

PREA Facility Audit Report: Final

Name of Facility: Lassen County Jail

Facility Type: Prison / Jail

Date Interim Report Submitted: 12/20/2019

Date Final Report Submitted: 02/18/2020

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: 02/18/2020

AUDITOR INFORMATION	
Auditor name:	Caton, Alberto
Address:	
Email:	albertocaton@comcast.net
Telephone number:	916-714-9570
Start Date of On-Site Audit:	11/04/2019
End Date of On-Site Audit:	11/05/2019

FACILITY INFORMATION	
Facility name:	Lassen County Jail
Facility physical address:	1405 sheriff cady ln, Susanville, California - 96130
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Amy Foster
Email Address:	afoster@co.lassen.ca.us
Telephone Number:	5302515258

Warden/Jail Administrator/Sheriff/Director	
Name:	Mike Carney
Email Address:	mcarney@co.lassen.ca.us
Telephone Number:	5302515266

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	Jessica Blacka
Email Address:	jessicablacka@wellpath.us
Telephone Number:	5302515262

Facility Characteristics	
Designed facility capacity:	231
Current population of facility:	118
Average daily population for the past 12 months:	110
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	38
Facility security levels/inmate custody levels:	minimum/medium
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	40
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	12

AGENCY INFORMATION	
Name of agency:	Lassen County Sheriff's Office
Governing authority or parent agency (if applicable):	
Physical Address:	1405 Sheriff Cady Lane, Susanville, California - 96130
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Amy Foster	Email Address:	afoster@co.lassen.ca.us

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 Lassen County Sheriff's Office (Agency), located at 1405 Sheriff Cady Lane, Susanville, CA, requested Prison Rape Elimination Act (PREA) audit services from Synergy Technology Services, (Contractor) located at 9706 Rim Rock Circle, Loomis, CA 95650. The contractor provided United States Department of Justice (USDOJ) – Certified PREA AUDITOR, Alberto F Caton to conduct the audit. The terms and scope of the audit have been memorialized in a written agreement between the County of Lassen and the contractor.

The AUDITOR completed this agency's first audit on December 5 - 6, 2016, during the second audit cycle; therefore, this is the facility's second audit and it was conducted during the third cycle.

On November 4 – 5, 2019, the AUDITOR conducted the onsite PREA audit at the Lassen County Jail. The AUDITOR used the DOJ PREA Auditor Compliance Tool for Adult Prisons and Jails, and the agency and the AUDITOR agreed to use the PREA Resource Center's (PRC's) Online Audit System (OAS) to maximize efficiencies.

PRE-ONSITE PHASE

On August 28, 2019, the AUDITOR, submitted the audit initiation form to the PRC's Tech Support office and the Tech Support office confirmed receipt the following day. On September 9, 2019, the AUDITOR provided the audit notice, a letter with posting instructions, and an audit notice confirmation form to PREA Coordinator Sergeant Amy Foster. On September 18, 2019, Sergeant Foster provided the completed audit notice posting confirmation form on which she certified that the notice had been posted that day, in housing pods, dayrooms, dormitories, Booking, Medical and Mental Health treatment areas, work areas, education areas, inmate dining areas, inmate visiting, hallways, and the inmate library. Sergeant Foster provided 23 photos of the audit notice postings in inmate access areas. Although the photos were not date-stamped, each Jpeg file reflected that the photo had been taken that day. On October 15, 2019, the AUDITOR received notice of the Pre-Audit Questionnaire's (PAQ's) completion from Tech Support and requested contact information for the community-based rape crisis center from Sergeant Foster. On October 16, 2019, the AUDITOR accessed the facility's audit compliance tool on the OAS and initiated the review of the PAQ and documentation of pre-audit information. On October 22, 2019, the AUDITOR conducted a telephone interview with a representative of Lassen Family Services, the community-based advocate identified by Sergeant Foster; and, with a representative of Lassen County Victim Witness, an organization identified as a private entity that would receive reports of sexual abuse from inmates and forward such reports to facility officials allowing the inmate to remain anonymous upon request. On October 24, 2019, the AUDITOR provided the audit process map, the checklist of documentation, the site review guide, and the targeted inmate listing form to Sergeant Foster. The targeted inmate listing form, asks facility staff to identify inmates in the following PREA targeted categories:

