evidence."</p> <p>CORRECTIVE ACTION</p> <p>None required.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -12 Investigative reports <p>General Order IX.C.1 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, agency investigators completed six criminal and/or administrative investigations of alleged inmate sexual abuse and in none of the six cases did facility staff notify the inmate verbally or in writing, of the results of the investigation. The auditor reviewed all 12 investigative reports provided by the facility and there is no evidence that the inmate was notified as to whether his or her allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Facility Commander -Centralize Investigations Division (Sex Crimes) detective -Internal Affairs investigator -Intel Unit deputy -Two Inmates who reported sexual abuse <p>The auditor asked the Captain if the facility notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation and he said "Yes." The auditor asked the Sex Crimes detective if agency procedures require notification to an inmate who alleges sexual abuse as to whether the allegation has been substantiated, unsubstantiated, or unfounded following an investigation and he said someone in the agency does it. The auditor asked the Internal Affairs investigator the same question and he said that his office provides notice within 30 days of the investigative finding. The Intel Unit deputy replied "Yes" to this question. The auditor asked to two inmates who reported sexual abuse if they know whether the agency/facility is required to notify them when their sexual abuse allegation has been found to be substantiated, unsubstantiated, or unfounded and both inmates said "No."</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, agency investigators completed six criminal and/or administrative investigations of alleged inmate sexual abuse and in neither of the six cases did facility staff notify the inmate verbally or in</p>

writing, of the results of the investigation. Neither of the 12 investigative reports provided by the facility reflect that the inmate was notified of the outcome of the investigation into his or her allegation of sexual abuse. The auditor requested documentation of these notifications on the checklist of documents for onsite review and the facility did not produce any. Neither of the two inmates who reported sexual abuse received notification of the finding of the investigation into their allegations.

RECOMMENDED CORRECTIVE ACTION

The facility should establish a procedure whereby inmates who allege sexual abuse or sexual harassment are notified as to whether his or her allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The facility shall document all such notifications or attempted notifications pursuant to the provision of the standard and the General Order.

CORRECTIVE ACTION TAKEN

The agency developed a "PREA Incident Outcome Notification Form;" the form serves multiple inmate notification purposes including informing the inmate whether the allegation is determined to be substantiated, unsubstantiated, or unfounded. The facility provided four completed notification letters (see uploaded documents) informing inmates of the outcome of the investigation into their allegations of sexual abuse or sexual harassment. These four notification letters, although very recent, establish that the facility is working on institutionalizing this process.

CORRECTIVE ACTION APPROVED

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115.73(b) - AUDITOR'S DETERMINATION: The agency/facility is responsible for conducting administrative and criminal investigations; therefore, this provision of the standard does not apply.

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115.73(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order IX.C.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that there has not been a substantiated or unsubstantiated allegation of sexual abuse of an inmate at the hands of a facility staff member in the past 12 months.

PEOPLE INTERVIEWED

-Two inmates who reported sexual abuse

Neither of the two allegations identified a staff member as the abuser.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility reported that there has not been any substantiated or unsubstantiated allegation of sexual abuse against an employee at the facility during the audit period.

CORRECTIVE ACTION

None required.

Auditor Recommendation: If not yet in place, the facility should develop a methodology to ensure inmates who allege sexual abuse at the hands of a staff member are subsequently notified (unless the allegation is determined to be 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 facility shall document all such notifications or attempted notifications pursuant to the provision of the standard and the General Order.

The agency designed a "PREA Incident Outcome Notification Form" with a multi-purpose use. Among those uses, the form serves to provide the notifications required under the standard provision.

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115.73(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order IX.C.4 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility provided a form letter used to give notice to a member of the community of the investigative finding and disposition of their complaint against an employee of the department. This standard refers to allegation of inmate on inmate sexual assault.

PEOPLE INTERVIEWED

-Two inmates who reported sexual abuse

The auditor asked the inmates if they were informed if and when:

- a. The agency learned the alleged abuser had been indicted on a charge related to sexual abuse within the facility; or
- b. The agency learned the alleged abuser had been convicted on a charge related to sexual abuse within the facility.

Inmate A said he did not press charges against his abuser; Inmate B said "No" and pointed out that he was not aware of this requirement.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Although the facility provided the aforementioned form letter with the questionnaire, the auditor requested documentation of notifications pursuant to the requirements of the standard and/or logs or other documentation of notifications to confirm the number provided; however, the facility did not provide any such documentation. If the facility has a form letter or other document used to provide notification to inmates, it should have been attached to the questionnaire or provided during the onsite audit. With respect to the answers from the two inmates who reported sexual abuse, the auditor notes that Inmate A did not press charges and the incident involving Inmate B may not have reached that stage.

RECOMMENDED CORRECTIVE ACTION

If not yet in place, the facility should develop a methodology to ensure inmates who allege sexual abuse at the hands of another inmate are subsequently notified 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 facility shall document all such notifications or attempted notifications pursuant to the provision of the standard and the General Order.

CORRECTIVE ACTION TAKEN

The notification letter template also serves to inform inmate victims whenever either of the two events specified under this standard provision have taken place.

CORRECTIVE ACTION APPROVED

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115.73(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order IX.C.5 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The compliance manager reported that in the past 12 months, there were six notifications to inmates pursuant to the standard, but none of them were documented.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not document any notifications to inmates pursuant to the standard.

