

PREA Facility Audit Report: Final

Name of Facility: The Rio Cosumnes Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 08/19/2016

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:	2016-06-29
End Date of On-Site Audit:	2016-07-01

FACILITY INFORMATION	
Facility name:	The Rio Cosumnes Correctional Center
Facility physical address:	12500 Bruceville Road, Elk Grove, California - 95757
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:		Title:	
Email Address:		Telephone Number:	

Warden/Superintendent			
Name:	Darin Griem	Title:	Captain
Email Address:		Telephone Number:	

Facility PREA Compliance Manager			
Name:	Darin Pometta	Title:	Sergeant
Email Address:		Telephone Number:	

Facility Health Service Administrator			
Name:	Victoria Deloney	Title:	Director of Nursing – RCCC
Email Address:		Telephone Number:	

Facility Characteristics			
Designed facility capacity:	2627		
Current population of facility:	1835		
Age Range	Adults: 18-75	Youthful Residents:	
Facility security level/inmate custody levels:	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 RCCC's eleven sub-facilities, including the Medical Housing Unit; the auditor chose to interview a second deputy from one of the two maximum security sub-facilities, for a total of 12 deputies, eight from the day shift and four from the night shift. For specialized staff interviews, the auditor selected the following:

- Agency Head Designee
- 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
- 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
- A volunteer who has contact with inmates (one interviewed as non-security first responder)
- Contract employee who has contact with inmates
- Investigative Services Unit deputy

Notes: (1) The auditor interviewed Human Resources, a Sex and Elder Abuse Bureau (Sex Crimes) detective and an Internal Affairs investigator during the Main Jail audit earlier in the week. (2) 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 their respective 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 29, 2016, the auditor arrived at the Rio Cosumnes Correctional Center and was greeted by PREA Coordinator, Lieutenant Raylene Cully, PREA Compliance Manager Sergeant Darin Pometta and three deputies. The auditor was escorted to a conference room designated for the onsite audit work. After greetings and introductions, staff provided the inmate count for the day, which was 1,872 and inmate rosters by housing unit. On these rosters, staff highlighted the names of inmates identified as gay/lesbian, hearing impaired/deaf and limited English proficient. According to the PREA Compliance Manager, the facility does not house youthful inmates and did not have inmates in the following categories:

- Identified as transgender or intersex
- in segregated housing due to risk of sexual victimization
- reported sexual abuse
- who disclosed prior sexual victimization during intake risk screening.

SITE REVIEW TOUR

The auditor requested to start the site review tour; participating in the tour were: PREA Coordinator, Lieutenant Cully; PREA Compliance Manager, Sergeant Pometta; Main Jail PREA Compliance Manager, Sergeant Fermer; and Deputies John Rodriguez, Josh Langensiepen, Chris Robertson, Tamiko Abbott and Joe Gordon. The RCCC is spread-out ranch-style over some 70 acres of flat land; its buildings are free-standing and staff use motorized golf carts to get around the facility. The tour began at the Welding Shop, an opened building with 15 inmates assigned. The auditor noted the location of surveillance cameras and asked impromptu questions of the supervisor and a few inmates; the inmates indicated that they have no concerns as it relates to sexual safety. Next, staff escorted the auditor across the street to the Warehouse, which was closed for inventory; still, the auditor noted the placement of surveillance cameras and asked impromptu questions of the Warehouse manager who took the auditor on a tour of the building; during the tour, she reported that there are normally four to six inmates assigned and they are never left unsupervised. The next stop was a food service facility called Minimum Dining where

minimum custody inmates who work outside are fed; the auditor noted the location of surveillance cameras while touring the facility; there is one deputy and anywhere from 50 to 60 inmate workers. The auditor asked a few inmates about sexual safety concerns and they indicated they had no reason to be concerned. The tour continued to the Laundry; there is one deputy and eight to ten inmates assigned; the auditor asked if there were any inmates in lead-man position and the inmates said "No." The auditor noted the locations of surveillance cameras during the tour of the building. Staff then took the auditor to the Education buildings which had been closed for the day. The auditor noted the location of surveillance cameras as well as the display of PREA posters in classrooms before leaving the area. Staff then drove the auditor to the landscaping area; there was not much in the way of a structure at this location because the program takes place in open air. Deputies directed that auditor's attention to the RCCC Horse Ranch; this program is also an outdoor operation and was also closed for the day. Deputies drove the auditor back to the main building area to tour the Engraving Shop, where there are seven to eight inmates and one deputy assigned. There are surveillance cameras that cover the floor of the shop and the auditor was able to view the monitors for those cameras. The auditor asked impromptu questions of one inmate and the deputy; the inmate indicated that there are no sexual safety concerns. The auditor noted the location of the restrooms and asked about inmate-use; the deputy stated that only one inmate at-a-time is allowed in the restroom. The auditor noted that there is a clear view of the entire floor from the deputy's station. The tour continued into the main building where the auditor stopped at a medical clinic and asked a physician about the medical response to an incident of sexual assault at the facility; the doctor stated that custody would be notified, medical would evaluate the inmate for any emergency care needed and help to arrange transportation to the outside hospital. The auditor asked about follow-up care and the doctor stated that it would be provided when the inmate returns from the hospital and that it includes testing for sexually transmitted infections. The auditor asked about health care records and the doctor said everything is computerized and a password is needed for access. Staff took the auditor to the staff dining room where there are three to six inmates assigned; there is lots of staff traffic into this area and the inmates' duties require them to interact with staff. Next was the tour of inmate housing units starting with the Christopher Boone Facility or CBF; upon entering, the auditor immediately noted that the toilet on the exercise yard is clearly visible from the base of the control booth and from the control room above; the auditor entered the control room and staff pointed-out that the toilet is grayed-out on the surveillance screen. There is a four-foot privacy wall for inmates using the shower. An inmate in the dayroom agreed to call the WEAVE hotline using his personal identification number; the auditor spoke with a representative from WEAVE, identified himself and explained that there was an audit in progress and the line was being tested. The auditor was also able to access the Sheriff's Tip-line. The tour moved-on to the Steward Baird Facility or SBF; the auditor toured the facility, noted the placement of surveillance cameras, the layout of the showers, as well as the display of the PREA information poster and the audit notice on the walls. The auditor toured the visiting area and noted the PREA poster conspicuously displayed on the wall. The next housing unit was the Kevin Blount Facility or KBF. The auditor toured the facility then climbed into the Control room to assess whether there are any cross-gender viewing concerns. There was adequate privacy for inmates using the showers in the building and the PREA poster is displayed in all six pods. The auditor noted that there is adequate privacy for inmates using the toilets in the dormitories. The PREA Compliance Manager indicated that new surveillance cameras had been installed in May 2016. The next facility toured was Joseph Kievernagel Facility or JKF. The auditor noted that the classroom is visible from the control room; there is no cross-gender viewing concerns with the bathroom; the PREA poster is displayed in all dormitories and that there is adequate privacy for inmates using the yard toilet. The tour moved-on to the J and K Barracks. Upon entering the control room, the auditor noted that inmate toilets and showers for these male housing units are clearly visible through the window in the control room and there was a female deputy assigned. The auditor toured the dormitories and asked impromptu questions of some of the inmates. Inmates confirmed that supervisors

conduct tours and that the presence of staff of the opposite gender is announced. The two barracks have identical but reversed layout, so the cross-gender viewing concern applies to both barracks. Next, the tour proceeded to the Honor Facility, which consists of barracks similar to those at J and K; however, the toilets and showers were not visible as in J and K Barracks. The auditor asked impromptu questions of some of the inmates during the tour and there was no concern with sexual safety. The auditor noted that the control room deputy monitors the dormitory on the surveillance screen. The PREA Compliance Manager reported that there were new cameras installed in May 2016 and that the coverage only reaches to the threshold at entrances to the bathrooms. The next housing unit toured was the Medical Housing; this housing unit only has 15 medical beds and the entire housing floor is clearly visible from the nurse's station where there is surveillance monitoring. There are four cells in the back of the housing floor, which are visible from the nurse's station. The tour continued to the A and B Barracks; although laid-out similar to J and K, the toilets and showers are not visible from the control room. The auditor noted that the PREA poster is displayed. Next was the Roger Bauman Facility or RBF. Female inmates were moved temporarily from the Sandra Larsen Facility or SLF to RBF while the SLF is renovated. The auditor checked the surveillance camera coverage from control and found no concerns with inmate privacy; however, this facility has multiple occupancy tanks with cell bars that do not provide adequate privacy for the occupants and the toilets in these tanks are clearly visible from the isle. The auditor asked an inmate and she agreed to contact WEAVE using the wall-mounted phone in her tank. Most of the tanks did not have the PREA poster; however, staff corrected that and the auditor toured the unit the next morning and confirmed that the posters were displayed in all tanks. The next stop was the Booking facility; upon entering, the auditor noted a holding cell on the right with the toilet clearly visible from the isle; staff identified it as Security Tank 3. The auditor toured the rest of the Booking facility and noted that there was no inmate booking in progress at the time; therefore, the auditor was not able to observe the process. The auditor entered the control room and asked impromptu questions of the deputies and viewed the camera coverage on the surveillance screens. The final stop was the SLF which was deactivated for renovation. At this facility, the showers are single person use and there are several toilet stalls that offered better privacy for inmates than those at the RBF. The auditor toured the rest of the facility including the control room, exercise areas and the maximum security housing. After completing the tour of SLF, the auditor discussed the agenda for the next day with staff and left the facility for the day.

INMATE INTERVIEWS

The next day, the auditor returned to RCCC and after setting up, prepared a list of 13 inmates selected from the rosters provided the day before. The auditor selected an inmate from each of the eleven facilities, plus one additional inmate from RBF to add another female and one from SBF to add another inmate in maximum security housing. The list of 13 inmates included two Spanish-speaking inmates with limited English proficiency, an inmate with deafness, an inmate identified as gay and two inmates identified as lesbian. Due to security level and gender separation, it was necessary for the auditor to conduct inmate interviews at three different locations.

The auditor privately interviewed 13 inmates, including two Spanish-speaking inmates with limited English proficiency (the auditor is fluent in Spanish and interviewed these inmates in Spanish), one inmate identified as gay, two female inmates identified as lesbians and one inmate with deafness who requested to communicate in writing. The auditor allowed the inmate to read the advisory that explains the audit's purpose and the reason for his requested participation and the interview questions; the auditor provided writing material and the inmate wrote down his answers. 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" and "Transgender and Intersex Inmates; Gay, Lesbian and Bisexual

Inmates." Before starting, the auditor informed each inmate of the audit's purpose and the reason for their requested participation.

STAFF INTERVIEWS

-Random Staff Interviews: The auditor interviewed 12 deputies privately using the Adult Prisons and Jails interview protocols for "Random Staff Interviews." After providing information about the audit's purpose and the reason for their requested participation, the auditor interviewed eight deputies assigned to the day shift and four assigned to the night shift.

-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 Raylene Cully
- >Warden or Designee - Captain Darin Griem
- >PREA Compliance Manager - Sergeant Darin Pometta

-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
- >One volunteer who have contact with inmates
- >Two contractors who have contact with inmates (one interviewed as non-security first responder)
- >RCCC Investigative Services Unit deputy

DOCUMENT REVIEWS

-Employee Training Records: The PREA Compliance Manager provided several boxes with employee training attestation forms; there were attestation forms for staff in the following categories: Medical, Mental Health, stationary engineers, sworn and non-sworn, administration, food services/recreational technicians, contractors, temporary contractors and volunteers. The Training Coordinator stated that the PREA training started in January 2016 and was completed in June 2016. The auditor reviewed several 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 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 provided a sample of log book pages from various housing units. Each page has a sergeant's signature entered at various times during both night and day shifts. While this suggests that the practice required by the standard is in place, the samples only date back to January 2016; there is no indication that the practice has been in place over the entire 12-month audit period.

-Inmate PREA Education Records: The PREA Compliance Manager provided files with inmate education attestation forms. The auditor reviewed several inmate files; each file included a signed inmate attestation form and a PREA Admonishment form. Both forms inform inmates of the agency's zero-tolerance policy and how to report sexual abuse; however, on the attestation forms, inmates attest to receiving the inmate handbook and viewing the PREA Education video. The training coordinator reported that inmate education was provided in June 2016.

POST AUDIT PHASE

After 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, organized all site review notes, as well as staff and inmate interview forms before completing the "Audit" section of the Online Audit System compliance tool. 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 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 Rio Cosumnes Correctional Facility 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 Rio Cosumnes Correctional Center is located on a ranch in a rural area just south of the City of Elk Grove, California. The facility sits on 70 acres of flat land and has a capacity of 2582 inmates. It is comprised of twelve distinct sub-facilities:

1. The Christopher Boone Facility (CBF): CBF is a maximum security facility with six pods and one concrete recreation yard. Each pod has two tiers, with 16 two-man cells in per pod for a maximum capacity of 32 inmates per pod. Each cell has its own toilet and sink, and each pod has one single-user shower in the day room area. Each day room has seating for inmate dining and indoor recreation activities and one shared television. Cell doors, pod doors and yard doors are operated remotely from an elevated control booth, allowing inmate access to showers, indoor and outdoor recreation and the visiting facility without the need for an officer to manually open doors. CBF has a capacity of 176 inmates and provides the following housing types: Disciplinary Restriction, Overflow restriction, Protective Custody, Psychiatric, General Population and Restoration of Competency, which is a program where defendants who are deemed not competent to stand trial are sent for mental health evaluation and treatment intended to restore them to mental competency to standing trial.

2. The Steward Baird Facility (SBF): SBF is a mirror image of CBF, and is also a maximum security facility with six pods and one concrete (fully-fenced) recreation yard. Each pod has two tiers, with 16 two-man cells in per pod for a maximum capacity of 32 inmates per pod. Each cell has its own toilet and sink and each pod has one single-user shower in the day room area. Each day room has seating for inmate dining and indoor recreation activities and one shared television. Cell doors, pod doors, and yard doors are operated remotely from an elevated control booth, allowing inmate access to showers, indoor and outdoor recreation, and social visits without the need for an officer to manually open doors. SBF has a capacity of 176 inmates and provides the following housing types: Total Separation, General Population and Protective Custody.

3. The Joseph Kievernagel Facility (JKF): JKF is a medium security facility with six open-dorm style double-tiered pods and one concrete (fully-fenced) recreation yard. The open dorm design provide unrestricted inmate access to showers, communal restrooms, indoor recreation and the dining area in each pod. JKF and KBF are adjacent sub-facilities and share a common corridor that leads to the inmate visiting facility, a classroom, medical offices and mental health offices. Pod doors, hallway doors and yard doors are operated remotely from a control booth, allowing inmate access to outdoor recreation, medical/psychiatric appointments and the visiting facility without the need for an officer to manually open doors. JKF has a capacity of 344 inmates and provides general population housing.