- Inmates with a physical or cognitive disability

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

On October 27, 2019, the AUDITOR completed the review of the PAQ and provided the PAQ review log and the schedule of activities to Sergeant Foster. The following day, Sergeant Foster provided the documents requested and responded to questions submitted via the PAQ review log. On October 30, 2019, the AUDITOR held a 55-minute kick-off phone call with Sergeant Foster, Wellpath medical administrator Jessica Blacka, and data collection analyst Angela Drawhorn. During the phone call, the AUDITOR explained the audit process, onsite audit expectations, discussed the schedule of activities, and responded to questions from facility staff. On November 3, 2019, the AUDITOR finalized preparations for the onsite audit the next day. The AUDITOR did not receive letters from inmates at the facility.

ONSITE AUDIT PHASE

Entrance Briefing

On November 4, 2019, the AUDITOR arrived at the facility; following greetings and introductions, the AUDITOR held an entrance briefing with Sergeant Foster, acting facility commander Lieutenant John McGarva, and Corporal Hewitt. The AUDITOR explained the audit process and expectations and Sergeant Foster provided the inmate alphabetical roster, the housing roster, and the completed targeted inmate listing reflecting the current facility inmate count of 103.

Site Review

The AUDITOR requested to start the site review where inmates are admitted to the facility. Lieutenant McGarva, Sergeant Foster, and Corporal Hewitt participated in the site review, which started at the vehicle sallyport. The sallyport is an open area where law enforcement agencies deliver arrestees and inmates to the facility; there are separate vehicle entrance and exit gates at either end of the sallyport. There is one camera covering the sallyport and staff reported that the area is also visible from the camera at the main entrance building. After removal from the transportation vehicle, arrestees and inmates are admitted to the facility via the intake area for processing. While in this area, the AUDITOR identified the PREA poster, the audit notice, and surveillance camera coverage. There are four holding cells and one safety cell. A half-wall is in place to provide privacy for inmates using the toilets in the holding cells; however, the toilet in holding cell 208 is visible through the window. Sergeant Foster arranged for one of several window-covers to be placed at the window to ensure the toilet is no longer visible through the window. There are two strip-search rooms, each with a shower and a solid door to the main corridor; facility procedures call for announcing when a strip-search is in progress and halting all traffic to prevent cross-gender viewing. The tour continued with the Receiving Office where inmate records are stored and maintained by a correctional technician; only staff has access to this office. The tour moved-on to the Health Care office, where the AUDITOR identified camera placements, the PREA poster, the audit notice, and English and Spanish versions of a poster used to inform inmates of the limitations of confidentiality and practitioners' duty to report all allegations of sexual abuse at the facility. The Wellpath administrator explained that medical records are electronic and there are still a few documents to be scanned into the system. She confirmed that in the event of an incident of sexual assault, medical preserves evidence, stabilizes the victim for transportation to the emergency room, provides follow-up