RECOMMENDED CORRECTIVE ACTION

The facility should develop a process whereby staff make these notifications to inmates on a consistent basis and document that they were made. The process needs to be institutionalized and if staff training is required, it should be done.

CORRECTIVE ACTION TAKEN

The notification letter template establishes a process whereby these notifications are documented as required by the standard and the General Order. The agency should decide whether the General Order should be modified to require use of the "PREA Incident Outcome Notification Form."

CORRECTIVE ACTION APPROVED

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115.73(f) - AUDITOR'S DETERMINATION: The auditor is not required to audit this provision.

115.76 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.76(a) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not report any substantiated allegations against a staff member for violating the agency's sexual abuse or sexual harassment policy; therefore, there are no examples for the auditor to review compliance with the standard.

CORRECTIVE ACTION

None required.

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115.76(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, one employee at the facility violated agency sexual abuse or sexual harassment policies and the facility is still waiting for the record showing resignation/termination.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT

THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS,
REASONING AND CONCLUSIONS

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility reported that one employee violated the agency's sexual abuse or sexual harassment policy; however, the official record of separation is not yet available.

CORRECTIVE ACTION

None required

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115.76(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no employee at the facility has been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility reported that one employee violated the agency's sexual abuse or sexual harassment policy; however, the official record of separation is not yet available.

CORRECTIVE ACTION

None required

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115.76(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no employee from the facility has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Although the questionnaire identifies one case in which an employee has been terminated for violating the agency's sexual abuse or sexual harassment policy, the facility indicated that final documentation is still pending; therefore, the auditor is unable to evaluate compliance with this standard provision.

CORRECTIVE ACTION

None required

115.77 Corrective action for contractors and volunteers

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.77(a) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, no volunteers or contractors have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not identify any volunteers or contractors who have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates; therefore, there are no cases to test for compliance with the standard.

CORRECTIVE ACTION

None required

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115.77(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Facility Commander

The auditor asked the Captain what remedial measures does the facility take in the case of

any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer and he indicated that the facility would conduct a full investigation and if warranted, the contractor would be banned from the facility. He added that each case is different and whether the contractor is banned immediately or after the investigation depends upon the severity of the allegation.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not identify any allegations of sexual abuse or sexual harassment against a volunteer or contractor; therefore, there are no cases to test for compliance with the standard.

CORRECTIVE ACTION

None required

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED - General Order</p> <p>General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>The questionnaire reflects that in the past 12 months, there were no cases of administrative or criminal findings of inmate-on-inmate sexual abuse that have occurred at the facility.</p> <p>PEOPLE INTERVIEWED: None required</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. On the Checklist of documents for onsite review, the auditor requested documentation of sanctions imposed on inmates and the facility did not provide any. The facility reported that during the audit period, no disciplinary sanctions were imposed pursuant to a formal disciplinary process 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; therefore, there is no case to test for compliance with the standard provision.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>----- --</p> <p>115.78(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED - General Order</p> <p>General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p>

PEOPLE INTERVIEWED

-Facility Commander

The auditor asked the Captain if disciplinary sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories and he said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Facility Commander reported that disciplinary sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. The facility did not identify any case of disciplinary action against an inmate following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse; therefore, there is no case to test for compliance with the standard provision.

CORRECTIVE ACTION

None required.

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115.78(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Facility Commander

The auditor asked the Captain if an inmates's mental disability or mental illness is considered when determining sanctions and he said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Captain reported that an inmates's mental disability or mental illness is considered when determining sanctions. The facility did not identify any case of disciplinary action against an inmate following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse; therefore, there is no case to test for compliance with the standard.

CORRECTIVE ACTION

None required

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115.78(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Medical and Mental Health staff

The auditor asked if the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse, does the facility consider whether to offer these services to the offending inmate. The medical practitioner indicated that the Medical Department automatically refers inmate offenders to Jail Psychiatric Services. The mental health practitioner indicated that Jail Psychiatric Services offers services to both the victim and the abuser. The auditor asked the Mental Health Practitioner if the facility requires inmate participation as a condition of access to programming or other benefits and he said "No."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. In cases where the services in question are offered to the offending inmate, the standard requires the facility to consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and in so doing, decided not to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.

CORRECTIVE ACTION

None required

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115.78(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not identify any case where an inmate was disciplined for sexual contact with a staff member; therefore, there is no case to test for compliance with the standard.

CORRECTIVE ACTION

None required

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115.78(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not identify any case in which an inmate was disciplined for reporting sexual abuse in good faith based upon a reasonable belief that the alleged abuse occurred and where the investigation did not establish evidence sufficient to substantiate the allegation; therefore, is no case to test for compliance with the standard provision.

CORRECTIVE ACTION

None required

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115.78(g) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility provided the inmate handbook; however, the auditor did not find any reference to consensual sex or sexual behavior.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not identify any cases in which inmates were disciplined for engaging in consensual inmate-on-inmate sexual activity; therefore, there is no case to test for compliance with the standard.