4. The Kevin Blount Facility (KBF): KBF is a mirror image of JKF, with six open-dorm style double-tiered pods and one concrete (fully-fenced) recreation yard. KBF has a capacity of 344 inmates and provides mostly housing for detainees with Immigration and Customs Enforcement holds and some protective custody housing.

5. The Roger Bauman Facility (RBF): RBF is a medium security facility with two linear single level wings; each wing has multiple-occupancy (8 to 12-person) tanks and one small dorm for inmate workers. There

are 26 tanks, 10 in the West Wing and 16 in the East Wing; all tanks have cell bars in front with sliding doors that must be manually keyed and opened by a deputy. Each tank has a wall-mounted telephone, a toilet and a sink, as well as a dining and recreation area with a television. Each wing has one communal shower with six shower heads. RBF has a capacity of 275 inmates and currently houses female inmates temporarily relocated from the Sandra Larsen Facility, which is currently undergoing renovation.

6. The Honor Facility (HF): The Honor Facility consists of five dorms, all of which house minimum security general population inmates. All dorms have a large communal bathroom with rows of sinks, toilets and a large communal shower. All inmates in HF dorms have unrestricted access to restrooms and showers throughout the daylight hours. Dorm doors are not secured and inmates are able to move about the facility without restriction. The jail's only security tower is located in the center of the Honor Facility; the deputy in that tower controls all security gates throughout the facility electronically. The HF has a capacity of 586 inmates.

7. The Medical Housing Unit (MHU): MHU consists of an open dorm area with eleven single beds for minimum security inmates. There is an open seating area for dining and indoor recreation and a communal bathroom with rows of toilets, sinks and shower heads. Minimum security inmates have unrestricted access to the restrooms and showers. Along the back wall there is a row of six cells, two of which have double bunks and the other four have single beds. Every cell has a sink and a toilet and the doors must be keyed manually.

8. A & B Barracks (A/B): A and B Barracks are two standalone dorms that are mirror images of each other; each barrack has its own separate control room. "A" barrack has a capacity of 100 inmates and "B" barrack has a capacity of 80; some bunks were removed to create a classroom area at the front of B Barrack. Each barrack has its own communal bathroom with rows of sinks, toilets and a large communal shower that provide unrestricted inmate access.

9. J & K Barracks (J/K): J and K Barracks are two standalone dorms that are mirror images of each other and share a common control room. Each barracks has a capacity of 104 and both house medium security general population inmates. Both barracks have communal bathrooms with rows of sinks, toilets and a large communal shower that provide unrestricted inmate access.

10. The Sandra Larsen Facility (SLF): SLF is the only facility at the jail that houses female inmates. It has four dorms, three of which are open, with restrooms, showers, and a dayroom area for indoor recreation activities. Each dorm has its own outdoor recreation yard and yard doors must be keyed open for inmate access. The fourth wing consists of two linear hallways with 26 single or two-person cells. Each cell has a toilet, a sink, a desk and most have televisions. A deputy must manually key the cell doors for inmate access. There are two showers in a shared restroom at the end of the hallway and access to the outdoor yard. SLF has a capacity of 274 inmates and is currently deactivated for renovation.

11. Booking: Booking is the central location for processing all inmates and detainees arriving at the jail, as well as inmate releases from the jail. There are three holding tanks, but no beds or inmate housing; there are rows of open bench seating, three attorney visiting rooms and one large regular visiting room. Booking remains open and staffed 24 hours per day.

12. The Gatehouse: The Gatehouse has no inmate housing and one temporary holding tank, which has not been used for inmate or detainee housing. The Gatehouse is the only entrance and exit point for vehicle and pedestrian traffic into the facility and is manned 24 hours per day.

RCCC has a total of 445 surveillance cameras strategically placed to cover inmate-access areas. The facility recently upgraded and improved its surveillance camera system with new higher resolution cameras.

RCCC's average daily population for 2015 was 1,986 inmates and detainees. RCCC houses male and female inmates of a variety of classifications, including Civil commitments, Total Separation, Out-Patient Psychiatric, Restoration of Competency Program, Protective Custody, maximum security general population, medium security general population and minimum security general population. RCCC houses Immigration and Customs Enforcement detainees, but does not house youthful inmates.

STAFFING:

The Rio Cosumnes Correctional Facility operates four 12-hour shifts (two night shifts and two day shifts) for security staff to provide security coverage for all inmate housing and program areas 24 hours per day seven days per week. Each of the four shifts has one Lieutenant assigned as the Watch Commander. Each of the two day shifts has four Sergeants, while each of the two night shifts has three Sergeants.

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 29, 2016, a Prison Rape Elimination Act (PREA) audit of the Sacramento County Sheriff's Department's Rio Cosumnes Correctional 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 20 standards and did not meet 25 standards. The facility met or exceeded the standard for 44% of the 45 standards that applied. 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

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

115.72 - 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

115.82 - Access to emergency medical and mental health services

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

DATA COLLECTION AND REVIEW

115.89 - 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

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

- 115.71 - Criminal and administrative agency investigations
- 115.73 - Reporting to inmates

DISCIPLINE

MEDICAL

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

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 complete 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
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.11(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <p>-General Order</p> <p>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>PEOPLE INTERVIEWED</p> <p>-12 deputies</p> <p>During interviews, the auditor asked the 12 deputies what they learned during PREA training and all 12 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>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>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 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>RECOMMENDED CORRECTIVE ACTION</p> <p>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
- RCCC 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. The RCCC Organizational Chart shows the PREA Coordinator reporting to the facility's Assistant Commander under two titles, including Re-Entry Services Lieutenant.

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 to 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. The facility's organizational chart shows the PREA Coordinator reporting to the facility's Assistant Commander under two titles, including Re-Entry Services Lieutenant. While she might report to the Assistant Commander as the Re-entry Services Lieutenant, it is not appropriate for her to report to that position as the PREA Coordinator, because on the agency's organizational chart, she reports to the Chief Deputy of Correctional Services, which puts her above both facilities as PREA Coordinator.

RECOMMENDED CORRECTIVE ACTION

The facility should modify its organizational chart to remove the PREA Coordinator designation from under the Assistant Commander.

CORRECTIVE ACTION TAKEN

The facility provided a revised organizational chart (see uploaded documents) where the PREA Coordinator is no longer under the Assistant Commander.

CORRECTIVE ACTION APPROVED

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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 Rio Cosumnes Correctional Center's (RCCC's) Organizational chart reporting to the facility's Assistant Commander.

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 but his main duties include Classification and Investigative Services Unit supervisor; he pointed out that 10 deputies is a full load and that the PREA Compliance Manager duties/responsibilities can be overwhelming at times, especially during PREA audit preparation. He added that a new Americans with Disabilities Act/PREA Compliance Manager position has been approved by the Board of Supervisors, that the Department is supposed to establish a Compliance Sergeant position at each facility to

handle all PREA/ADA compliance matters and that he is in full support of this added position.

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; however, he remarked that his main duties include Classification and Investigative Services Unit supervisor and that the PREA Compliance Manager duties/responsibilities can be overwhelming at times, especially during PREA audit preparation. The auditor believes the PREA Compliance Manager is "wearing too many hats" and that responsibility for three functional areas of the facility may be limiting the amount of time he has to manage all of his PREA Compliance Manager responsibilities.

RECOMMENDED CORRECTIVE ACTION

The facility should conduct a thorough analysis of the duties and responsibilities of the PREA Compliance Manager and compare them to those of the Classification Sergeant and the Investigative Services Sergeant to determine whether there are enough hours in one work week perform all of the duties and responsibilities of PREA Compliance Manager in addition to those of the other two positions. If the facility finds that there are not enough hours in a work week for the PREA Compliance Manager to perform all of his PREA compliance responsibilities in addition to those of the other two positions, under the PREA standards, and General Order III.A.3, the facility should restructure the PREA Compliance Manager position to allow enough time to manage all PREA-related responsibilities.

CORRECTIVE ACTION TAKEN

The facility conducted an analysis of the duties of the PREA Compliance Manager and determined that the workload was too great as it included responsibility for two other functional areas. The facility revised its organizational structure and added a new Compliance Unit Sergeant position responsible for PREA Compliance as well as Americans with Disabilities Act (ADA), Law Library, Immigration and Customs Enforcement detention and the Restoration of Competency program. The facility provided a revised organizational chart reflecting this change (see uploaded documents). Because this position is so new and the ADA function is still relatively new, the facility may not be able to determine whether or not the workload is manageable by one sergeant. This will be reviewed during the next PREA audit.

CORRECTIVE ACTION APPROVED

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012; therefore, this standard provision does 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 -May 2016 RCCC 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 was revised in May 2016 and includes statements about nine of the eleven considerations listed in the standard. The plan is silent on the considerations required under 115.13(a)-3, "Any findings of inadequacy from Federal investigative bodies" and 115.13(a)-4, "Any findings of inadequacy from internal or external oversight bodies," even though, like the standard, the General Order requires these two considerations. With regard to 115.13(a)-5, "All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated)," the plan includes the type of housing, bed capacity, security level, restroom/shower layout, and classification of inmates assigned to each sub-facility; however, the plan is silent on the issue of "blind spots" or areas where staff or inmates may be isolated. While the plan includes a listing of the number of surveillance cameras at various sites throughout the facility and specifies that additional cameras for PREA incident prevention are being installed, it does not speak to the analysis that informed jail officials of the need for the additional cameras or where the additional cameras will be placed.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Facility Commander -PREA Compliance Manager <p>During the interview, the Facility Commander reported that the facility has a staffing plan, that it was developed based upon facility needs as well as the makeup of the inmates, that higher inmate classification could drive the need for more staff, that cameras are used to augment coverage and that the staffing plan is posted online and is kept in administration. The Captain was asked how he checks for compliance with the staffing plan; he stated that the Administrative Sergeant prepares the daily schedule, the Watch Commander reviews it and makes changes as needed then the Assistant Commander reviews it and he reviews it. 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;

We follow Title 15 and Title 24 guidelines; cameras are used to cover blind spots where we do not have staff coverage. Inmate classification may dictate higher staffing needs; cameras help during investigation into allegations against staff.

b. Any judicial findings of inadequacy;

There are no such findings.

c. Any findings of inadequacy from federal investigative agencies;

There are no such findings.

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

There are no such findings.

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

There is an electronics crew that work on updating cameras including camera placement. This is considered after an assault as well, we also consider the need for better resolution.

f. The composition of the inmate population;

Higher security level includes a consideration of the possibility of violence so we look into where cameras should be placed.

g. The number and placement of supervisory staff;

Based on our spread-out plant, some areas may require closer supervision, each supervisor is responsible for supervision of our housing facilities.

h. Institution programs occurring on a particular shift;

There are lots of programs during the day shift so we utilize staff to provide coverage. We bring in retired annuitants, for instance, to provide coverage at the horse ranch.

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

We follow Title 15 and Title 24 guidelines

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

If there were an indicator that there is a problem at a particular facility, we would consider increasing the staffing.

k. Any other relevant factors.

We review our staffing plan at least twice a year and if we determine that changes are needed, we would make those changes.

The auditor asked the PREA Compliance Manager the same questions and he provided the following response:

A. The staffing is based upon the facility's average daily population and other variables; it varies for weekdays, nights and weekends.

B. There are no judicial findings for RCCC;

C. There are no such findings at this facility

D. There are no such findings at this facility

E. Yes, we consider other viewing aid options, like cameras, mirrors, additional floor checks etc

F. Yes, the presence of inmates with higher classification levels, more vulnerable inmates, the number of inmates, higher population of gangs, etc. would factor in our staffing levels

G. Yes, if additional supervisors are available then we would assign them to facilities where a higher number of incidents occur.

H. Yes, weekday day shifts have more staffing due to the amount of additional programs running.

I. Yes, our staffing ratios are compliant with general accepted practices according to state and

federal guidelines

J. Yes, to date the majority of our PREA incidents have been determined to be unsubstantiated

K. Yes – example – identified trends or actionable intelligence indicating high probability of violence – officer safety – more staffing and adjusted inmate programs may be warranted

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. The plan is silent on the considerations required under 115.13(a)-3, "Any findings of inadequacy from Federal investigative bodies" and 115.13(a)-4, "Any findings of inadequacy from internal or external oversight bodies." The plan does not address how the facility takes into consideration "All components of the facility's physical plant (including "blind spots" or areas where staff or inmates may be isolated)," when calculating adequate staffing levels and the need for video monitoring.

RECOMMENDED CORRECTIVE ACTION

The facility should modify the plan to include the missing considerations listed above. The plan should identify blind spots throughout the entire facility and explain how resources (e.g.: deputies patrolling, surveillance cameras, convex mirrors, etc.) have been used to address them. The plan should be modified to include whatever analysis was done to inform jail officials of the need for additional surveillance cameras and where these cameras will be installed.

CORRECTIVE ACTION TAKEN

The facility submitted a revised staffing plan that includes the considerations required under 115.13(a)-3, "Any findings of inadequacy from Federal investigative bodies" and 115.13(a)-4, "Any findings of inadequacy from internal or external oversight bodies." The revised plan identifies, for each of the twelve sub-facilities at RCCC, the surveillance camera coverage for all common areas, blind spots, security staffing and how resources are used to provide custody coverage of blind spots to prevent sexual assault.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- PREA General Order
- May 2016 RCCC Staffing Plan
- Eight Daily Schedules

General Order Section III.B. specifies the language of the standard verbatim; therefore, all requirements of the standard are covered. The facility provided, as sample, eight Watch Schedules spanning from July 2015 to April 2016; the sample include a weekday and a night schedule for each of the four shifts. Each schedule lists authorized staffing for each area of supervision, who was absent, the reason for the absence, who was assigned to fill the vacant post, explanations for deviations from the staffing plan, the total number of staff authorized and actual number of staff on each shift. The auditor reviewed all eight schedules and in every case, the facility either met or exceeded the number of security staff required (weekday or weekend) by the staffing plan for each shift. The questionnaire lists the six most common reasons for deviating from the staffing plan over the past 12 months as: Sick Leave, Medical Runs to Hospital, Schools, Vacation and parental leave.

PEOPLE INTERVIEWED

- Facility Commander

During the interview, the Captain reported that the facility documents all instances of non-compliance in the comments section of the schedule and that his facility has the luxury of hiring staff on overtime to fill vacancies, but in the event a deputy has to be sent on a medical run for instance, that would be documented on the schedule.