care recommended by the hospital, and makes referrals as needed for continued care upon release from custody. She also confirmed that inmates are informed of the limitations of confidentiality and practitioners' duty to report at the initiation of services. The AUDITOR was then taken to the property room where no staff member is assigned; this room is used to process inmates being released from custody and inmates are always under direct staff supervision. There are two cameras high on the wall in opposite corners and there are no identifiable blind spots. The tour proceeded to the Control Room where the assigned deputy displayed the facility's video-monitoring capabilities; the deputy monitors 96 cameras with pan/tilt/zoom capability and demonstrated those capabilities upon request. The cameras provide close to complete coverage of the facility and the control deputy is able to communicate via intercom with inmates in the cells, in holding cells, and on the exercise yards. There is a second video monitoring station at the other end of the control room where the corporal is able to monitor activities throughout the facility via surveillance cameras. The tour continued with the Security Housing Unit or SHU. This is a two-level housing unit complex, with approximately 14 surveillance cameras, that houses inmates with a variety of classification designations. In addition to the centrally located elevated officer station on the unit floor that allows complete view of all housing areas, the SHU is also visible directly from the control deputy's station. The SHU also houses male and female inmates on administrative segregation status and the female pod is covered with privacy screens to prevent cross-gender viewing. The AUDITOR asked impromptu questions of a female inmate in segregated housing and a general population inmate and neither of the inmates expressed concerns about sexual safety or cross-gender viewing. The AUDITOR toured both levels of the SHU and identified the location of surveillance cameras, the PREA wall poster, and the audit notice. There are single-person-use showers on both levels and cross-gender announcement reminders posted at the entrance of every pod. The review continued with Dorm 303, which houses inside workers, and Dorm 301, which houses general population inmates. In each dorm, the AUDITOR identified the PREA poster, the audit notice, camera placements, tested telephones, inspected restrooms and showers for potential cross-gender viewing, asked impromptu questions of inmates, and toured the exercise yard shared by both dorms. Each dorm has three cameras high in corners, and single-person-use showers. The AUDITOR asked about cross-gender viewing and sexual safety in general and inmates did not express concerns. The tour proceeded to the inmate visiting complex where the AUDITOR identified the audit notice and the PREA poster; except for the attorney visiting room, all visits are non-contact and inmates communicate with visitors over a telephone. Staff confirmed that representatives from Lassen Family Services have used the attorney visiting room for confidential meetings with inmates. In the Education classroom, the AUDITOR identified camera placements, the audit notice, the PREA poster, and asked impromptu questions of the Education supervisor; she confirmed that inmates are always directly supervised while in the room and that there has not been any allegations of sexual abuse in the Education area. The classroom serves as a multi-purpose room and is used for other activities, such as religious services, staff meetings, etc. In the laundry room, two inmates of the same gender are assigned at a time and supervision is indirect via two cameras and a roving officer. The tour continued with the food service area, where the AUDITOR spoke with the staff coordinator, identified camera placements, the PREA poster, the audit notice, and inspected the area for blind spots. The coordinator reported that there is always at least one staff member present, that inmates deliver food carts to the housing units escorted by an officer, and that inmates are always supervised when they enter the refrigerator, freezer, or other food storage rooms. The group wrapped-up the site review with tours of Dorm 502 which houses female general population inmates, and Dorm 504 which houses male outside workers. In each dorm, the AUDITOR identified the PREA poster, the audit notice, tested telephones, inspected bathrooms and showers, and asked impromptu questions of inmates. Inmates reported that they had no concerns about sexual safety, or cross-gender viewing, that they view the PREA video on the tablets issued to them and confirmed that supervisors tour the dorms regularly. Each dorm has four cameras high on the walls and one on the exercise yard. There is a

storage room at the end of the corridor in front of the two dorms and staff explained that the new video surveillance system augmented coverage to include the entrance to the storage room. In addition to the surveillance cameras, the facility uses a roving officer for custody supervision of all four dorms and supervisors stated that the roving officer checks each dorm every 30 to 45 minutes.

Inmate Interviews

By applying the facility's count of 103 to the guidelines in the PREA Auditor Handbook, the AUDITOR was required to conduct ten targeted and ten random inmate interviews. The facility identified 12 inmates in four targeted categories; the AUDITOR selected all inmates in targeted categories and used the facility's housing roster to randomly select inmates from every housing unit to complete the required 20 interviews. To ensure appropriate gender representation, the selection included six females from both general population and administrative segregation. One inmate identified as bisexual declined the interview and four inmates identified as diabetic or having a mobility impairment were moved to the random interview list because their disabilities did not require accommodations to ensure equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. A total of seven inmates were interviewed in four targeted categories as follows:

- 1 – disabled
- 3 – disclosed prior sexual victimization during intake processing
- 3 – LEP
- [1] Reported sexual harassment (also disclosed prior sexual victimization during intake processing)

The AUDITOR provided the introductory script before proceeding with each inmate interview. During the 20 inmate interviews, the AUDITOR used a matrix to list all inmates who reported not receiving required PREA information or not being asked risk-assessment questions pursuant to the following standards:

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

These inmates were later included in document reviews to confirm or refute their assertions. One inmate informed the AUDITOR about sexual harassment by other inmates and the AUDITOR relayed the allegation to the PREA Coordinator.

Staff Interviews

The AUDITOR interviewed all correctional deputies and corporals on both shifts (eight interviews) using the "Random Staff" interview protocol; one deputy interviewed during the day shift worked overtime on the night shift on the day of the interviews, resulting in one less night shift deputy interviews. In each case, the AUDITOR provided the introductory script before proceeding with the interview.