CORRECTIVE ACTION

None required

115.81	Medical and mental health screenings; history of sexual abuse
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.81(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order XI.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, 100% of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical or mental health practitioner and that it is uploaded into a computer that only medical staff have access to.</p> <p>PEOPLE INTERVIEWED</p> <p>-Staff responsible for risk screening</p> <p>The facility reported that none of the inmates who disclosed prior sexual victimization during the intake screening process were still in custody; however, the PREA Compliance Manager identified an inmate who disclosed prior sexual victimization during intake screening in 2015. The auditor was able to find that investigative report among those provided by the facility; the report reflects that an Intel Unit deputy interviewed the inmate on October 1, 2015 and referred him to Jail Psychiatric Services. The auditor asked the Classification Officer if screening indicates that an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community, does she offer a follow up meeting with a medical and/or mental health practitioner; she said "Yes" and asserted that inmates are seen within 24 - 48 hours of making the referral and that if it is an exigent situation, they are seen immediately.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Although the facility did not identify any inmates still in custody to be interviewed, the auditor was able to find some evidence that one inmate who disclosed prior victimization in 2015 was referred to mental health services.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>-----</p> <p>--</p>	

115.81(b) - AUDITOR'S DETERMINATION: The facility is not a prison; therefore, this provision of the standard do not apply.

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115.81(c) - AUDITOR'S DETERMINATION: This is covered under 115.81(a)

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115.81(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that information related to sexual victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The information shared with other staff is strictly limited to informing security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor visited the Medical Records office and asked who has access to inmate health care records. The records technician stated that all records are computerized and require password access and that only doctors, nurses and medical records staff have access. The auditor asked if deputies have access and she said "No."

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The evidence reflect that non-medical/non-mental health staff is provided access to information related to sexual victimization or abuse that occurred in an institutional setting only for the reasons listed in the standard, that is to inform security and management decisions, including treatment plans, housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law.

CORRECTIVE ACTION

None required.

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115.81(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Medical practitioner and Mental Health practitioner

The auditor asked if they obtain informed consent from inmates before reporting inmate-disclosure of prior sexual victimization that did not occur in an institutional setting and the practitioners said "Yes." The auditor asked for documentation to show that this is done and the medical practitioner did not know whether or not this is documented and stated that it would be really difficult to find examples.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The practitioners asserted that this is done; however, they were not able to provide documentation to prove that this is done.

CORRECTIVE ACTION

None required.

Auditor recommendation: The standard does not specifically require documentation of this informed consent; however, it is a good idea to document such practice to protect medical and mental health staff in the event of a legal challenge. Also, with a record of this practice, medical and mental health staff would be better prepared to show compliance in future audits.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>General Order XI.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED</p> <p>-Medical practitioner and Mental Health practitioner</p> <p>-Two inmates who reported sexual abuse</p> <p>The auditor asked if inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services and both practitioners said "Yes." The auditor asked how fast does this typically occur and the medical practitioner explained that if it is evidentiary, the inmate will be seen when he or she returns from the hospital and offered mental health services. The medical practitioner also explained that the scope of services is determined according to policy provisions. The auditor asked the two inmates who reported sexual abuse if they had a chance to see a medical or mental health doctor/nurse in a timely fashion after reporting the abuse; Inmate A said "Yes;" Inmate B said he received medical and mental health services at the Main Jail after he returned from BEAR Clinic and that it included information about, and access to, sexually transmitted infection prophylaxis, which he accepted.</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The responses from the practitioners provide some evidence that 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 policy. Also, both inmates A and B reported that they received timely medical and/or mental health services after reporting sexual abuse.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>-----</p>

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115.82(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Security staff first responder

During the interview, the auditor asked the Intel Unit deputy to describe the actions he takes as first responder to an allegation of sexual abuse; the deputy stated that he would separate victim and perpetrator, get medical help if needed, preserve the crime scene, tell inmates not take actions that might contaminate evidence, arrange forensic examination if appropriate, offer a victim advocate from WEAVE, get mental health services for both inmates, get statements from inmates, notify supervisor and document.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The response from the Intel Unit deputy provides some evidence that security staff first responders would take preliminary steps to protect the victim pursuant to § 115.62 and immediately notify the appropriate medical and mental health practitioners.

CORRECTIVE ACTION

None required.

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115.82(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Medical practitioner and Mental Health practitioner

-Two inmates who reported sexual abuse

The auditor asked if victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis and the medical practitioner said "Yes." The auditor asked the two inmates who reported sexual abuse if they had a chance to see a medical or mental health doctor/nurse in a timely fashion after reporting the abuse; Inmate A stated that he declined medical and mental health services; Inmate B stated that he received medical and mental health services after returning from BEAR Clinic.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The response provided by the medical practitioner provides evidence that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Inmate B reported that he received medical and mental health services after returning from BEAR Clinic.

CORRECTIVE ACTION

None required

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115.82(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The standard requires the agency/facility to provide treatment services 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. Inmate B claimed the

facility charged him a \$3.00 copay for medical services related to the sexual assault. The facility later refunded the co-pay.

CORRECTIVE ACTION

None required.

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

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.83(a) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor visited the facility's medical and mental health housing areas and offices. It was evident that medical and mental health services are available for inmates who need it. The auditor asked impromptu questions and a medical practitioner explained that the facility offers medical and mental health treatment to inmate victims of sexual abuse; she asserted that upon return from the BEAR Center, if there are no follow-up care instructions, staff would call to ask for them. She stated that testing for sexually transmitted diseases is automatic and that contraception and pregnancy tests are provided when appropriate.

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The tour of the medical unit and conversations with staff provide evidence that the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse at the facility.