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 eight samples of the facility's daily schedules reflect that in all cases, the number of security staff required by the staffing plan were posted at the facility. None of the samples reviewed included instances of non-compliance and the Facility Commander reported that the facility documents instances of non-compliance whenever they occur and the auditor verified that practice with the sample schedules provided.

CORRECTIVE ACTION

None required.

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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; therefore, all requirements of the standard are covered. The staffing plan specifies that the agency, in consultation with the PREA Coordinator is required to conduct an annual review to assess, determine and document whether adjustments are needed to: (1) The staffing plan; (2) The facility's deployment of video monitoring systems; 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 May 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 reports that an agency review of the staffing plan was conducted as part of the October 2016 revision and that an agency review of the plan will be conducted annually going forward. The staffing plan includes a statement asserting that all staffing ratios are considered well within the generally accepted detention and correctional practices, in accordance with PREA Section 115.13(a)(1).

CORRECTIVE ACTION APPROVED

Auditor Recommendation: The auditor recommends that future annual agency reviews include a clearer assessment, determination and documentation of the need for adjustments to the three items specified in the standard provision. If the review determines that no adjustments are needed, the report should specify that finding for all three items.

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- PREA General Order
- Unit Logbooks

General Order III.B.3 specifies that RCCC shall implement a practice of having intermediate-level supervisors (sergeant) or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such practice shall be implemented for night shifts as well as day shifts. Staff shall not alert other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The questionnaire includes a 24-page sample of log books from various housing units. Each page has a sergeant's signature entered at various times during both night and day shifts. While this suggests that the practice required by the standard is in place, the samples only date back to January 2016; there is no indication that the practice has been in place over the entire 12-month audit period.

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 unit log books. He explained that to prevent staff from alerting other staff that he is conducting unannounced rounds, he conducts the rounds randomly and he gets to know the deputies; because they see him so often they do not feel the need to alert other staff when he is making rounds. He added that there are cameras and he does not think there is a way for him to walk-up by surprise. He believes that if they alert each other, they would have to do it by phone.

SITE REVIEW OBSERVATIONS

During the site review tour, 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 language in the General Order is consistent with the standard provision. The day shift sergeant reported that he conducts unannounced rounds and documents them in unit log

books. He explained that he makes his rounds often and gets to know the deputies; he believes that they see him so often that they do not feel the need to alert others when his rounds are in progress. He believes that due to surveillance camera coverage, housing deputies are able to see him before he arrives.

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 and is silent on the fact 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, even though the facility does not house this category of inmate. RCCC does not house youthful inmates; therefore, the provisions of this standard do not apply.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>Auditor Recommendation: 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 and is silent on the fact 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, even though the facility does not house this category of inmate. RCCC 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 and is silent on the fact 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, even though the facility does not house this category of inmate. RCCC 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
	<p>115.15(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>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. The questionnaire indicates that over the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of inmates.</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 forbids cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. The questionnaire indicates that over the past 12 months, there were no cross-gender strip or cross-gender visual body cavity searches of inmates. The auditor did not find any evidence that such searches are conducted.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>-----</p> <p>--</p>
	<p>115.15(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>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. It also forbids facilities from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. The policy includes all requirements of the standard.</p>

PEOPLE INTERVIEWED

- 12 deputies
- Two female inmates

The auditor interviewed 12 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 12 of them replied "No." 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 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. All 12 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 available 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. The policy further specifies that during a strip search of an inmate in Booking, the security camera in the room being utilized for the search will be fully covered during the entire search to prevent unnecessary viewing of 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

12 deputies

13 inmates

The auditor asked the 12 deputies to explain the facility's protocol if they are entering a housing unit that houses inmates of the opposite gender. All 12 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 12 said "Yes." The auditor then interviewed 13 inmates and asked if there is an announcement when staff of the opposite gender enter the housing unit. Twelve of the inmates said "Yes," and one inmate with limited English proficiency said "No." 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 provided examples. One limited English

proficient inmate explained that, the announcement was not made and he was shirtless when a female entered that housing unit and he got in trouble for that. The other inmate reported that there are mirrors in the bathroom where an inmate using the urinal or the shower could be seen by someone standing at the entrance to the bathroom. The announcement does not mitigate this situation if the inmate is urinating or taking a shower.

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 toured control rooms in several facilities and noted that surveillance camera coverage in some of the control rooms does not capture the interior of cells or showers; however, in both J and K Barracks, inmate toilets are clearly visible from the small corridor that leads to the control room, and there was a female deputy assigned. Also, the toilet in Tank #3 in Booking is clearly visible from outside of the tank.

THE FOLLOWING 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 verbatim; therefore all requirements of the standard are covered. All deputies interviewed reported 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. Staff should consider the possibility that inmates with limited English proficiency may not understand the announcement made when staff of the opposite gender enter their housing unit and may not know to cover-up, thus creating the potential for a cross-gender viewing situation. During the tour, the auditor noted the mirrors in some of the barracks, but did not see anyone using the urinal or showering at the time. The toilets in J and K Barracks clearly present cross-gender viewing concerns. With respect to the toilet in Booking, staff indicated that it was a security cell and is rarely used. The auditor finds that it still presents a concern.

RECOMMENDED CORRECTIVE ACTION

The facility should take steps to ensure limited English proficient inmates are able to benefit from the announcements alerting inmates 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 in terms of what alternatives to this announcement are acceptable. The facility should install privacy screens or consider structural modifications as needed to cover all toilets, urinals and showers that are clearly visible to staff from outside bathroom areas.

CORRECTIVE ACTION TAKEN

The facility provided estimates for adding privacy screens or partitions at all the locations

identified in the interim report as not meeting PREA standards for preventing cross-gender viewing. The facility indicated that the high cost of structural modifications will require special funding approval, which could take about five months and extend beyond the expiration of the corrective action period. The facility does not have conceptual drawings for the structural modifications, but provided a sketch to illustrate the modifications for the holding cell in Booking. The auditor would like to know whether it is feasible to implement minor affordable modifications and/or programmatic or procedural changes on an interim basis to mitigate potential cases of cross-gender viewing, e.g.: implementing a practice where staff of the opposite gender is not assigned to the housing unit, discontinuing use of the holding tank in Booking until the structural modifications are completed, covering the windows in J & K Barracks with paper, etc. Certainly, announcing the presence of staff of the opposite gender before entering housing areas is a practice that reduces the chances of cross-gender viewing. Should the facility identify any viable programmatic or procedural changes, these should be put in writing and disseminated to relevant staff to ensure compliance. The auditor will request to re-inspect the facility after all structural modifications are completed. The facility later reported that the funding has been approved and the minor structural modifications are underway. The facility provided photos depicting a newly installed privacy screen that covers a previously exposed toilet in the Steward Baird Facility recreation yard. An exact replica of the privacy screen depicted in the photo will be installed to cover the exposed recreation yard toilet in the Christopher Boone Facility, which has the same layout as the Steward Baird Facility. The facility provided a photo depicting a computer-generated privacy screen that will be installed to cover the exposed toilet in Male Booking, Tank 3. The facility further reports that curtains will be installed to cover the control room windows in J and K Barracks that provide a clear view of the inmate restrooms. On January 23, 2017, the auditor returned to the facility and re-inspected the Steward Baird Facility recreation yard; the facility installed a gate in front of the toilet and the auditor determined that it provides adequate privacy for inmates. The Christopher Boone Facility was temporarily deactivated for the same modification and other maintenance projects. The auditor also returned to J & K Barracks where staff installed blinds to cover the Control Room windows that provide a view to inmate bathrooms; the auditor determined that the blinds provide adequate privacy for inmates using the bathroom. Staff escorted the auditor to Male Booking where the auditor viewed the newly installed partition wall; the auditor determined that it provides adequate privacy for an inmate using the toilet in Holding Cell 3. To ensure inmates with limited English proficiency are aware when staff of the opposite gender enters the housing unit, the facility replaced the verbal intercom announcement with a special audible tone intended to alert inmates to cover-up. In newer facilities, a special button has been added to the control board for the deputy to alert inmates using the audible tone; in older buildings, the control room deputy will ring a bicycle bell over the intercom. 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 housing units. 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 and confirmation that it has been disseminated to appropriate staff. This audible tone system satisfies the requirement of the standard. The facility provided a photo of the new touchscreen control panel installed in the Steward Baird Facility Control Room; the photo shows a "Female Alert" button used to alert inmates when a female employee or visitor is entering the housing unit. There are two photos depicting the dayroom wall poster referenced above posted on the wall next to an inmate telephone. The facility also provided the training bulletin titled "Use of the New Cross Gender Announcement Alert Tone

for PREA Compliance.” The bulletin provides instructions to custody staff on the purpose and use of the new “Female Alert” button and the bicycle bells to alert inmates when staff of the opposite gender enters the housing unit. During the return to the Steward Baird Facility, staff provided a demonstration of the new Female Alert button while the auditor was inside one of the pods. The auditor finds that the tone is very distinctive and should alert inmates as intended. The auditor also noted that the aforementioned poster created to inform inmates of the alert system is posted on the walls.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

-General Order

GO 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. The questionnaire indicates that there were no searches of the kind described above during the previous 12 months.

PEOPLE INTERVIEWED

-12 deputies

The auditor asked the 12 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 12 said "Yes." The facility did not identify any transgender inmates for interview.

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 requirements of the standard are covered. The questionnaire indicates that there were no searches of the kind described above during the previous 12 months. All 12 deputies indicated they are aware of the policy.

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 PowerPoint Training
- PREA Video

General Order III.D.6 includes the language of the standard; the only difference is that the standard states "The agency shall training security staff..." and the General Order states "The Sacramento County Sheriff Department shall train staff..." The PREA PowerPoint Training includes training on conducting cross-gender searches and searches of transgender and intersex inmates; but the training video does not. The questionnaire reflects that 100% of security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

PEOPLE INTERVIEWED

- 12 deputies

The auditor interviewed 12 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 12 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. The auditor verified that the Power Point presentation includes training on conducting cross-gender pat-down searches, and searches of transgender and intersex inmates. However, all deputies interviewed indicated that they received PREA training between January and June 2016; therefore, staff had not been trained throughout the 12-month audit period.

CORRECTIVE ACTION

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

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 -Inmate with deafness and speech impairment <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. The auditor interviewed an inmate with deafness; the inmate was allowed to read the pre-interview advisory and the questions on paper and write his responses on a writing pad. The auditor asked the inmate if the facility provides information about sexual abuse and sexual harassment that he is able to understand and he said "Yes" and explained that staff wrote on paper and pointed to the PREA signs on the wall; he indicated that he did not view the video, but he knows what to do. The auditor asked if a sign language interpreter was provided and he said "No," and indicated that he was fine with communicating in writing.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>Staff did not identify any inmates with communication disabilities during the tour.</p> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>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 to accommodate inmates with hearing impairments and that the facilities</p>

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 do other inmates. The agency did not provide a contract for sign language interpreter services. The inmate with deafness and speech impairment indicated that he did not view the education video, but added that he received PREA information in formats accessible to him and that staff communicated with him in writing and by pointing to relevant items. 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 auditor was able to turn-on the subtitles function on the inmate education video and verified that both the English and the Spanish versions have subtitles. The agency provided four contracts for sign language interpreter services and issued an operations order titled Interpreter Services (see uploaded documents) that provides detailed instructions to staff on how to access and use interpreter services, including sign language; this and the video with subtitles accommodate inmates with hearing impairments. The agency issued a training bulletin (see uploaded documents) advising staff how to use telephone Interpreter Services to communicate with inmates. The auditor recommended summarizing the information provided in the PREA Education Video into a document that could be read, via an interpreter, to inmates who would not benefit from viewing the video. The PREA Compliance Manager followed the recommendation and issued the "PREA Advisement for Inmates with Disabilities and Limited English Proficiency" (see uploaded document). The PREA Compliance Manager agreed to reference use of the PREA Advisement in the training bulletin. The agency also developed a picture guide (see uploaded document) for educating inmates with intellectual disabilities; the guide 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.

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
- Voiance 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: Telelanguage, Voiance, Interpreters Unlimited and Language Line. All four contracts are effective 7/1/16 to 6/30/17.

PEOPLE INTERVIEWED

- Three Inmates with limited English proficiency

The auditor is fluent in Spanish and interviewed three inmates who are proficient in Spanish but not English. The auditor asked the inmates if they received PREA information they can understand and they said "Yes" and stated that they got the information from wall posters and the video; one inmate even said that someone read the information to him when he arrived and that he had to sign a document. The auditor then asked if someone has been assigned to explain matters to them and read and write for them and all three 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 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. The PREA information poster and the inmate handbook provide information in Spanish. The agency issued a training bulletin (see uploaded documents) advising staff how to use telephone Interpreter Services to communicate with inmates. The auditor recommended summarizing the information provided in the PREA Education Video into a document that could be read, via an interpreter, to inmates who would not benefit from viewing the video. The PREA Compliance Manager followed the recommendation and issued the "PREA Advisement for Inmates with Disabilities and Limited English Proficiency" (see uploaded document). The PREA Compliance Manager agreed to reference use of the PREA Advisement in the training bulletin.

CORRECTIVE ACTION

None required.

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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

-12 deputies

-Three limited English proficient inmates

The auditor interviewed 12 deputies and asked how they would handle a situation where an inmate who is limited English proficient wishes to report sexual abuse. Only one deputy indicated that he or she would allow an inmate interpreter without specifying that he or she would only allow the inmate interpreter under limited circumstances; 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 only two deputies were able to articulate all three; most were able to articulate two of the three limited circumstances. 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 three inmates who are proficient in Spanish but not English. The auditor asked the inmates if they received PREA information they can understand and they said "Yes" and indicated that they got the information from wall posters and the video; one inmate even said that someone read the information to him when he arrived and that he had to sign a document. The auditor then asked if someone has been assigned to explain matters to them and read and write for them and all three 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 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. Only two of the deputies were able to articulate the three limited circumstances in which they can use use an inmate interpreter or reader and only one deputy would use an inmate interpreter without making a determination that one or more of the limited circumstances apply. The deputies inability to articulate the three limited circumstances does not amount to a violation of the standard.

CORRECTIVE ACTION

None required.

Auditor Recommendation: The facility should 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, to 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 previous 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 staff continuously look at camera placement in facilities at RCCC and if a blind spot is discovered, the facility would install cameras to cover it. He added that the facility also tries to improve the quality of its cameras on a regular basis.</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, 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"> -12 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 responses 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.