The AUDITOR conducted a total of 20 specialized staff interviews. During the course of the onsite audit and based upon staff availability, the AUDITOR completed the following interviews using the corresponding specialized staff interview protocol:

1. Agency Head Designee
2. Facility Commander
3. PREA Coordinator
4. PREA Compliance Manager
5. Medical administrator

6. Mental Health practitioner
7. Human Resources
8. Intermediate Level Facility Staff
9. Investigative Staff - Administrative - Internal Affairs (IA)
10. Staff who supervise inmates in segregated housing
11. Incident Review Team
12. Volunteer who has contact with inmates
13. Staff charged with Monitoring Retaliation
14. Security first responder
15. Intake Deputy

The following specialized staff interviews were conducted by phone either before or after the onsite audit:

1. Investigative Staff – Criminal
2. Staff who Perform Screening for Risk of Victimization
3. Sexual Assault Nurse Examiner or SANE
4. Contractors who may have contact with inmates (2)

Where required, the AUDITOR provided the introductory script before proceeding with the interview.

Document Reviews

The AUDITOR sat down with Sergeant Foster and reviewed employee and volunteer background clearance records. The review included all three new correctional deputies and corporals hired during the past 12 months; Sergeant Foster reported that there were no promotions during that period. The AUDITOR used the PRC's Document Review – Employee File/Records to determine compliance with the hiring and promotions provisions under Standard 115.17 for each new hire. Using the same PRC form, the AUDITOR reviewed a random sample of five (from a total of 14) records of volunteers cleared during the past 12 months for compliance with provisions of Standard 115.17. Sergeant Foster then provided the agency's aggregated incident-based data for review and explained how the data is collected and aggregated. She also explained how the agency's annual reports are made available to the public through means other than the agency's website. The AUDITOR verified the posting of notices at the main entrance to the facility informing the public of the procedure for accessing the agency's annual reports and aggregated data. Employee, contractor, and volunteer training records were provided with the PAQ and reviewed during the pre-onsite phase.

Sergeant Foster escorted the AUDITOR to the front entrance office for review of inmate records. The AUDITOR randomly selected a sample of 10 inmate records from a listing of all inmates booked into the facility during the previous 12 months. Using the PRC's Document Review – Inmate Files/Records, the AUDITOR reviewed the records of the ten inmates selected randomly for compliance with the following standard provisions:

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

In addition to the records selected randomly, the AUDITOR also reviewed the records of eight inmates who reported during interviews that they were not provided the required PREA information or that they were not asked the risk-assessment questions. These records were reviewed for compliance with the above standard provisions to confirm or refute the inmates' assertions.

Exit Briefing

On the last day of the audit, the AUDITOR met with Lieutenant McGarva and Sergeant Foster for the exit briefing; the AUDITOR provided a preview of audit findings, explained the timelines for producing the interim audit report, the corrective action period, and issuance of the final audit report. After final greetings, the AUDITOR departed the facility.

EVIDENCE REVIEW AND INTERIM REPORT PHASE

Following the onsite phase, the AUDITOR organized all interview questionnaires, the site review notes and documents received onsite, and initiated the completion of the audit narrative, facility characteristics, and compliance determination for each standard. On November 7, 2019, the AUDITOR interviewed the sex crimes investigator and initiated the interview of the person responsible for risk-screenings; this interview was completed on November 12, 2019 because of a misunderstanding of who is responsible for these screenings. On November 13, 2019, per the AUDITOR's request, the PREA Coordinator provided all ten 2018 PREA incident/investigative reports. On November 17, 2019, the AUDITOR interviewed two contract employees at the facility. On December 4, 2019, the AUDITOR received and reviewed a digital versatile disc or DVD with video footage of supervisory rounds. On December 15, 2019, after numerous attempts, the AUDITOR interviewed the SANE at Banner Lassen Medical Center.

Medical services are provided to inmates at the facility pursuant to a contract with Wellpath.

During this phase, the AUDITOR requested and received additional documents relied upon for compliance determinations. Upon finalizing all compliance determinations, the AUDITOR completed the Summary of Audit Findings, conducted a final review of the interim audit report, and submitted it on December 20, 2019 to Division and Facility Commander Captain Mike Carney, Lt, McGarva, PREA Coordinator Sergeant Foster, and Wellpath Administrator Jessica Blacka.