CORRECTIVE ACTION

None required

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115.83(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.C includes the language of the standard verbatim; therefore, all provisions of

the standard are covered.

PEOPLE INTERVIEWED

- Medical practitioner and Mental Health practitioner
- Two inmates who reported sexual abuse

The auditor asked the medical and mental health practitioners what does evaluation and treatment of inmates who have been victimized entail and the medical practitioner stated that it consists of automatic referral to mental health service, prophylaxis treatment as needed based upon a medical assessment, testing for sexually transmitted diseases if the inmate agrees, as well as first aid and follow-up treatment as needed for any injuries sustained. If treatment is on-going, the facility makes a referral for follow-up treatment after the inmate is transferred or released. The auditor asked the two inmates what did the medical or mental health doctor/nurse discuss with them about what should happen next; Inmate A indicated that the PREA Compliance Manager offered Medical and mental health services and he declined; then the investigators came and they interviewed him; he stated "They were on top of their game." Inmate B said that staff offered and he accepted mental health services, which he received the next day; however, staff did not tell him anything about follow-up services or a treatment plan.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The response from the medical practitioner provides evidence that evaluation and treatment of victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following a transfer or release from custody. Inmate B reported that staff offered him and he accepted mental health services, which he received the next day; however, staff did not tell him anything about follow-up services or a treatment plan. With respect to continued care following transfer or release from custody, the auditor notes that Inmate B was not scheduled for transfer to another facility or release.

CORRECTIVE ACTION

None required

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115.83(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order

General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Medical practitioner and Mental Health practitioner

The auditor asked if the medical and mental health services offered is consistent with community level of care and both practitioners said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The response from the practitioners provides evidence that medical and mental health services offered is consistent with community level of care.

CORRECTIVE ACTION

None required.

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115.83(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None, the facility did not identify any inmates who were victims of vaginal penetration during an incident of sexual assault.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not identify any inmates who were victims of vaginal penetration during an incident of sexual assault; therefore, there were no cases to test for compliance with the standard.

CORRECTIVE ACTION

None required.

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115.83(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Medical practitioner and Mental Health practitioner

The auditor asked if victims are given timely information and access to all lawful pregnancy-related services in cases where sexual abuse, while incarcerated, results in pregnancy and the medical practitioner said "Yes." The auditor asked when, ordinarily, are such victims provided this information and access to services and the medical practitioner said upon return from the evidentiary examination.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The response from the medical practitioner provides evidence that victims are given timely information and access to all lawful pregnancy-related services if sexual abuse while incarcerated results in pregnancy. There were no cases to test for compliance with the standard.

CORRECTIVE ACTION

None required

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115.83(f) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Two inmates who reported sexual abuse

The auditor asked Inmate B if he was offered a test for sexually transmitted infections; he said "Yes" and reported that he declined the blood test but took the urine test. This test was not applicable in the case of Inmate A.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. During the site review tour, the medical practitioner in the Medical Housing Unit stated that testing for sexually transmitted diseases is automatic. The response from Inmate B confirms that medical staff offer a test for sexually transmitted infections.

CORRECTIVE ACTION

None required.

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115.83(g) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Two inmates who reported sexual abuse

Inmate A declined medical and mental health services. The auditor asked Inmate B if he had to pay for treatment related to the incident of sexual abuse (including any co-pays); he said "Yes" and explained that the \$3.00 copay was charged to his trust account even though he did not sign to authorize it.

SITE REVIEW OBSERVATIONS: None required

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

REASONING AND CONCLUSIONS

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Inmate B reported that the facility charged him the \$3.00 co-pay for medical services related to the incident of sexual assault. Both the standard and the General Order specify that treatment services shall be provided to the victim without financial cost.

RECOMMENDED CORRECTIVE ACTION

If the facility charges inmate victims of sexual abuse the medical co-pay, this practice should be changed to comply with the standard provision and General Order XI.C. If Inmate B was charged the \$3.00 co-pay for medical services related to the incident of sexual assault, the facility should refund the co-pay.

CORRECTIVE ACTION TAKEN

The facility provided a "Balance History Report" for Inmate B reflecting that a full refund was made on September 23, 2016, for the amount charged in relation to medical treatment following the sexual assault report. This action corrects any violation of the standard in this regard.

CORRECTIVE ACTION APPROVED

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115.83(h) - AUDITOR'S DETERMINATION: The facility is a jail; therefore, the provisions of the standard do not apply.

115.86 Sexual abuse incident reviews

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.86(a) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- PREA Incident Routing Sheet
- After Action Reports

General Order XII.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that in the past 12 months, there were six criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. The facility prepares an "After Action Report," which is a memorandum addressed to the Facility Commander that summarizes the incident, includes the investigative finding and responses to the questions prescribed by the standard for the Incident Review Team to consider.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. All substantiated and unsubstantiated investigative reports provided by the facility include an After Action Report.

CORRECTIVE ACTION

None required.

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115.86(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Five investigative reports

General Order XII.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a sample of five investigative reports with After Action Reports. Most of these investigative reports were completed in January or

February 2016.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. In every case reviewed, although the investigative reports were completed in January, February or April 2016, all of the After Action Reports were completed on June 26, 2016. It appears the agency recently implemented use of the After Action Report as its process for conducting Incident Reviews. The standard requires an incident review within 30 days of completing the investigation; none of the five cases reviewed included an After Action Report issued within 30 days of completing the investigation.