Auditor recommendation: the agency should revisit the 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 (SANE)

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 sexual assault victims 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

During the interview, the PREA Compliance Manager indicated that the WEAVE Contract includes a provision for a victim advocate, qualified agency staff member, or qualified community-based organization staff member to accompany and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews if the inmate requests. He added that the advocate is typically requested during the BEAR Center notification process and that if an advocate is requested,

the BEAR Center contacts the advocate source and notifies them that a request has been made. The advocate will respond to the BEAR Center and meet with the victim prior to the examination. The advocate provides support during the examination and establishes if future advocate support is requested or needed. The advocate also provides the victim with additional information and resources for in-custody and out-of-custody support. The auditor asked and the PREA Compliance Manager explained that to make available a victim advocate from a rape crisis center the agency or facility may request additional support according to the provisions of the WEAVE Contract, provide it through medical personnel or Jail Psychiatric Services, or staff will respond to verbal or written requests from the inmate. The facility did not identify any inmates who reported sexual abuse and required forensic medical examination and/or victim 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 trained medical or mental health staff; 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. There has not been any cases of sexual abuse at the facility during the past 12 months that required forensic examination or victim advocacy services; therefore, there is not a case the auditor can test for compliance with the standard provision.

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

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 referred the auditor to that document. The facility did not identify any inmates who reported sexual abuse and required forensic medical examination and/or victim 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 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. There has not been any cases of sexual abuse at the facility during the past 12 moths that required forensic examination or victim advocacy services; therefore, there is not a case the auditor can test for compliance with the standard provision.

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
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Investigative reports of allegations of sexual abuse <p>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 15 allegations of sexual abuse or sexual harassment, two of which resulted in an administrative investigation and nine were referred for criminal investigation. The questionnaire also indicates that all administrative and criminal investigations over the previous 12 months were completed. The auditor reviewed eight facility investigative reports into inmate allegations of sexual abuse and verified that allegations of sexual abuse are investigated. Every report has an After Action Report that includes a summary of the allegation and the investigation as well as the finding.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Agency Head Designee <p>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>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 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 15 allegations of sexual abuse and sexual harassment, two of which resulted in an administrative investigation and</p>

nine were referred for criminal investigation. The questionnaire also indicates that all administrative and criminal investigations over the previous 12 months were 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 would collect evidence from the crime scene. If staff is involved, Internal Affairs would run a parallel investigation with Sex Crimes. A review of a sample of eight 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 eight 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 eight investigative reports reviewed establish that agency investigators document all referrals of allegations of sexual abuse or sexual harassment for administrative or criminal investigation.

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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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 29-page PowerPoint presentation used to train staff. A review confirms that the curriculum covers all ten topics prescribed under 115.31(a). The facility also 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 facility provided attestation forms for staff in the following categories: Medical, Mental Health, stationary engineers, sworn and non-sworn, administration, food services, contractors and volunteers.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -12 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 prescribed 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 desired responses. One deputy just could not articulate that employees have the right to be free from retaliation for reporting sexual abuse or cooperating with an investigation. 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 and training records reflect that they received the training between January and February 2016.</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 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. The PowerPoint presentation reflects that the training curriculum included all ten topics prescribed by the standard.

CORRECTIVE ACTION

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

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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 PREA Compliance Manager reported that the number of employees currently employed by the facility, who may have contact with inmates, who were trained or retrained is 760. The Facility Characteristics section reflects that the number of staff assigned to the facility during the past 12 months is 760. According to the PREA Compliance Manager, 100% of staff assigned to the facility have been trained on PREA. The auditor was escorted to the facility's training coordinator's office and she provided training attestation forms for all employees at the facility. The forms were sorted according to different employee disciplines. The training coordinator reported that the training took place between January and June 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 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 facility trained its employees during the first six months of this year; this means employees were not trained 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 training coordinator provided training attestation forms for all employees at the facility.

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 training coordinator provided training attestation forms for all employees at the facility.

CORRECTIVE ACTION

None required.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Contractor and Volunteer Training Records <p>General Order V.B includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The PREA Compliance Manager reported that 170 contractors and volunteers were trained and the training coordinator provided training attestation forms indicating that they were trained between January and June 2016.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Two contractors and one volunteer <p>The auditor interviewed two contractors and one volunteer. During the interviews, all three reported that they received PREA training and that it consisted of reporting, confidentiality, reporting to the chain of command, definition of sexual abuse and sexual harassment, what to do in the event of a case of sexual abuse, what to do when the investigation is completed and when to turn over responsibility to custody. They reported that there were two training sessions and that the PowerPoint slide clearly identified behaviors that is sexual harassment and they were told that they had to report immediately and who to report to.</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 attestation forms for contractors and volunteers indicate that they received the training. During the interviews, two contractors and a volunteer reported that they received PREA training. The standard requires that all volunteers and contractors who have contact with inmates receive training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The auditor verified that the facility's PREA training video covered the topics prescribed by the standard. The training was provided during the first three months of 2016; therefore, contractors and volunteers had not been trained throughout the 12-month audit period.</p> <p>CORRECTIVE ACTION</p> <p>Although the training has been provided, it was completed late in the audit period; therefore, no corrective action is needed.</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 questionnaire reflects that the PowerPoint presentation and the PREA video was used to train contractors and volunteers. 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

-Two contractors and one volunteer

The auditor interviewed two contractors and one volunteer. During the interviews, all three reported that they received PREA training and that it consisted of reporting, confidentiality, reporting to the chain of command, definition of sexual abuse and sexual harassment, what to do in the event of a case of sexual abuse, what to do when the investigation is completed, when to turn over responsibility to custody. They reported that there were two training sessions and that the PowerPoint slide clearly identified behaviors that is sexual harassment and they were told that they had to report immediately and who to report 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 PowerPoint presentation and the PREA 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 training coordinator provided training attestation forms for all contractors and volunteers who received the PREA 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 training coordinator provided training attestation forms for all contractors and volunteers who received the PREA 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 -PREA Admonishment forms <p>General Order V.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Facility Characteristics sheet reflects that 3,275 inmates were admitted to the facility during the past 12 months and the questionnaire reflects that 3,275 or 100% of inmates admitted during the past 12 months were given the information at intake. The PREA Compliance Manager provided a box with inmate admonishment forms; the forms tell inmates about the zero-tolerance policy and how to report. The procedure calls for the inmate to read the admonishment, then both the inmate and the interviewing officer sign and date the form; the other side of the form has the admonishment in Spanish.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Two Intake deputies (male and female booking) -13 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 they inform them about reporting to WEAVE. The auditor asked the deputies how they ensure that current inmates, as well as those transferred from other facilities, have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment; they stated that inmates receive this information through the Classification Worksheet, which is part of the admonishment form the inmate reads, signs and dates and that PREA information is posted in locations where inmates are allowed access. The auditor interviewed 13 inmates and asked what information they received about the facility's rules against sexual abuse and harassment when they arrived. Inmates reported receiving the information in a variety of ways, including: the PREA pamphlet, the wall postings, the video and classification documents. Two inmates said they did not receive anything and one inmate said the facility did not start providing the information until they started preparing for the audit.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>During the site review tour, the auditor visited the Intake area and noted that the PREA poster is displayed on the walls; there was no intake activity in progress at the time; therefore, the auditor did not have an opportunity to observe this process.</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 facility provided a box with completed PREA admonishment forms. The form tells inmates about the zero-tolerance policy and how to report; the inmate is asked to read the admonishment, then both the inmate and the interviewing officer sign and date the form.

CORRECTIVE ACTION

None required.

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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 Facility Characteristics section reflects that the number of inmates admitted during the past 12 months, whose length of stay in the facility was for 30 days or more, is 10736; however, the PREA Compliance Manager later submitted revised numbers indicating that the correct number is 573 and the number of inmates who received comprehensive PREA education within 30 days of intake is 104: $104 / 573 \times 100 = 18\%$. During the past 12 months, the facility provided comprehensive PREA education, within 30 days of intake, to 18% of inmates who remained at the facility 30 days or more.

PEOPLE INTERVIEWED

- Two Intake deputies (male and female booking)
- 13 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 are shown the PREA education video on the day of arrival while they are still in Intake. The auditor interviewed 13 inmates and asked if they received any kind of education about PREA when they arrived. Most inmates reported seeing the video; when asked how long after their arrival did they see the video, inmates reported time frames ranging from four months to the day they arrived. The facility did not start showing the video until mid May 2016, so inmates who arrived in January indicated they did not see it until four months after arrival and inmates who arrived in June said they saw it the same day they arrived.

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. The two Intake deputies reported that inmates are shown the PREA education video on the day of arrival while they are still in Intake. 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 18% 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 13, 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 information is provided to them through the Classification Worksheet, that it is on the admonishment form which the inmate reads signs and dates and that it is posted in locations where inmates are allowed access.

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 of classification officers' documentation, in the Jail Information Management System record (according to the requirements of General Order VI.A.6), of assistance provided to inmates with limited reading skills and comprehension deficits.

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 agency developed a picture guide for providing PREA education to inmates with intellectual disabilities. The PREA interpreter services training bulletin include instructions for classification officers to document, in the agency's Northpointe tracking system, information provided via the interpreter services. The auditor later determined that the PREA Education Video includes subtitles. The auditor received a Northpointe screenshot where classification officers documented that Language Line (telephone interpreter service) was used during the September 29, 2016, classification interview of a Chinese-speaking inmate who arrived at the facility the day before. The Northpointe documentation does not specify whether Language Line was used to inform the inmate of the zero-tolerance policy and how to report, to conduct the screening for risk of victimization and abusiveness or to provide comprehensive PREA education. The facility added a statement about the "zero-tolerance policy and how to report" to the classification questionnaire for classification officers to read to inmates who require such accommodation. The auditor added recommended language to the questionnaire explaining the meaning of the zero-tolerance (see uploaded document). The auditor requested a process where classification officers are required to document (in Northpointe) what type of accommodation (for an inmate with a disability) or interpreter service (for an inmate with limited English proficiency) was used and whether it was used to inform the inmate of the zero-tolerance policy and how to report, to conduct the screening for risk of victimization or abusiveness or to provide comprehensive PREA education. The facility issued the interpreter services training bulletin (see uploaded documents) which outlines a process where classification officers and other staff will ensure equally effective communication for classification interviews, PREA admonishments and comprehensive PREA education when the inmate needs a reasonable accommodation due to a disability or has limited English proficiency. The protocol in the training bulletin calls for classification officers to use Language Line and other resources to ensure effective communication and to document, in the Northpointe Compass System, what information was communicated to the inmate and what

resource was used to ensure effective communication. The training bulletin includes the signatures of the facility's classification officers acknowledging that they received and read it. The facility did not provide any examples of documentation to show compliance with the training bulletin.

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 with 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 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 facility and some inmates reported receiving the information through the handbook and/or the pamphlet.

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

During the site review tour, the auditor verified that the PREA information poster is displayed in every facility and some inmates reported receiving the information through the handbook and/or the pamphlet.

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 -Training Records <p>General Order V.D includes the language of the standard verbatim; therefore, all provisions of the standard are included. The facility provided a course summary with learning objectives, the eight-hour schedule, topics and instructional methodology, as well as 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 -RCCC Investigative Services 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 Investigative Services Unit deputy also reported that he received training specific to conducting sexual abuse investigations in confinement settings and that it included PREA investigations, Interview and Interrogation and "Jailhouse" Informants.</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>

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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 case, Applications of Garrity and Miranda, 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
- RCCC Investigative Services 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 Investigative Services Unit 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 Investigative Services 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 Investigative Services deputy did not receive the training

on proper use of Miranda and Garrity warnings. This is understood because Investigative Services does not conduct investigations where the allegation is against an employee.

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 Investigative Services Unit. 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 provided 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 50 medical and mental health practitioners who work regularly at the facility who received the training. The training coordinator provided training attestation forms for medical and mental health staff and indicated that the training took place January through June 2016 for Medical and January through February for Mental Health. 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, from a medical practitioner, a lesson plan titled "Preventing, Detecting, Responding to Inmate Detainee Sexual Assault." 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 was an Emergency Room Doctor in another county where evidentiary examinations were conducted. The mental health practitioner from Jail Psychiatric Services stated that she viewed the PREA training video.</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. Training records reviewed establish that medical and mental health staff received the PREA training in January and February of 2016. 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 January and February of 2016; 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 training coordinator provided training attestation forms for medical and mental health staff and indicated that the training took place January through June 2016 for Medical and January through February for Mental Health.

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 training coordinator provided training attestation forms for medical and mental health staff and indicated that the training took place January through June 2016 for Medical and January through February for Mental Health.

CORRECTIVE ACTION

None required.

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

POLICIES AND OTHER DOCUMENTS REVIEWED

-Training material

The training coordinator provided training attestation forms for medical and mental health staff and indicated that the training took place January through June 2016 for Medical and January through February for Mental Health.

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 training coordinator provided training attestation forms for medical and mental health staff and indicated that the training took place January through June 2016 for Medical and January through February for Mental Health. 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
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <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>-13 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 all arriving inmates are interviewed and if PREA screening was completed at the Main Jail, she does not repeat it. The auditor interviewed 13 inmates and inquired about whether staff asked them questions about their criminal history and sexual safety. Three inmates stated the questions were asked at the Main Jail, but not at RCCC; two inmates with limited English proficiency replied "No" and all others said "Yes."</p> <p>SITE REVIEW OBSERVATIONS</p> <p>The auditor toured the Intake screening area; however, there was no intake screening taking place at the time.</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>

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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 PREA Compliance Manager provided revised figures for the number of inmates admitted to the facility during the past 12 months, (either through intake or transfer), whose length of stay in the facility was 72 hours or more; the revised figure is 2399. The number of those inmates who were screened for risk of victimization and abusiveness within 72 hours of intake is 22; $22 / 2399 \times 100 = 0.9\%$. This indicates that over the past 12 months, the facility screened, within 72 hours of intake, 0.9% of all inmates whose length of stay in the facility was 72 hours or more. 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

-13 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." The auditor interviewed 13 inmates and inquired if staff asked them questions about their criminal history and sexual safety. Three inmates stated the questions were asked at the Main Jail, but not at RCCC; two inmates with limited English proficiency replied "No" and the remaining eight 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 all the language of the standard verbatim; therefore, all provisions of the standard are covered. The facility implemented its computerized risk screening on May 23, 2016, with only eight days remaining in the 12-month audit period. During those eight days, the facility screened for risk of victimization and abusiveness only 0.9% of inmates admitted to the facility during the 12-month audit period, whose length of stay in the facility was 72 hours or more.

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's PREA risk-screening form 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 PREA Screening form includes all questions prescribed by the standard and that she checks the inmate's arrest history and looks at information in the system for any past PREA issues. The Intake Classification Form includes both Y/N questions as well as spaces to write-in additional information. The auditor probed for all the questions prescribed by the standard and the deputy said "Yes" to all of them.

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 to 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 explained that "Whether the inmate is detained solely for civil immigration purposes" was not included in the PREA profile checklist because this information is already known to Classification staff prior to the questions being asked. The detention of an individual solely for immigration purposes classifies that inmate as an Immigration and Customs Enforcement detainee, not an inmate, and as such they are booked into the system with a clear differentiation in their status.

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 PREA Screening form includes all questions prescribed by the standard and that she checks the inmate's arrest history and looks at information in the system for any past PREA issues.

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
- Classification Review Worksheet

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 is 573. The PREA

Compliance Manager reported that the agency/facility's computerized system automatically schedules inmates for reclassification every 30 days. The PREA Compliance Manager provided an RCCC Classification Review Worksheet that could be used to document the reason for reassessing an inmate.

PEOPLE INTERVIEWED

- Classification deputy
- 13 inmates

The auditor asked how long after arrival are inmates' risk levels reassessed and the classification deputy said after 30 days and added that it can be done earlier if new information is received. The auditor interviewed 13 inmates and asked if staff asked the questions about their sexual safety again after their arrival and the 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

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. Even if the old system automatically scheduled inmates for reclassification after 30 days, that classification review would not have been a reassessment for risk of victimization and abusiveness because the facility was not yet assessing inmates for this risk. The Classification Review Worksheet could be a good tool to ensure classification officers document relevant information when they conduct PREA 30-day reassessments.

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
- Classification Review Worksheet

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
- 13 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." The auditor interviewed 13 inmates and asked if staff asked the questions about their sexual safety again after their arrival and the 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

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 reassessed 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. The Classification Review Worksheet could be used to document the type of reassessment required under this provision of the standard.

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

In separate interviews, 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 of them said "Yes." The PREA Coordinator stated that only classification officers and PREA management staff have access. The PREA Compliance Manager indicated that the information is available on a "need to know basis," that classification staff and a select few upper management staff have access to the Northpointe system and that other custody staff and supervisors do not have access to the Northpointe system. The classification deputy stated that only classification officers and the facility's Investigative Services Unit have access to this 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 information on the form contains sensitive inmate information that only classification officers and other designated staff should have access to.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<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 which is an objective system used to calculate an inmate's classification score. The score determines the inmate's classification level and information from the PREA risk screening is factored into the inmate's score. Inmates are then housed according to their classification level; the only exception being inmates assigned to special housing, such as protective custody, total separation, psychiatric, etc. He further explained that classification officers conduct vulnerability assessments upon the inmate's arrival to ensure inmates with vulnerability indicators are separated from inmates with predatory indicators. He added that the Northpointe Compass system automatically schedules maximum and medium security inmates for classification review every 30 days. The auditor asked the classification deputy the same question and she stated that classification officers make sure there is a notation to keep enemies apart, that inmates are offered protective custody and total separation housing and that access to programs comes with the inmate's housing facility.</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 decisions about sexual safety. The classification system is setup to capture inmate disciplinary actions and disciplinary action triggers a classification review. The facility assigns a security level to every inmate based upon an objective classification score calculation system. Inmates are assigned to the various facilities based upon their security level and maximum and medium security inmates are scheduled for classification review every 30 days. The facility has an inmate classification system in place and uses its various housing facilities to separate inmates based upon security levels and this includes, among other factors, separating inmates with vulnerability indicators from inmates with predatory indicators.</p>

CORRECTIVE ACTION

None required.

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- RCCC Classification Checklist - County Inmates

General Order VI.B.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The RCCC "Classification Checklist - County Inmates" provides guidelines for classification officers and other staff on classifying inmates at RCCC; it includes the Classification Worksheet and provides guidelines for housing inmates at RCCC.

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 classification officers make sure there is a notation to keep enemies apart, that inmates are offered protective custody and total separation housing and that access to programs comes with the inmate's housing 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 facility makes individualized determinations about inmate security level and where to house an inmate to ensure his or her sexual safety. The RCCC Classification Checklist - County Inmates and the Classification Worksheet is a tool classification officers could use to make individualized determinations about how to ensure the safety of each inmate.

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

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 at the Main Jail, that the agency considers whether the placement will ensure the inmate's health and safety and considers, on a case-by-case basis, whether placement would present management or security problems. He explained that the housing unit basically segregates the inmates for safety/security reasons, due to vulnerability, but does not restrict them from privileges afforded to general population inmates, such as Education classes, programs, indoor/outdoor recreation, television, religious programs, etc. The facility did not identify any inmates as transgender for interviews.

SITE REVIEW OBSERVATIONS

THE FOLLOWING 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 does not house transgender or intersex inmates. The General Order does not specify that transgender or intersex inmates are not housed at RCCC. If that is the case, the agency's housing policy should be specified in the PREA General Order.

CORRECTIVE ACTION

None required.

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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 transgender inmates are not housed at RCCC under normal circumstances. The auditor asked the classification deputy the same question; she said "Yes" and added that transgender inmates are reassessed every 30 days.

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

The PREA Compliance Manager was asked whether a transgender or intersex inmate's views of his or her safety are given serious consideration in placement and programming assignments and he reiterated that transgender inmates are not housed at RCCC. The auditor asked the classification deputy the same question; she said "Yes" and added that reviews of a transgender inmate's safety only include an interview with the inmate if the inmate requests an interview. The facility did not identify any inmates as transgender for interviews.

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 reported that the facility does not house transgender inmates and the classification officer stated that reviews of a transgender inmate's safety only include and interview with the inmate if the inmate requests an interview. This response is not consistent with the spirit of the standard. The standard places the burden of ensuring the safety of a transgender inmate on the facility, not on the inmate. Classification officers are not likely to give serious consideration to the transgender inmate's own views with respect to his or her own safety without interviewing the inmate. The General Order does not specify that transgender or intersex inmates are not housed at RCCC. If that is the case, the agency's housing policy should be specified in the PREA General Order.

CORRECTIVE ACTION

None required.

Auditor recommendation: classification officers should interview transgender inmates at least twice each year and document questions asked, answers provided and comments made when reassessing a transgender inmate for threats to his or her 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

The PREA Compliance Manager was asked whether transgender and intersex inmates are given the opportunity to shower separately from other inmates and he reiterated that the facility does not house transgender inmates. The auditor asked the classification deputy the same question and she said it depends on where the inmate is housed; some facilities have communal showers.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor noted that some facilities in fact have communal showers; but the facility did not identify any transgender inmates for interviews.

THE FOLLOWING 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 reiterated that the facility does not house transgender inmates. The classification deputy's response seems to open the possibility that a transgender inmate could be housed in a barrack with communal showers. The General Order does not specify that transgender or intersex inmates are not housed at RCCC. If that is the case, the agency's housing policy should be specified in the PREA General Order.

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 inmates identifies as lesbian and one inmate identifies as gay

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." During the interview the auditor asked all three inmates identified as lesbian or gay if they had been placed in a housing area only for gay, lesbian, bisexual, transgender, or intersex inmates; all three inmates said "No."

SITE REVIEW OBSERVATIONS

During the site review tour of the units where these inmates are housed, the auditor noted that the majority of inmates assigned were not identified as either lesbian, gay, bisexual, transgender, or intersex.

THE FOLLOWING 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. All three inmates interviewed confirmed that they are not assigned to a housing unit 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> <ul style="list-style-type: none"> -General Order -After Action Report for 2015- 145981 -Jail Inmate Management System (JIMS) Report 0988213601 <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 a housing assessment. However, in 115.68(a), the questionnaire responds to the same question indicating that two inmates who alleged to have suffered sexual abuse were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. The compliance manager later reported that there was one inmate (not two) who remained in total separation for more than 30 days after he reported being sexually assaulted.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Facility Commander <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."</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 and 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 a housing assessment. However, both the After Action Report and the JIMS report listed above, reflect that an inmate was placed in total separation housing on June 11, 2015, after he reported being sexually assaulted in the Pod 600 shower of the Joseph Kievernagel Facility. The auditor recognizes that the After Action Report was addressed to a different captain and that the current captain may not have known about this incident that took place a year earlier. Neither the After Action Report nor the JIMS report include an assessment of all available alternatives to determine whether there is any available alternative means of separation from</p>

likely abusers.

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 conducting an assessment of all available alternatives to determine whether there is any available alternative means of separation from likely abusers before placing inmates in involuntary segregated housing for protection from sexual abuse. 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. 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.

CORRECTIVE ACTION TAKEN

The agency issued a training bulletin (see uploaded documents) that specifies the requirements of the standard and requires classification officers to document whether placement in segregated housing for protection from likely abusers is voluntary or involuntary. The bulletin further requires classification officers to document all classification actions related to compliance with the provisions of the standard and the signatures of all classification officers declaring that they received and read the bulletin.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- After Action Report for 2015- 145981
- Jail Inmate Management System (JIMS) Report 0988213601

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. However, both the After Action Report and the JIMS report listed in 115.43(a) above, reflect that an inmate was placed in total separation housing on June 11, 2015, after he reported being sexually assaulted in the Pod 600 shower of the Joseph Kievernagel Facility.

PEOPLE INTERVIEWED

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

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."

SITE REVIEW OBSERVATIONS

During the site review tour, of the Christopher Boone Facility, which houses protective custody in one of its pods; the Steward Baird Facility, which houses total separation in one of its pods; and the Kevin Blount Facility, which houses protective custody in one of its pods, staff did not identify any inmates placed in segregated housing for protection from sexual abuse.

THE FOLLOWING 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. Neither the After Action Report nor the JIMS report referenced above include the documentation of the inmate's access to the opportunities specified in the standard. The absence of this documentation does not, in and of itself, establish that the standard was not met, because the standard does not require documentation in cases where the inmate was allowed access to these opportunities.

CORRECTIVE ACTION

None required.

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- After Action Report for 2015- 145981
- Jail Inmate Management System (JIMS) Report 0988213601

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. However, both the After Action Report and the JIMS report listed in 115.43(a) above, reflect that an inmate was placed in total separation housing on June 11, 2015, after he reported being sexually assaulted in the Pod 600 shower of the Joseph Kievernagel Facility.

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; he said "Yes" and stated that the facility had not dealt with this scenario, but if the scenario materializes, staff would be able to move the inmate to safe housing given the large size of the facility. 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 it has never happened at RCCC. 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 the facility has not had any such cases.

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 and the two deputies stated that the facility has not had any situation in which an inmate was placed in involuntary segregated housing for protection from sexual victimization. However, the aforementioned After Action Report dated June 11, 2015, and the aforementioned JIMS Report 0988213601, reflect that an inmate was placed in total separation housing after he reported an incident of sexual assault in the Pod 600 shower in the Joseph Kievernagel Facility. The auditor recognizes that the After Action Report was addressed to a different captain and that the current captain may not have known about this incident that took place a year earlier. The same could be the case for the two deputies. Neither the After Action Report nor the JIMS report reflect that an alternative means of separation from likely abusers was arranged; in fact, the JIMS report states that the inmate will remain in total separation for the remainder of his custody period. The classification deputy bypassed this provision of the standard and made a determination that the inmate needed to remain in total separation housing for the remainder of his incarceration without conducting any of these assessments.

RECOMMENDED CORRECTIVE ACTION

The facility should provide training to classification officers on this standard provision and General Order VI.C.3, as it relates to assigning inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and that such an assignment shall not ordinarily exceed a period of 30 days.

CORRECTIVE ACTION TAKEN

The agency issued a training bulletin (see uploaded documents) that specifies the requirements of the standard verbatim and the signatures of all classification officers declaring that they received and read the bulletin.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- After Action Report for 2015- 145981
- Jail Inmate Management System (JIMS) Report 0988213601

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 a housing assessment. However, both the After Action Report and the JIMS report listed in 115.43(a) above, reflect that an inmate was placed in total separation housing on June 11, 2015, after he reported being sexually assaulted in the Pod 600 shower of the Joseph Kievernagel Facility.

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. Neither the After Action Report nor the JIMS report reflect that the facility clearly documented:

- (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

RECOMMENDED CORRECTIVE ACTION

If not yet completed, the facility should train classification officers on the requirement under the standard and General Order VI.C.4, to clearly document:

- (1) The basis for the facility's concern for the inmate's safety; and
 - (2) The reason why no alternative means of separation can be arranged
- in every case where an inmate is assigned to involuntary segregated housing for protection from sexual abuse or retaliation.

CORRECTIVE ACTION TAKEN

The agency issued a training bulletin (see uploaded documents) that specifies the requirements of the standard verbatim and the signatures of all classification officers declaring

that they received and read the bulletin.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- After Action Report for 2015- 145981
- Jail Inmate Management System (JIMS) Report 0988213601

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 a housing assessment. However, both the After Action Report and the JIMS report listed in 115.43(a) above, reflect that an inmate was placed in total separation housing on June 11, 2015, after he reported being sexually assaulted in the Pod 600 shower of the Joseph Kievernagel Facility.

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 30-day reviews would be done automatically by classification officers.

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 inmate in the After Action Report and JIMS report referenced above remained in total separation housing for approximately 54 days until he left the facility and Neither the After Action Report nor the JIMS report reflect that classification officers conducted reviews after 30 days to determine whether there is a continuing need for separation from the general population. If this review was conducted, it was not documented.

RECOMMENDED CORRECTIVE ACTION

If not yet completed, the facility should train classification officers on the requirement under the standard and General Order VI.C.5, to afford each such inmate held in involuntary segregated housing for protection from sexual abuse, a review every 30 days to determine whether there is a continuing need for separation from the general population. Classification

deputies should be trained to document these reviews to show compliance with the standard provision and the general order.

CORRECTIVE ACTION TAKEN

The training bulletin tells classification officers that a classification review must be done every 30 days to determine whether there is a continuing need for separation from the general population and that those reviews must be documented.

CORRECTIVE ACTION APPROVED

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>-12 deputies</p> <p>-13 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, writing a letter to WEAVE, 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 13 inmates and asked how would they report an incident of sexual abuse or sexual harassment that happened to them 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; one inmate who is limited English proficient said he did not think the deputies would do anything if he told them.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>During the site review tour, the auditor noted that the PREA posters with information on how to report sexual abuse were displayed in all housing units; the auditor asked impromptu questions of some inmates and some reported that the PREA video is played regularly.</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 12 deputies and 13 inmates interviewed, the auditor finds that the facility has multiple ways for inmates to privately report sexual abuse or sexual harassment and all 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. The agreement with WEAVE includes this function as part of the description of services. Instructions to inmates on how to report sexual abuse to WEAVE and to the Sheriff's tip-line is provided on Page 9 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. Page 9 of the handbook provides a P.O. Box and toll-free numbers for inmates detained on an immigration hold to contact an Immigration and Customs Enforcement Officer and informs them that they can report sexual abuse to an Immigration and Customs Enforcement Officer when he or she visits the facility. The handbook also includes instructions for inmates detained for civil immigration purposes to contact their respective embassies or consulates and/or Department of Homeland Security officials.