RECOMMENDED CORRECTIVE ACTION

The facility should ensure an incident review is completed within 30 days of the conclusion of every substantiated and unsubstantiated investigation into allegations of sexual abuse or sexual harassment at the facility.

CORRECTIVE ACTION TAKEN

The facility submitted a memorandum to the PREA Coordinator (see uploaded documents) specifying its new protocols for incident reviews. The new protocols call for a review within 30 days of the conclusion of substantiated and unsubstantiated investigations; it specifies the composition of the review team and requires a meeting in person or at a minimum via conference call. The new protocol charges the PREA Compliance Manager with the responsibility of scheduling the meeting, inviting participants and ensuring the teams findings are documented in an Inter-Departmental Correspondence. The facility submitted Inter-Departmental Correspondence (After Action Reports) for two recent incident reviews (see uploaded documents). Both reports include a summary of the allegation, the investigative finding, the considerations required by the standard and list the names and titles of the participants. The auditor notes that both reviews were done within 30 days of the allegation, but do not reflect the date the investigation was completed. The auditor recommends that these reports include the date the investigation was completed; this will facilitate a determination of whether the review was conducted within 30 days of concluding the investigation. Neither report recommended a corrective action. See uploaded documents.

CORRECTIVE ACTION APPROVED

Auditor recommendation: The auditor recommends that incident review reports include the date the investigation was completed; this will facilitate a determination of whether the review was conducted within 30 days of concluding the investigation.

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115.86(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-Facility Commander

The auditor asked the Captain if the facility has a sexual abuse incident review team and he said "Yes." The auditor asked if the team includes upper-level management officials and allow for input from line supervisors, investigators, and medical or mental health practitioners and he said "Yes."

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The After Action Report does not reflect that the review included medical practitioners, mental health practitioners or investigators as prescribed by the standard. The standard calls for the incident review team to include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The After Action Report process does not include the spirit of the standard, which calls for upper-level management to be actively involved and play a leadership role in the process with input from line supervisors, investigators, and medical or mental health practitioners. In effect, the After Action Report process consists of a sergeant unilaterally conducting the review by answering the six questions and sending the report up the chain of command for approving signatures. This approach does not make use of the experience, judgement and guidance of upper-level management in the incident review process; instead, upper-level management delegates the responsibility to a sergeant.

RECOMMENDED CORRECTIVE ACTION

The facility should change its incident review protocols to include a team, with the composition prescribed by the standard and General Order XII.A, actually meeting to conduct a review of every substantiated or unsubstantiated allegation of sexual abuse and sexual harassment. The team should focus on diagnosing problems and brainstorming solutions as it relates to each and every substantiated or unsubstantiated case of sexual abuse and sexual harassment at the facility and shall conduct these reviews within 30 days of the conclusion of every substantiated or unsubstantiated investigation. The team should make determinations

regarding the incident as it relates to the considerations prescribed by the standard and generate a report documenting the teams finding on every consideration prescribed by the standard, the basis and rationale for the team's determinations, the teams recommendations with specific timelines for every corrective action recommended, as well as the names and titles of the team members who participated in the review. Nothing prevents a team member from participating via speaker phone.

CORRECTIVE ACTION TAKEN

The facility submitted a memorandum to the PREA Coordinator specifying its new protocols for incident reviews. The protocols specify the composition of the review team and requires a meeting in person or at a minimum via conference call. The new protocol charges the PREA Compliance Manager with the responsibility of scheduling the meeting, inviting participants and ensuring the teams findings are documented in an Inter-Departmental Correspondence. The facility submitted Inter-Departmental Correspondence (After Action Reports) for two recent incident reviews. Both reports include a summary of the allegation, the investigative finding, the considerations required by the standard and list the names and titles of the participants. The auditor notes that both reviews were done within 30 days of the allegation, but do not reflect the date the investigation was completed. Neither report recommended a corrective action.

CORRECTIVE ACTION APPROVED

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115.86(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire provides a sample After Action report, which is addressed to the Captain and provides a summary of an incident. This report includes the information to be considered during an incident review; however, it is not titled Incident Review report.

PEOPLE INTERVIEWED

-Facility Commander
-PREA Compliance Manager
-Incident Review Team

The auditor asked the Captain how does the team use the information from the sexual abuse incident review; he said the review team focuses on how custody operations are affected and whether routine cell checks are effective. The auditor asked if the team uses the information to identify any policy, training, or other issue related to the incident that indicate a need to change policy or practice and he said "Yes." The auditor asked whether the team:
a. Considers whether the incident or allegation was motivated by race; ethnicity; gender

identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; and/or other group dynamics at the facility [by "transgender," I mean: people whose gender identity and/or gender expression does not match the sex and/or gender they were assigned at birth; by "intersex," I mean: an individual born with external genitalia, internal reproductive organs, chromosome patterns, and/or endocrine systems that do not seem to fit typical definitions of male or female; by "gender non conforming," I mean: individuals who express their gender in a manner that breaks societal norms for one's gender (e.g., someone who identifies as a girl/woman but wears clothing typically assigned to boys/men)]?

- b. Examines the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?
- c. Assesses the adequacy of staffing levels in that area during different shifts?
- d. Assesses whether monitoring technology should be deployed or augmented to supplement supervision by staff?