PEOPLE INTERVIEWED

- PREA Compliance Manager
- 13 inmates

During the interview the auditor asked the 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 using the phone to dial *222 which reports to WEAVE and contacting their embassy or consulate if they are from other countries. 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 added that inmates can also call the Sheriff's non-emergency number or Internal Affairs. The auditor interviewed 13 inmates and asked how they would you report an incident of sexual abuse or sexual harassment that happened to them or to another inmate. The inmates provided a variety of answers including: file a grievance, use the hotline, tell a deputy, notify attorney, tell a nurse, tell a family member, anonymous kite, etc. The auditor then asked whether they know if they can report sexual abuse without having to give their names and most of the inmates said they could send an anonymous kite or call the hotline.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor noted that the PREA posters with information on how to report sexual abuse were displayed in all housing units and 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 units, that the inmate handbook and PREA brochure tell inmates how to report sexual abuse to WEAVE and tell inmates on civil immigration holds how to contact their respective embassies or consulates and/or Department of Homeland Security officials. The WEAVE contract specifies that WEAVE will perform the function listed in the standard for inmates in the 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. The questionnaire reflects that staff are required to document verbal reports promptly.

PEOPLE INTERVIEWED

-12 deputies

-13 inmates

During the interview, the auditor asked the deputies about 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. Slide #19 of the PREA Staff Training PowerPoint tells staff how to report privately.

PEOPLE INTERVIEWED

-12 deputies

The auditor asked the deputies how can staff report sexual abuse privately; nine of the deputies said report it to the Employee Relations Officer, four of those nine said chain of command or supervisor in addition to the Employee Relations Officer and one said Internal Affairs and the Employee Relations Officer. The remaining three 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. Pages eleven and twelve of the handbook tell inmates that reports of sexual abuse can be made by filing a grievance, how to file a grievance, how to file an emergency grievance, how to use the grievance form to report sexual abuse anonymously, that an inmate may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, that a confidential grievance may be mailed to the Facility Commander as legal mail, that inmates and detainees have the right be free from staff retaliation regarding filed complaints and/or grievances and that inmates who are dissatisfied with a grievance response or feel they are being retaliated against by any staff member may file an appeal in writing to the facility commander. The handbook provides addresses where inmates can submit their completed grievance forms or complaint letters, including the Facility Commander and Internal Affairs.</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 provides sufficient information about using the grievance process for inmates to make an informed decision about using it to report sexual abuse.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p>

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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. Pages eleven and twelve of the handbook tell inmates that reports of sexual abuse can be made by filing a grievance, how to file a grievance, how to file an emergency grievance, how to use the grievance form to report sexual abuse anonymously, that an inmate may submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint, that a confidential grievance may be mailed to the Facility Commander as legal mail, that inmates and detainees have the right be free from staff retaliation regarding filed complaints and/or grievances and that inmates who are dissatisfied with a grievance response or feel they are being retaliated against by any staff member may file an appeal in writing to the facility commander. The handbook provides addresses where inmates can submit their completed grievance forms or complaint letters, including the Facility Commander and Internal Affairs.

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; both inmates reported that it works well.

THE FOLLOWING 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 inmate handbook provides sufficient information about using the grievance process for inmates to make an informed decision about using it to report sexual abuse .

CORRECTIVE ACTION

None required

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115.52(d) - 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 that alleged sexual abuse.

PEOPLE INTERVIEWED

The facility did not identify any inmates who reported 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 issues a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. There is no case to test for compliance with 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 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. The questionnaire reflects that there were no emergency grievances filed in the past 12 months. On Page 11 of the handbook, the 3rd paragraph specifies that a deputy will review an emergency grievance upon receipt and determine whether or not an emergency exists. This statement appears to be in conflict with the provisions of 115.52(f) and General Order VII.B.14. 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. On Page 11 of the handbook, the 3rd paragraph specifies that a deputy will review an emergency grievance upon receipt and determine whether or not an emergency exists. This statement happens to be in conflict with the provisions of 115.52(f) and General Order VII.B.14. The general order states "After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the receiving party shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to the facility commander, who shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar

days." The standard specifies that the emergency grievance "shall be forwarded to a level of review at which immediate corrective action may be taken" and the general order specifies that the grievance "shall be forwarded to the facility commander." These two provisions do not allow for the grievance to be intercepted at any level lower than that of the level of review at which immediate corrective action may be taken, in this case, the facility commander. Since the agency's policy is compliant with the standard and the inmate handbook is not a document that dictates policy, the conflicting language is not considered a violation of the standard; it is rather a case of misinformation to the inmate populace.

CORRECTIVE ACTION

None required.

Auditor recommendation: the agency should modify the inmate handbook to remove the step where a deputy reviews the emergency grievance upon receipt and determines whether or not an emergency exists. This language should be replaced with language that is consistent with the standard provision and the general order.

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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 wall posters with PREA information, public area brochure with PREA information and facility Inmate Handbook with PREA information on Pages 7 and 8. Page 9 of the handbook tells inmates how to contact the Department of Homeland Security and Immigration and Customs Enforcement. These three documents include the agency's Zero-tolerance policy, information on how to report, contact information for WEAVE (for both inmates 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"> -13 inmates randomly selected <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; six inmates said "Yes" and five of those six provided the following description of the services provided: WEAVE provides services for sexual assault survivors; psychiatric therapy with social services or a chaplain; identified the Inmate Brochure as having the information; medical/mental health services and drug-abuse-housing. To contact these services, inmates indicated they would: use the hotline; send kites, write to them directly, have someone on the outside call on his or her behalf; call directly using the number in the handbook; write them at the address in the brochure; and use the phone numbers or addresses provided. Inmates believe the information provided is for services at: local level, all of the above (meaning local, state and nationwide) and nationwide. They identified the phone numbers as: toll-free, not toll free. Inmates indicated that they could talk to people who provide these services 24 hours-a-day, seven-days-a-week. All other inmates said they did not know about services or said they know there are services but cannot describe them. The facility did not identify any inmates who reported sexual abuse.</p> <p>SITE REVIEW OBSERVATIONS</p> <p>During the site review tour, the auditor verified that the PREA information poster is displayed in every housing unit next to the inmate phone and that the PREA education video is played.</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 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

- 13 inmates randomly selected

The auditor asked the five inmates who gave descriptions of the services provided to explain what they know about the privacy aspect of their conversations with service providers and they provided the following responses: "Don't have to give my name;" "When you call, it is confidential, the poster says it is;" "It's private unless I am trying to hurt myself or someone else;" and "Don't know." 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, inmates stated: "If the police sees something happening to you;" "If I am trying to hurt myself or someone else;" "In case of rape;" and "If I present a danger to my self or others."

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 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 - 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 - 12 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 12 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 12 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>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

-12 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: staff not involved, people not involved, anyone who does not need to know and other inmates or staff.

SITE REVIEW OBSERVATIONS: None required

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

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. Both practitioners 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." One of the practitioners indicated that he has reported inmate allegations 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. 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 and that, they disclose the limitations of confidentiality and their duty to report at the initiation of services to an inmate. The auditor requested samples of this documentation to establish that the practice had been in place over the 12-month audit period; however, the sample provided only includes recent documentation made during the first six months of 2016. The Medical practitioner did not provide any documentation to prove that the practice was in place throughout the 12-month audit period.

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 with the language suggested by the auditor (see uploaded documents) 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 the allegation is investigated as in every case and the inmate is referred for support services if needed. 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 are any mandatory reporting requirements 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. The PREA Coordinator's response provides 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" and pointed out that these investigations are the primary responsibility of the Investigative Services Unit and these allegations are reported to the PREA Coordinator.

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.

	<p>CORRECTIVE ACTION</p>
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	<p>None required</p>
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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>-12 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 staff responds immediately; the inmate would be reclassified if needed, the Investigative Services Unit would investigate if needed and staff would find appropriate housing. The auditor asked the 12 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 allegation. The Facility Commander's response also indicates that staff would take action to move the inmate away from a dangerous situation immediately, reclassify and rehouse pending investigation if needed. All 12 deputies provided answers that are consistent with the response prescribed by the standard.</p> <p>CORRECTIVE ACTION</p>

	None required.
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115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Two After Action Reports <p>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 RCCC documented via courtesy report and notified the facility within 72 hours. The auditor reviewed two investigative and After Action reports in which inmates alleged sexual abuse while at other facilities, (Monterey County Jail and Calipatria State Prison).</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 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 RCCC notified the staff at the facility where the alleged incident occurred. 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 neither of the two aforementioned cases, was the notification to made by the head of RCCC or other designated manager. In the case of Monterey County, the notification was made to a classification deputy and in the case of Calipatria State Prison, the report does not include a name and title of the official at that facility to whom the allegation was reported.</p> <p>RECOMMENDED CORRECTIVE ACTION</p> <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.</p>

CORRECTIVE ACTION TAKEN

The agency developed a letter template which must be completed by the PREA Compliance Manager; the procedure calls for the PREA Compliance Manager to ensure the facility head sends the notification letter within 72 hours and for a copy of the letter to be stored with the report in the incident binder. The facility provided a copy of a notification letter sent to the Sacramento Juvenile Hall on September 15, 2016; however, the letter incorrectly sites 115.61(a) as the standard requiring this notification. The correct standard is 115.63(a). The auditor pointed-out the error and the agency corrected the template.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Two After Action Reports

General Order VIII.C.2 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed two investigative and After Action reports in which inmates alleged sexual abuse while at other facilities, (Monterey County Jail and Calipatria State Prison). In each case, staff at RCCC or appropriate agency staff reported the inmate's allegation to the other facility within 72 hours and even assisted in the allegation in one case.

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 two 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

General Order VIII.C.3 includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The auditor reviewed two investigative and After Action reports in which inmates alleged sexual abuse while at other facilities, (Monterey County Jail and Calipatria State Prison). In both reports, staff documented that the facility where the alleged incident took place was notified.

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 both cases referenced above, the agency/facility documented 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

-After Action Reports

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, RCCC 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 that the PREA Coordinator should know them. The auditor asked the Facility Commander the same two questions and he stated the facility starts an investigation and investigators would work with the reporting facility as needed to gather all the evidence. The Commander indicated there were no examples of such reports for his 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. The questionnaire reflects that in the past 12 months, RCCC 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, the facility commander is notified and the Facility Commander reported that the facility starts an investigation and investigators would work with the reporting facility as needed to gather all the evidence. The agency appropriately reported the allegation received from 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 nine allegations of sexual abuse of an inmate and in three cases, the first security responder separated the victim from the abuser.</p> <p>PEOPLE INTERVIEWED</p> <p>-12 deputies</p> <p>-Security Staff first responder</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: separate the inmates, notify supervisor, call Crime Scene Investigation, preserve the crime scene, document the event, tell inmates not to take actions that would destroy evidence, gather physical evidence, ensure safety of the victim, notify medical and mental health, interview witnesses, remove the victim, separate the inmate from area, isolate the area, report and document the incident, interview the victim and take the victim to the hospital for forensic examination. The auditor also interviewed a deputy who actually served as security first responder and asked him what steps he took as security first responder; he stated that he separated the victim and perpetrator, secured the scene, told victim and abuser not to take actions that destroy evidence, notified supervisor, the supervisor notified Sex Crimes, Crime Scene Investigation was called to take photos, started the investigation, called medical, notified the sergeant, determined that the victim had to go out for forensic medical examination and phone calls and emails were monitored.</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 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:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any

evidence;

(3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and

(4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Of the 12 deputies interviewed, 12 identified Step 1, eleven identified Step 2, nine identified Step 3 and nine 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: 100%

Step 2: 91.7%

Step 3: 75%

Step 4: 75%

The security first responder included all four steps prescribed by the standard in his response. These percentages of compliance are fairly good, but the facility should still consider additional training to ensure security first responders are in fact ready to perform according to the requirements of the standard and the general order.

CORRECTIVE ACTION

None required

Auditor Recommendation: The facility should either provide additional training or issue a job aide, 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.

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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 and 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 was one case where a non-sworn employee (a chaplain) was the first responder to an allegation of sexual abuse of an inmate. The questionnaire indicates that in the one case of non-sworn staff first response, the employee did not request that the alleged victim not take any actions that could destroy physical evidence, but did notify security staff.

PEOPLE INTERVIEWED

-Non-security staff first responder

During the interview, one of the volunteers indicated 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 turn over management of the situation when they arrive.

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 it included first responder duties. The standard states: "If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff." The chaplains actions in the incident referenced in the questionnaire and the volunteer's response during the interview, reflect a need for additional training for non-sworn staff who may serve as first responders.

CORRECTIVE ACTION

If not yet completed, the facility should provide additional training to non-sworn staff who may act as first responders to an allegation of sexual abuse. The training should include the agency's response policies and procedures as specified in 115.32(a) for volunteers and contractors. The facility should be prepared to provide the training curriculum and attestation forms for those who participated.

Staff reported that the chaplain received the allegation from an inmate during a Bible Study class and the inmate was disclosing an old incident. The auditor based the finding on the questionnaire's response to 115.64(b) which indicated that a chaplain was a first responder and did not ask the alleged victim to not take actions that could destroy evidence. Based upon that response, the auditor called for additional training. The auditor was not aware that the inmate had informed the chaplain of an old case of sexual abuse during bible study, a case in which the chaplain was not required to ask the inmate to preserve evidence because there was no evidence to preserve. The auditor is satisfied that this is not a case in which a prescribed response step was not followed. During the interviews, two non-security staff members reported that their training included instructions on how to report and to turn over

management of a crime scene to custody staff when they arrive.

NO CORRECTIVE ACTION 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 the protocols are in the agency orders and explained that it starts with notification to Investigative Services Unit and they would determine whether to pursue the case as sexual assault or something else. He added that he and the PREA Coordinator are involved as well.</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 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 to that facility, such as phone numbers or radio call signs of core responders, identification of specific facility sites,</p>

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 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 an institutional plan (see uploaded documents) that details the RCCC's coordinated response in the case of an incident of sexual assault. The response plan 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 plan has been posted to the facility'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 classification officers 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 classification officers 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 classification officers at RCCC have been designated to monitor retaliation against staff and inmates at RCCC.</p> <p>CORRECTIVE ACTION TAKEN</p> <p>The facility provided the revised PREA General Order (see uploaded documents) where Section VIII.G.1 was modified to include language designating Classification and Intelligence officers as staff responsible for monitoring retaliation against inmates and Fair Employment Officers as responsible for monitoring retaliation against staff.</p> <p>CORRECTIVE ACTION APPROVED</p> <p>-----</p>	

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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

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; the Captain explained that in the case of sexual assault, management can remove the employee from the facility; Internal Affairs can be notified and they can issue a cease and desist order. He pointed-out that the facility monitors the inmate's safety and uses resources such as a social worker to provide a voice for them. He explained that the Investigative Services Unit monitors protection and interviews the inmate regarding potential retaliation; the supervisor where the inmate is housed is also aware and the inmate can talk to social workers or a chaplain if he or she is more comfortable with that. The agency identified Classification Officers as the employees charged with monitoring retaliation; the auditor asked a deputy from the Classification Office 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. The classification officer explained that his office attempts to identify potential threats to inmates, that any known threats are documented and involved parties are separated; he added that inmates are placed on protective custody status or moved to the Main Jail if necessary and enemies are identified in the computerized system to make sure "keep-away" orders are complied with. The auditor asked the deputy to describe the different measures he takes to protect inmates and staff from retaliation and he stated that classification officers conduct reviews every 30 days for a period of 90 days, that staff interview the inmate to identify new threats, that the inmate can submit a kite to request a review and that his office would provide a response to the inmate on the kite and attach a "screen-shot" showing the reason for placement. He further explained that he would meet with the inmate if he received new information indicating that an interview with the inmate is needed. The auditor asked if he initiates contact with inmates who reported

sexual abuse and he said Investigative Services Unit will refer inmates to his office if they determine, as part of the investigation, that the inmate needs monitoring for retaliation.

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 Classification Deputy, staff identified a variety of measures the facility takes to monitor retaliation, including those prescribed by the standard.

CORRECTIVE ACTION

None required

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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

-Classification Officer

The auditor asked the Captain what measures does he take when he suspects retaliation and he stated that he can rehouse the suspected inmate and take appropriate disciplinary action or refer the case for criminal prosecution if necessary; employees can be moved out of the facility or the division if necessary; if it is a contractor, the facility can terminate the contract and file charges where appropriate. The auditor asked the classification deputy what does he look for to detect possible retaliation and he stated that if the inmate expresses concern for his or her safety, he looks at bed moves, checks for disciplinary action and monitors program changes (which would be documented). The auditor asked how long does he monitor the conduct and treatment of inmates or staff who report sexual abuse of an inmate or the conduct and treatment of an inmate alleged to have suffered sexual abuse; the classification deputy stated that he monitors for 90 days, unless new information is received. 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 and he said monitoring would continue every 30 days, even beyond the 90-day threshold.

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 and the classification officer identified measure 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

-Classification Officer

The auditor asked the classification deputy what does he look for to detect possible retaliation and he said if the inmate expresses concern for his or her safety, he looks at bed moves, checks for disciplinary action and monitors program changes (which would be documented). He added that he monitors bed, moves, disciplinary write ups, mail, email, phone calls, etc. The auditor asked if monitoring includes looking at negative performance reviews 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 classification officer 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 monitoring; therefore, there are 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 in the case of sexual assault, the employee can be removed from the facility; Internal Affairs can be notified and they can issue a cease and desist order; the inmate's safety is monitored and resources such as a social worker can provide a voice for the inmate. He explained that the Investigative Services Unit monitors protection and interviews the inmate regarding potential retaliation; the supervisor where the inmate is housed is also aware and the inmate can talk to social workers or a chaplain if they are more comfortable with that. The auditor asked the Captain what measures does he take when he suspects retaliation; he said staff can move the suspected inmate and take appropriate disciplinary action or refer the case for criminal prosecution if necessary; the employee can be moved out of the facility or the division if necessary; if it is a contractor, the facility can terminate the contract and file charges where appropriate.

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> <ul style="list-style-type: none"> -General Order -After Action Report for 2015- 145981 -Jail Inmate Management System (JIMS) Report 0988213601 <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 two inmates who alleged to have suffered sexual abuse who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement and that of the two cases, only one includes both (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged; the questionnaire identifies this case as (JIMS Report 0988213601). The two cases identified here were not listed in the responses to 115.43 in the questionnaire where the same question was asked. The compliance manager later reported that there was one inmate (not two) who remained in total separation for more than 30 days after he reported being sexually assaulted and that the case file includes the information specified in both (a) and (b). The auditor reviewed the After Action Report for this case, which reflects that the investigative finding was unsubstantiated. The auditor also reviewed the JIMS Report 0988213601 for documentation of (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Facility Commander -Two deputies who supervise inmates in (male and female) segregated housing <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; he said "Yes" and pointed-out that the facility has not had such scenario, but if it were to happen, the large size of the facility would make it easy to move the inmate to safe housing. 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 it has not happened at his facility. 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 the facility has not had that situation. During the interview, the auditor asked the two segregated housing deputies whether inmates placed in segregated housing for protection from sexual</p>

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 stated that the facility has not had any such cases. The auditor then asked the two deputies what kind of reviews, if any, are conducted once an inmate is assigned to involuntary segregated housing and they said the reviews are done automatically by classification officers.

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 and the two deputies who supervise inmates in segregated housing reported that the facility has not had any cases where inmates at high risk of sexual victimization or who alleged sexual abuse were placed in involuntary segregated housing. However, the aforementioned After Action Report dated June 11, 2015, and the aforementioned JIMS Report 0988213601, reflect that an inmate was placed in total separation housing after he reported an incident of sexual assault in the Pod 600 shower in the Joseph Kievernagel Facility. The auditor recognizes that the After Action Report was addressed to a different captain and that the current captain may not have known about this incident that took place a year earlier. The same could be the case for the two deputies. The Compliance Manager reported that the case file includes (a) a statement of the basis for the facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged. The JIMS Report 0988213601 says that the classification deputy was alerted that there may have been a possible sexual assault incident against the inmate and refers the reader to Report #145981 for more information. The classification deputy then documents that due to this information, the inmate will remain in total separation for the remainder of his custody period. This entry is neither a statement of the basis for the facility's concern for the inmate's safety, nor an explanation of the reason or reasons why alternative means of separation could not be arranged. In fact, this entry does not include any of the assessments required under PREA Standards 115.43, 115.68 and General Order VI.C.1. Under the PREA Standards and the general order, staff were required to:

- Conduct an assessment of all available alternatives to determine whether there is any available alternative means of separation from likely abusers.
- If the assessment could not be completed before placing the inmate in segregated housing, the facility may place the inmate in segregated housing for a period of less than 24 hours, while completing the assessment.
- While in segregated housing, this inmate should have had access to programs, privileges, education and work opportunities.
- If these opportunities were restricted, the facility was required to document:
 - a) The opportunities that have been limited;
 - b) The duration of the limitation; and
 - c) The reasons for such limitations

- While the inmate was assigned to involuntary segregated housing, the facility should have been arranging alternative means of separation from likely abusers.
- If the facility could not arrange alternative housing within 30 days, it would have been required to conduct a review every 30 days to determine whether there is a continuing need for separation from the general population.
- By retaining the inmate in segregated housing, the facility was required to document:
 - a) The basis for the facility's concern for the inmate's safety; and
 - b) The reason why no alternative means of separation could be arranged.

The classification deputy bypassed all of these requirements and made a determination that the inmate needed to remain in total separation housing for the remainder of his incarceration without conducting any of these assessments. According to the captain, the large size of the facility provides great flexibility for providing safe housing for inmates under these circumstances, yet this inmate remained in total separation housing from June 11, 2015 until August 4, 2015, when he left RCCC and there is no evidence that anyone responsible for classification conducted any of the assessments or reviews required under the PREA standards or the general order.

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 provided an agency-wide training bulletin that specifies the requirements of the standard and requires classification officers to document whether placement in segregated housing for protection from likely abusers is voluntary or involuntary. The bulletin further requires classification officers to document all classification actions related to compliance with the provisions of the standard. The bulletin includes clarifying language for 114.43(c); the

auditor believes the provisions of 115.43(a) should be clarified as well and added clarification language. This is only a recommendation; the agency may leave the language, modify it or remove it. The auditor requested a copy of the final version of the bulletin as well as confirmation that classification officers received the training. If there are any cases where classification officers had to apply the provisions of this standard and the training bulletin, please submit them to the auditor as proof of practice. The facility produced the final version of the training bulletin with the recommended language and signatures of all classification officers acknowledging that they received and read the bulletin.

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 auditor reviewed six of eight investigative reports received from the facility and verified that in all six cases, the allegations were investigated promptly.</p> <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> -Centralized Investigation Division (Sex Crimes) detective -Internal Affairs investigator -Investigative Services 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 Investigative Services Unit deputy the same two questions and he said investigations are initiated immediately and anonymous and third party reports are handled the same way; they are investigated 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. The six cases reviewed are evidence that the facility investigates allegations of sexual abuse promptly, including third-party reports; at least one of the cases reviewed was a third-party report. Investigators from Sex Crimes, Internal Affairs and the Investigative Services Unit reported that allegations of sexual abuse are investigated promptly.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p>

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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. The facility provided the training lesson plan and the sign-in sheet.

PEOPLE INTERVIEWED

- Centralized Investigation Division (Sex Crimes) detective
- Internal Affairs investigator
- Investigative Services 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 Investigative Services Unit deputy described the training as PREA investigation, Interview and Interrogation and "Jailhouse" Informants and reported that training topics 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 Investigative Services Unit deputy 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. The agency policy calls for investigators to 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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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 eight 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
- Investigative Services Unit deputy

The auditor asked the Sex Crimes detective what would be the first steps in initiating an investigation and how long would it 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 Investigative Services Unit deputy the same questions and he identified the first steps as those taken by front line staff who conduct the preliminary investigation, then it goes to Investigative Services where their investigation goes parallel with the Sex Crimes investigation; however, if an employee is the alleged abuser, Investigative Services is not involved. He described the investigative process as securing the crime scene; preserving evidence; monitoring phone calls, regular mail and email; reviewing video surveillance; talking to witnesses; and if contact with civilians in the community is required, Sex Crimes will handle that part of the investigation. He provided the following as examples of direct and circumstantial evidence he would be responsible for gathering in an investigation of an incident of sexual abuse: clothing, mattresses and bedding; photographs (if needed); he added that his unit would call the Crime Scene Investigation unit if necessary. As examples of circumstantial evidence, the deputy listed: video, phone calls, email, etc. and pointed-out that

evidence on inmates' bodies are collected during the forensic examination process.

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 Investigative Services 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
- Investigative Services 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 Investigative Services Unit deputy stated that Sex Crimes makes that determination.

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
- Investigative Services Unit deputy

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 witness. 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 Investigative Services Unit deputy and he stated that his unit does not make any judgement; they just gather the facts. He explained that the Incident Review Team normally makes the determination of whether or not the allegations are substantiated, unsubstantiated or unfounded and that there is not additional consideration given to a witness' statement based upon the status of the witness. When asked about using truth-telling devices as a condition of proceeding with an investigation, 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. Investigators from Sex Crimes, Internal Affairs and the Investigative Services 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
- Eight 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 eight 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, 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 the Internal Affairs investigator 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 the facility did not have any substantiated allegations of conduct that appeared to be criminal since August 20, 2012; therefore, there were no such cases referred 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.

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 did not find any 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
- Investigative Services 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> <p>-General Order</p> <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> <p>-Centralized Investigation Division (Sex Crimes) detective</p> <p>-Internal Affairs investigator</p> <p>-Investigative Services Unit deputy</p> <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 Investigative Services 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 -Eight 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 nine criminal and/or administrative investigations of alleged inmate sexual abuse and in all nine cases, the inmates were notified, verbally or in writing, of the results of the investigation. The auditor reviewed all eight 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 -Investigative Services Unit deputy <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; he said "Yes" and stated that Investigative Services Unit is responsible for notification, but if it is a sexual assault, Sex Crimes is responsible. 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 Investigative Services Unit deputy replied "Yes" and stated that the Incident Review Team notifies the inmate using a form.</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 nine criminal and/or administrative investigations of alleged inmate sexual abuse and in all nine cases the facility notified the inmate verbally or in writing of the results of the investigation. The Captain and all three investigators reported that inmates who</p>

alleged sexual abuse are notified; however, neither of them provided any actual examples of written notification; in fact, they did not even provide a copy of the form used to notify inmates. The Captain indicated that Sex Crimes takes care of notifications in sexual assault cases; however, the Sex Crimes detective did not confirm that and appeared to be rather unsure about who in the agency is responsible for inmate notification. Neither of the eight 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.

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 designed a "PREA Incident Outcome Notification Form" (see uploaded documents) with a multi-purpose use. Among those uses, the form serves to provide notification to inmates of the outcome of agency/facility investigations of their sexual abuse allegations. The auditor requested completed notification forms and the facility did not have any at the time.

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

The facility did not identify any inmates who reported sexual abuse for interviews.

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.

PEOPLE INTERVIEWED

The facility did not identify any inmates who reported sexual abuse for interviews.

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 PREA Compliance Manager indicated that the facility does not have a form for these notifications.

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 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.

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.

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 documented 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 provided.

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 evaluate 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 does not identify any cases, in the past 12 months, where an employee at the facility violated agency sexual abuse or sexual harassment policy.

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 evaluate compliance with the standard.

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 does not identify any cases, in the past 12 months, where an 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 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 evaluate compliance with the standard.

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. The facility did not report any cases where a staff member was terminated for violating the agency's sexual abuse or sexual harassment policy; therefore, there are no examples for the auditor to evaluate compliance with the standard.

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 for the auditor to evaluate 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 said the facility can terminate the contract and follow-up with an 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 facility did not identify any allegations of sexual abuse or sexual harassment against a volunteer or contractor; therefore, there are no cases for the auditor to evaluate compliance with the standard.

CORRECTIVE ACTION

None required

115.78	Disciplinary sanctions for inmates
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.78(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order -Incident/Investigative Report # 15-217683 (JIMS 0986854605) -Inmate Disciplinary Hearing <p>General Order X.C 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 was one administrative finding of inmate-on-inmate sexual abuse that have occurred at the facility: Report # 15-217683 (JIMS 0986854605). The auditor reviewed the incident/investigative report and the disciplinary hearing summary.</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 investigative report and the disciplinary hearing summary reflect that the sexual activity between the two inmates was consensual; therefore, this standard provision does not apply because it was not a case of sexual abuse. See uploaded documents for a copy of the incident report.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>-----</p> <p>--</p> <p>115.78(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> -General Order <p>General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED</p>

-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; he said "Yes" and explained that the facility follows its inmate disciplinary process and that sanctions are derived from corrections standard and could involve transfer to the Main Jail.