The Captain replied "Yes" to all four considerations. The auditor asked the PREA Compliance Manager if after completing sexual abuse incident reviews, does the facility prepare a report of its findings from the reviews, including any determinations per Standard 115.86 (d) 1 through (d) 5 and any recommendations for improvement; he said "Yes" and explained that after the Team completes a reviewed an After Action Report is generated covering the five standards and any recommendations for improvement. At the end of the year, the facility generates its annual report detailing the incidents that occurred and any improvements that may have been done or maybe needed. The auditor asked if the reports are forwarded to him for review, and if so, whether he notices any trends. The PREA Compliance Manger said "Yes" and identified the following trends: (1) Most incidents occur in cells where monitoring equipment is absent and cannot be placed. (2) A majority of allegations come from inmates with mental health disorders. The auditor asked what actions, if any, does he take after the report has been submitted; he said he ensures they are saved and filed for review by other administrators and that based on the findings in the report, or if any recommendations are made, he ensures the necessary changes are made to maintain compliance with PREA standards.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The findings in the After Action Reports are mostly limited to "Yes" or "No" answers to the six considerations prescribed under the standard for the incident review process. The standard calls for the findings in the Incident Review report to include, but not necessarily be limited to, the six considerations prescribed under the standard. During the onsite audit, staff indicated that the team does not actually meet, instead, the After Action Report with the investigative report attached is reviewed individually through the chain of command and each reviewer tends to sign-off on what was prepared at the originating level. Besides the summary of the incident and the investigation, there is no other narrative from the team. This practice produces incident reports that lack the expert analysis and recommendations of upper-level management sought under 115.86(c). There is no documentation of the team's analysis and discussions relative to the incident or the basis and

reasoning behind each of the teams determinations. The compliance audit tool asks the auditor to review, among other documentation, incident review team minutes. The intent of the Incident Review Team concept is to bring together facility management and professionals from relevant disciplines, (e.g.: Medical, Mental Health, Investigators, etc.) to analyse and discuss the incident, the investigation, staff response to the incident, the effectiveness of the inmate risk screening process, inmate classification, inmate PREA education, staff training, etc. and in the process, evaluate whether any of the considerations prescribed by the standard was an aggravating factor or could have mitigated the incident. The incident review team concept should be viewed as another tool in the facility's toolbox of measures to improve the effectiveness of its efforts to prevent, detect, respond to and investigate cases of sexual abuse. It is easy to argue that all of these incidents take place in cells and nothing can be done to change the situations that lead to these assaults. However, if the management team is serious about its efforts to eliminate sexual abuse in its confinement facilities, bringing together the best minds in the facility to diagnose problems and brainstorm potential solutions is a good start. The 43 PREA standards prescribed for adult prisons and jails provide extensive material to consider when reviewing each case of sexual abuse in the facility.

RECOMMENDED CORRECTIVE ACTION

The facility should change its incident review protocols to include a team, with the composition prescribed by the standard and General Order XII.A, actually meeting to conduct a review of every substantiated or unsubstantiated allegation of sexual abuse and sexual harassment. The team should focus on diagnosing problems and brainstorming solutions as it relates to each and every substantiated or unsubstantiated case of sexual abuse and sexual harassment at the facility and shall conduct these reviews within 30 days of the conclusion of every substantiated or unsubstantiated investigation. The team should make determinations regarding the incident as it relates to the considerations prescribed by the standard and generate a report documenting the teams finding on every consideration prescribed by the standard, the basis and rationale for the team's determinations, the teams recommendations with specific timelines for every corrective action recommended, as well as the names and titles of the team members who participated in the review. Nothing prevents a team member from participating via speaker phone.

CORRECTIVE ACTION TAKEN

The facility submitted a memorandum to the PREA Coordinator specifying its new protocols for incident reviews. The protocols specify the composition of the review team and requires a meeting in person or at a minimum via conference call. The new protocol charges the PREA Compliance Manager with the responsibility of scheduling the meeting, inviting participants and ensuring the teams findings are documented in an Inter-Departmental Correspondence. The facility submitted Inter-Departmental Correspondence (After Action Reports) for two recent incident reviews. Both reports include a summary of the allegation, the investigative finding, the considerations required by the standard and list the names and titles of the participants. The auditor notes that both reviews were done within 30 days of the allegation, but do not reflect the date the investigation was completed. The auditor recommends that these reports include the date the investigation was completed; this will facilitate a determination of whether the review was conducted within 30 days of concluding the investigation. Neither report recommended a corrective action.

CORRECTIVE ACTION APPROVED

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115.86(e) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not provide any examples of incident review team recommendations; therefore, there were no cases to test for compliance with the standard provision.

CORRECTIVE ACTION

None required

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Binder with incident-based data collected <p>General Order XII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a binder maintained by the PREA Coordinator; the binder has a spreadsheet with five or six data-points recorded for each incident, plus all of the incident reports. The auditor introduced the two US Department of Justice Survey of Sexual Victimization (formerly Survey of Sexual Violence) forms for jails to the PREA Coordinator and explained that the standard requires data collected for every allegation of sexual abuse and sexual harassment to, at minimum, answer the 39 questions in the most recent version of the Survey of Sexual Victimization Form SSV I-A.</p> <p>PEOPLE INTERVIEWED: None required</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>The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The data is not collected using a standardized instrument and set of definitions as required by the standard and the general order.</p> <p>RECOMMENDED CORRECTIVE ACTION</p> <p>The agency/facility should revise its data collection process to ensure a standardized instrument and set of definitions is used. The incident-based data collected should include at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the US Department of Justice.</p> <p>CORRECTIVE ACTION TAKEN</p> <p>The agency revised its data collection process to include the most recent version of the US Department of Justice Survey of Sexual Victimization Form SSV-I. During a follow-up visit to RCCC on January 23, 2017, the PREA Coordinator produced numerous incident-based files and the auditor verified that the SSV-IA form is completed for each incident.</p> <p>CORRECTIVE ACTION APPROVED</p>

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115.87(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Aggregated data

General Order XII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed a binder maintained by the PREA Coordinator; the binder has a spreadsheet with five or six data-points recorded for each incident, plus all of the incident reports. The data collection has been in place since 2014.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency/facility has been saving incident and investigative reports since 2014; however, since the agency/facility has not collected the incident-based data prescribed by the standard, the aggregated data does not meet the requirement of the standard.

RECOMMENDED CORRECTIVE ACTION

The agency/facility should revise its data collection process to ensure a standardized instrument and set of definitions is used. The incident-based data collected should include at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the US Department of Justice. The agency/facility should aggregate the data collected at least annually.

CORRECTIVE ACTION TAKEN

The agency started using the form SSV-IA for its incident-based data collection and aggregates its data at least annually.

CORRECTIVE ACTION APPROVED

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115.87(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility did not provide a copy of the standardized instrument used for data collection.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency/facility's incident-based data does not 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.

RECOMMENDED CORRECTIVE ACTION

The agency/facility should revise its data collection process to ensure a standardized instrument and set of definitions is used. The incident-based data collected should include at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the US Department of Justice. The agency/facility may elect to complete a Survey of Sexual Victimization Form SSV I-A for every allegation of sexual abuse and sexual harassment to comply with this standard provision.

CORRECTIVE ACTION TAKEN

The agency provided completed forms SSV-IA for four allegations at the Main Jail (see uploaded documents). By completing the form SSV-IA, the agency is ensuring its incident-based data collected includes all the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the US Department of Justice.

CORRECTIVE ACTION APPROVED

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115.87(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.B includes the language of the standard verbatim; therefore, all provisions

of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency/facility's incident-based data does not 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, nor does it report data from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

RECOMMENDED CORRECTIVE ACTION

The agency/facility should revise its data collection process to ensure a standardized instrument and set of definitions is used. The incident-based data collected should include at minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the US Department of Justice. The agency/facility shall maintain, review, and collect data as needed from all available incident-based documents, including incident reports, investigative files and sexual abuse incident reviews.

CORRECTIVE ACTION TAKEN

The agency maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews; completion of the Form SSV-IA, requires a review of data from all of the incident-based documents prescribed by the standard.

CORRECTIVE ACTION APPROVED

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115.87(e) - AUDITOR'S DETERMINATION: The agency does not contract with a private facility for the confinement of its inmates; therefore, the provision of this standard does not apply.

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115.87(f) - AUDITOR'S DETERMINATION: The Department of Justice did not request agency data from the previous calendar year (2015); therefore, this standard provision does not apply. The agency, however, completed a Form SSV-3, Local Jail Jurisdictions Summary

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -2014 Annual Report -2015 Annual Report <p>General Order XII.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed both annual reports posted on the agency's website. The 2014 report did not have prior year data for comparison; however, the 2015 report did include some comparisons to the 2014 report, assessment of the quality of the investigations and a few actions taken in 2015 to improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Agency Head Designee -PREA Coordinator -PREA Compliance Manager <p>The auditor asked the Chief Deputy how does he use incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies, practices, and training; he said PREA staff review the incident and identify trends, take corrective action and the Incident Review Team generates an After Incident Report. He added that they review agency policy to make sure they address it better in the future. The auditor asked the PREA Coordinator if the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training; she said "Yes" and stated that she maintains the aggregated data in her office and the agency started aggregating data in 2015. The auditor asked if the agency prepares an annual report from its data review findings and include any corrective actions recommended for each facility and the agency as a whole; she said "Yes" and added that agency report information has been included in each facility's report. The auditor asked the PREA Compliance Manager if the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training and he said "Yes." The auditor asked what role does the facility and facility data play in this review and the PREA Compliance Manager explained that the facility and the sexual abuse detection and response data generated play a major role in determining how to improve the facility's effectiveness in handling these situations and that the Incident Review Team and the annual review of data collected is where these decisions are made.</p> <p>SITE REVIEW OBSERVATIONS: None required</p> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT</p>

THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS,
REASONING AND CONCLUSIONS

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The annual reports provide evidence that the facility reviews data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, 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. The annual reports include a number of measures the agency/facility adopted as part of its efforts to improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training; however the standard requires an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. The annual reports on the agency's website are agency-wide documents with information from both facilities. There are no annual reports for each facility: there are no annual reports for each facility.

RECOMMENDED CORRECTIVE ACTION

The agency/facility should prepare annual reports for each of its facilities based upon data collected and aggregated at each facility. The agency should post both facility's annual reports on its website in addition to the agency-wide annual report.