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; that the facility follows its inmate disciplinary process and that sanctions are derived from corrections standard and could involve transfer to the Main Jail. There is no case to review 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; he said "Yes" and added that mental health practitioners would be involved if it is an inmate with mental health concerns; he pointed-out that the facility has not had a PREA case where this was 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 General Order includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The Captain reported that mental health practitioners would be involved if it is an inmate with mental health concerns and that the inmates's mental disability or mental illness would be 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 for the auditor to evaluate 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 mental health practitioner said "Yes." The auditor asked if the facility requires inmates to participate in these services as a condition of getting access to programs and other benefits and the mental health practitioner 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 not a 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
- Incident/Investigative Report # 15-217683 (JIMS 0986854605)
- Inmate Disciplinary Hearing

General Order X.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that the agency prohibits all sexual activity between inmates. The questionnaire also reflects that in the past 12 months, there was one administrative finding of inmate-on-inmate sexual activity at the facility: Report # 15-217683 (JIMS 0986854605). The auditor reviewed the incident/investigative report and the disciplinary hearing summary.

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 investigative report and the disciplinary hearing summary reflect that the sexual activity between the two inmates was consensual and the facility did not deem it a case of sexual abuse. The inmates plead guilty and the hearing officer assessed authorized dispositions pursuant to the agency's formal inmate disciplinary process (see uploaded documents).

	<p>CORRECTIVE ACTION</p>
	<p>None required</p>

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 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" asserted that the inmates are seen the same day or the next day. The facility did not identify any inmates who disclosed prior sexual victimization during intake risk screening.</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 auditor contacted managers of the Medical and Mental Health services and both of them indicated that inmates who disclose prior sexual victimization during intake screening are referred to them, but records of those referrals or follow-up meetings are not maintained. The facility has not been able to provide documentation or any other proof that these inmates receive the follow-up meeting with medical or mental health practitioners as required by the standard and General Order XI.A.</p> <p>RECOMMENDED CORRECTIVE ACTION</p> <p>The PREA Coordinator should meet with Medical and Mental Health managers to establish a system where inmates who disclose prior sexual victimization during intake screening are referred to medical or mental health practitioners for follow-up meeting. These meetings shall take place within 14 days of the intake screening. The PREA Coordinator should work with Medical and Mental Health managers to develop a system of tracking these inmates from the time they make these disclosures through the referrals and follow-up meetings. The facility must be prepared to show these records during future PREA audits to show compliance with</p>	

the standard.

CORRECTIVE ACTION TAKEN

The facility provided a written directive (see uploaded documents) from the Chief of Correctional Health Services to all clinical staff with the following directive "...during intake the licensed nurse will be responsible to ask the incoming inmate if he or she has been a victim of sexual abuse prior to current arrest. The licensed nurse will document inmate's response. For example, "inmate denies any sexual abuse prior to this arrest". If inmate discloses any type of sexual assault, the nurse must follow requirement above as well as schedule inmate an appointment with Jail Psychiatric Services." Neither the proposed corrective action nor the directive include a process the facility could use to demonstrate compliance during an audit. Even if referrals are documented as indicated in the proposed corrective action, the facility still needs to demonstrate that the inmate was seen by Medical or Jail Psychiatric Services within 14 days. Also, the directive requires referral to Jail Psychiatric Services; there may be cases where referral to Medical will be needed. The directive should be modified to specify referral to Medical and/or Jail Psychiatric Services. The facility provided a screenshot of the Medical Department's computerized tracking system (see uploaded documents) for medical appointments; the system, reportedly, is used to ensure appointments are made and patients are seen. This resolves the tracking of appointments to see Medical; however, it is not clear if appointments with Jail Psychiatric Services are tracked in this system or a different system. Also, the directive should be modified to specify referral to Medical and/or Jail Psychiatric Services. The facility explained that the computerized tracking system is shared by both Medical and Mental Health and pointed out that under the 115.81 header, the directive specifies the language of the standard requiring a follow-up meeting with a medical or mental health practitioner and that the directive to schedule an appointment with Jail Psychiatric Services is in addition to offering the inmate the option of either appointment. This resolves the auditor's questions.

CORRECTIVE ACTION APPROVED

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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 a Medical office and asked who has access to inmate health care records. The physician 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 he 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."

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 they obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting; 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

115.82(a) - 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

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 said within 24 hours. The auditor asked if the nature and scope of these services are determined according to the medical practitioner's professional judgment and the medical practitioner said "Yes." The facility did not identify any inmate who reported sexual abuse for interviews.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor asked medical practitioners about their response in the event of a case of sexual assault and the medical doctor indicated that the inmate would be evaluated for any necessary emergency treatment, transported to an outside hospital and follow-up treatment would be provided upon return to the facility.

THE FOLLOWING 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 practitioners provides 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. There is no case to be reviewed for compliance with the standard.

CORRECTIVE ACTION

None required

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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 security first responder to describe the actions he took when he responded to an allegation of sexual abuse; the deputy stated that he separated the victim and perpetrator, secured the scene, told victim and abuser not to take actions that would destroy evidence, notified his supervisor, he and others began the investigation, he called medical and the sergeant determined that the victim had to go out for forensic 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 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

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 facility did not identify any inmates who reported sexual abuse for interviews.

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.

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 facility did not identify any inmates who reported sexual abuse for interviews.

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	
<p>115.83(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED: None required</p> <p>SITE REVIEW OBSERVATIONS</p> <p>During the site review tour, the auditor visited one of the facility's medical 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; he reported that inmates receive emergency medical treatment if needed before being transported to an outside hospital and that follow-up treatment is provided upon the inmate's return to the facility.</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 tour of the medical office 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.</p> <p>CORRECTIVE ACTION</p> <p>None required</p> <p>----- --</p>	
<p>115.83(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>General Order XI.C includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p>	

PEOPLE INTERVIEWED

-Medical practitioner and Mental Health practitioner

The auditor asked the medical and mental health practitioners what does evaluation and treatment of inmates who have been victimized entail. The medical practitioner stated that the forensic examination includes screening for HIV and other sexually transmitted infections, as well as evaluation for signs of trauma and injuries and that there is follow-up on treatment orders from the hospital. The mental health practitioner stated that treatment includes assessment for suicide ideations and referral to WEAVE; if the inmate is receiving treatment at the time of his or her release, mental health provides information on resources in the community where the inmate can seek continuation of care. The facility did not identify any inmates who reported sexual abuse for interviews.

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 and the mental health 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 their transfer to, or placement in, other facilities, or their release from custody.

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

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 is not a case for the auditor to evaluate 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 sexual abuse while incarcerated results in pregnancy, are victims given timely information and access to all lawful pregnancy-related services 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 immediately, within 24 hours. The facility did not identify any female inmates who were victims 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 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. The facility did not identify any female inmates who were victims of sexual assault; therefore, there was not a case for the auditor to evaluate 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

The facility did not identify any inmates who reported sexual abuse for interviews.

SITE REVIEW OBSERVATIONS

During the site review tour, the auditor visited a medical office and asked impromptu questions of the physician and he listed testing for sexually transmitted infections as part of the medical response at the facility.

THE FOLLOWING 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 physician identified testing for sexually transmitted infections as part of the medical response at the facility. The facility did not identify any cases where an inmate victim of sexual assault needed testing for sexually transmitted infections; therefore, there is not a case for the auditor to evaluate compliance with the standard.

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

The facility did not identify any inmates who reported sexual abuse for interviews.

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 reported sexual abuse for interviews; therefore, there is not a case for the auditor to evaluate compliance with the standard.

CORRECTIVE ACTION

None required

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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 8 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 (see uploaded documents).

CORRECTIVE ACTION

None required.

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- Eight investigative reports

General Order XII.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire reflects that all 8 investigations were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. The

auditor reviewed all eight investigative reports and found that each of them had an After Action Report completed well within 30 days of the allegation of 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. In all eight investigative reports reviewed, the facility completed an After Action Report well within 30 days of the completion of the investigation.

CORRECTIVE ACTION

None required

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; he said "Yes" and stated that the team includes the Investigative Services Unit supervisor, the Commander, PREA Coordinator, Medical, Mental Health and investigative detective.

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 the incident review team includes the Investigative Services Unit supervisor, the Commander, PREA Coordinator, Medical, Mental Health and investigative detective. The After Action Report, which the facility submits as its incident review report, does not specify names and titles of participants; therefore, the auditor has no way of determining whether the composition of the review team complies with the requirements of the standard and General Order XII.A. 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 review. 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. In one case, 16-118028, the After Action Report was completed even though the sergeant documented in the report that the report was assigned to a Sex and Elder Abuse Bureau detective for further investigation and that the case is still being actively investigated as of June 20, 2016; the auditor notes that the report is dated May 9, 2016; it is not clear how the sergeant could have determined on May 9, 2016, that the investigation would still be actively investigated on June 20, 2016. The standard calls for the incident review team to conduct its review within 30 days of completion of the investigation. The After Action Report process does not comply with the requirements of the standard.

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 provided an Inter-Department Correspondence (see uploaded documents) explaining the protocol for scheduling incident reviews and the participants. The facility also provided two incident reviews (see uploaded documents) conducted based upon the new protocol. The auditor finds that the new protocol and incident review address all requirement

of the standard, including corrective action, tour of the site where the incident occurred, etc. Facility management should decide whether it is feasible to conduct incident reviews of prior substantiated and unsubstantiated investigations retroactively under the new protocol.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- RCCC Review Team Annual Report

General Order XII.A includes the language of the standard verbatim; therefore, all provisions of the standard are covered. The questionnaire provides the 2015 RCCC PREA Review Team Annual Report dated January 20, 2016.

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 team discusses the information within a very short period, whether it is a staffing, facility design or blind spot issue. The Captain explained that when the investigation is complete, the team discusses the issue again and take corrective action as needed to prevent re-occurrence. If training needs are identified, the facility will provide it. 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. 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; 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. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?
- c. Assess the adequacy of staffing levels in that area during different shifts?
- d. Assess 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 referred the auditor to the 2015 After Action Report; the auditor will address this report in the next paragraph. 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 he identified no trends other than a majority of PREA incidents have been determined to be unsubstantiated. The auditor asked what actions, if any, does he take after the report has been submitted; he said he addresses any issues that require immediate action if necessary; otherwise he reviews the reports, identifies issues and makes an assessment of the five considerations prescribed by the standard. He said he also makes recommendations for improvements to supervisors and that his recommendation for training and additional cameras were implemented.

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 2015 After Action Report referenced above, which the auditor believes to be the 2015 RCCC PREA Review Team Minutes or Annual Report dated January 20,2016, comes closer to what an incident review report should look like. It lists the names (although not titles) of all participants; not included are Medical and Mental Health practitioners. This report speaks about data collected pursuant to 115.87 and the review of collected data pursuant to 115.88. It lists all 2015 incidents and provides minimal data about each incident. The report includes a case review of each incident where it provides "Yes" or "No" answers to each of the five considerations prescribed by the standard for incident reviews, recommendations for improvement and corrective action. Although dated January 20, 2016, this report speaks about the January 26, 2016, approval of the camera installation project and corrective measures completed in June 2016. The auditor concludes from this report that the facility assembled some members of its incident review team for a one-time review of all allegations of sexual abuse from prior year. The standard and the general order requires this team review within 30 days of completing every substantiated or unsubstantiated investigation. 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 prescribed 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.:

Custody supervisors, 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 allegations of sexual abuse. If the management team is serious about its efforts to eliminate sexual abuse in its confinement facilities, bringing together the best and most experienced 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 2015 Annual Report includes recommendations the facility implemented, such as staff training and additional surveillance cameras.

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 the facility 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-IA for every allegation of sexual abuse and sexual harassment to comply with this standard provision.

CORRECTIVE ACTION TAKEN

The agency provided a completed form SSV-IA for one allegation of sexual abuse at RCCC (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 reports, investigation 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 -2015 RCCC PREA Review Team Minutes -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 questionnaire references the 2015 RCCC Review Team report. This report provides data collected pursuant to 115.87 and includes a review of that data pursuant to 115.88. The report lists all 2015 incidents and provides a case review of each where "Yes" or "No" answers are provided for each of the five considerations prescribed under 115.86(d) for incident reviews as well as recommendations for improvement and corrective actions for each incident.</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 RCCC reviews and assesses every PREA case by preparing and submitting a Compliance Manager After Action Report to the PREA Review Team. He pointed-out that the facility monitors the data on an on-going basis to identify potential trends and reviews all incident reports and collected data annually. He described the data collected as including the following data-points: housing facility where the incident occurred, whether it is protective custody or general population, date, time, area and number of victims.</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. The RCCC Review Team report provides 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 RCCC Review Team report includes 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.

RECOMMENDED CORRECTIVE ACTION

The agency/facility should prepare annual reports for each of its facilities based upon data collected and aggregated for that 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 an RCCC annual report for 2015 (see uploaded documents) based upon data aggregated for RCCC. The report identifies PREA training provided to staff, implementation of new reporting measures, posting of PREA information on walls and in the facility's inmate handbook and the agreement with WEAVE. The report makes comparisons between the current year data and that of prior year, discusses the areas most prone to sexual abuse and includes a brief assessment of the quality of investigations.

CORRECTIVE ACTION APPROVED

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

POLICIES AND OTHER DOCUMENTS REVIEWED

- General Order
- 2015 Annual Report

General Order GO XII.C 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 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 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 include the language specifying what should happen if it does not have one.

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 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. The revised report is posted on the agency's website.

CORRECTIVE ACTION APPROVED

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89(a) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>General Order XII.D includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED -PREA Coordinator</p> <p>The auditor asked the PREA Coordinator how does the agency ensure that data collected pursuant to 115.87 are securely retained; she said she keeps the data in a locked cabinet in her office.</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 auditor was in the PREA Coordinator's office and viewed the cabinet where she keeps the data secured.</p> <p>CORRECTIVE ACTION</p> <p>None required.</p> <p>----- --</p> <p>115.89(b) - AUDITOR'S DETERMINATION: MEETS STANDARD</p> <p>POLICIES AND OTHER DOCUMENTS REVIEWED -General Order</p> <p>General Order XII.D includes the language of the standard verbatim; therefore, all provisions of the standard are covered.</p> <p>PEOPLE INTERVIEWED: None required</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 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 the data collection process began 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.)	na

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

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

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na

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

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

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

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

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

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

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

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

115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes

115.33 (c)	Inmate education	
	Have all inmates received such education?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

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

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

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

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment?	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment?	yes

115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31?	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32?	yes

115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes

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

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

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

115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes

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

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

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

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

115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes

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

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

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

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

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

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

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

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

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

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

115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security?	yes

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

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

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

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

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

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

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

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

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

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies?	yes
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

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

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

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

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

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

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

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

115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes

115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes

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

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

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

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

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

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

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes

115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

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

115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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