CORRECTIVE ACTION TAKEN

The agency/facility provided a Main Jail annual report for 2015 (see uploaded documents) based upon data aggregated for the Main Jail. The report identifies some actions the facility took in preparation for this 2016 audit, but does not identify any problem areas.

CORRECTIVE ACTION APPROVED

Auditor recommendation: the auditor recommends that the facility includes in its annual report, a statement specifying whether or not problem areas were identified during the review and whether or not there were recommendations for corrective actions. The facility should consider developing a template for its annual report to ensure all information prescribed by the standard is addressed on a consistent basis.

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115.88(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- 2014 Annual Report
- 2015 Annual Report

General Order GO XII.C includes the language of the standard verbatim; therefore, all

provisions of the standard are covered. The 2014 Annual Report was the agency's first; therefore, there was no prior year data to compare it to.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed the 2015 Annual Report and found comparisons between the 2015 data and the 2014 data, as well as comparisons between the 2015 data and corrective actions in both years; the 2015 report also includes an assessment of the agency's progress in addressing sexual abuse.

CORRECTIVE ACTION

None required.

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115.88(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. Since the agency has a website, the policy appropriately does not specify how the agency would make its annual report available to the public if it does not have a website.

PEOPLE INTERVIEWED

-Agency Head Designee

The auditor asked the Chief Deputy if he approves annual reports written pursuant to 115.88; he said "Yes" and pointed out that they are posted on the agency's website.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency head approves the annual reports and they are posted

on the agency's website; the auditor verified that the Main Jail's 2015 Annual Report is posted on the agency's website. The standard requires the agency's annual report to be approved by the agency head, but does not specifically require the agency head's signature approving it. The auditor notes that neither the agency report nor the facility report includes the agency head's or facility head's signature. If not already done, the agency should consider whether or not to include approving signatures on agency and facility annual reports.

CORRECTIVE ACTION

None required.

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115.88(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- 2014 Annual Report
- 2015 Annual Report

General Order XII.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed both annual reports for documentation of the nature of the material redacted.

PEOPLE INTERVIEWED

- PREA Coordinator

The auditor asked the PREA Coordinator what types of material are typically redacted from the annual report and she said personal information and specific incident information.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility. Neither of the two annual reports on the agency's website indicate the nature of the material redacted.

RECOMMENDED CORRECTIVE ACTION

The agency should indicate in its annual reports (facility and agency-wide annual reports) the nature of all material redacted. The agency may consider developing a template for its annual reports to ensure all required information is included on a consistent basis.

CORRECTIVE ACTION TAKEN

The facility submitted a revised annual report for 2015 with a note describing the nature of information redacted and why the information was redacted.

CORRECTIVE ACTION APPROVED

115.89 Data storage, publication, and destruction

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.89(a) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.D includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED

-PREA Coordinator

The auditor asked the PREA Coordinator how does the agency ensure that data collected pursuant to 115.87 are securely retained and she said she keeps the data in a locked cabinet in her office.

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor was in the PREA Coordinator's office and viewed the cabinet where she keeps the data secured.

CORRECTIVE ACTION

None required.

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115.89(b) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.D includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The annual report includes data from both facilities operated by the agency and is published on the agency's website.

CORRECTIVE ACTION

None required.

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115.89(c) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.D includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed both annual reports on the agency's website and there were no personal identifiers in either report.

CORRECTIVE ACTION

None required.

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115.89(d) - AUDITOR'S DETERMINATION: MEETS STANDARD

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

General Order XII.D includes the language of the standard verbatim; therefore, all provisions of the standard are covered.

PEOPLE INTERVIEWED: None required

SITE REVIEW OBSERVATIONS: None required

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

The General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The agency retains all data collected since it began collecting data in 2014.

CORRECTIVE ACTION

None required.

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401(a) - This is still the first audit cycle (before August 20, 2016); therefore, this provision of the standard does not apply.
	115.401(b) - The agency did not have either of its two facilities audited during the first two years of this first audit cycle.
	115.401(h) - The auditor had access to, and observed, all areas of the audited facilities.
	115.401(i) - The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).
	115.401(m) - The auditor was permitted to conduct private interviews with inmates.
	115.401(n) - Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The audit notice informed inmates to address correspondence to the auditor by specifying "Certified PREA Auditor" below the auditor's name. Inmates presented correspondence appropriately addressed to a deputy; the deputy inspects the content of the envelope without reading the letter, then the inmate is allowed to seal the envelope in the deputy's presence and the deputy signs and dates over the envelope's seal.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f) - There have been no Final Audit Reports issued in the past three years; therefore the provision of this standard does not apply.

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

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

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

115.15 (d)	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.)	na

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.)	yes

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

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

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

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

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

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

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

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

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

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

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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

115.73 (c)	Reporting to inmates	
	Following a 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 posted within the inmate's unit?	yes
	Following a 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 a 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 a inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

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

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

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

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

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

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

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

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

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

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

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

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

115.78 (g)	Disciplinary sanctions for inmates	
	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.)	yes

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)	yes

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

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

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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

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

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

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

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

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

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

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

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

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na

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

115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes

115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes

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

115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes

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

115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the three-year period starting on August 20, 2013, and during each three-year period thereafter, 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.? (N/A before August 20, 2016.)	na

115.401 (b)	Frequency and scope of audits	
	During each one-year period starting on August 20, 2013, 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?	no

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

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

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

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports 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