CORRECTIVE ACTION PHASE

During this phase, the AUDITOR worked jointly with Sergeant Foster on the development of corrective actions. Some corrective actions required deliverables by February 1, 2020, and some by April 1, 2020. The AUDITOR provided a template for submitting proposed corrective actions; Sergeant Foster submitted proposed corrective actions and the AUDITOR provided comments and recommendations or approved the corrective actions. Upon approving all corrective actions, the AUDITOR gave notice to agency officials of the start of the 30-day period in which the AUDITOR is required to submit the final audit report.

AUDIT FINDINGS

Facility Characteristics:

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

The Lassen County Jail is a relatively small 49,000 square-foot Type II facility with a Board of State and Community Corrections (BSCC) rated bed capacity of 231. The facility was activated in 1991 and is located at 1405 Sheriff Cady Lane in Susanville, California, the county seat. It sits on a 23-acre parcel directly across from the Sheriff's Administration. The facility could be described as rectangle that extends lengthwise in a north-south direction. The rectangle could be divided into six quadrants arranged as two side-by-side columns, each with three quadrants. Four quadrants are inmate housing and the other two are comprised of offices, program and service areas, maintenance facilities, etc. The jail operates three inmate housing units: The Security Housing Unit or SHU with a capacity of 100, Dorms 301 and 303 with a combined capacity of 59, and Dorms 502 and 504 with a combined capacity of 80. The SHU is in the southwestern quadrant; this is a two-level housing unit with an observation platform in the middle of the floor and two two-story banks of cells that run perpendicular to each other. Each level has two showers and 20 cells (ten on each bank) and a 10-person dormitory at the southeastern corner of the quadrant. There are two exercise yards on the lower level, one at the north end of the of the SHU and the other at the east end. To facilitate inmate classification and separation needs, the lower level has been divided into six housing pods, three on each bank. Each bank has a two-cell pod with a shower in the middle and four-cell pods at each end. Female inmates on administrative segregation status occupy the lower level pod in the northwestern corner of the quadrant and screens have been placed on the fencing of the pod to limit cross-gender viewing; these inmates must leave the pod to use the showers and the exercise yard. The remainder of the pods house male inmates of various classifications that require separation from the general population and the upper (or mezzanine) level cells house general population male inmates. Cells are designated for single or double occupancy as needed to satisfy inmate safety and facility security needs. The Control Room is located at the northeast corner of the SHU and the assigned deputy has a direct view of both exercise yards through large windows. Dorms 301 and 303 are in the quadrant just north of the SHU. These two large dorms house general population inmates and are separated by a wall that runs diagonally through the quadrant from the southeast corner towards the northwest. In the northwest corner of that quadrant is an exercise yard used by inmates in both dorms; the exercise yard and both dorms are visible from the corporal's station in the Control Room. Dorms 502 and 504 are in the two quadrants on the north end of the rectangle. Dorm 502 houses female general population inmates and Dorm 504 houses male outside workers. Each dorm has a dedicated exercise yard and two separate restroom/shower areas. The two remaining quadrants, east and south east, serve as the main security entrance into the jail, staff offices, Booking, the Medical office, inmate visiting, food preparation, the laundry, maintenance and other program and service areas. There is a network of corridors that run through the facility to provide access to all the aforementioned areas. The vehicle sallyport and the parking lot are on the east side of the facility and the access road is southeast of the facility. The facility operates two 12-hour shifts; the dayshift operates with the commander, a sergeant, a corporal and four correctional deputies assigned to cover control, the SHU, Intake, and the four dorms; the night shift operates with a corporal and three correctional deputies assigned to cover control, the SHU, and the four dorms. In general, the jail has rural undeveloped surroundings and the county courthouse is less than two miles away.

AUDIT FINDINGS

Summary of Audit Findings:

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

Number of standards exceeded:	2
Number of standards met:	43
Number of standards not met:	0

Following extensive review of the evidence gathered during and after the November 4 – 5, 2019 onsite Prison Rape Elimination Act (PREA) audit of the Lassen County Adult Detention Facility, the review finds that the facility is in compliance with 77.8% of the 45 standards in the adult prisons and jails audit compliance tool. The facility exceeded two standards, met 33 standards and did not meet 10 standards. Below is a summary of the standards exceeded, standards met, and standards not met.

****Standards Exceeded****

TRAINING AND EDUCATION

- 115.32 - Volunteer and contractor training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.42 - Use of screening information.

****Standards Met****

PREVENTION PLANNING

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

RESPONSIVE PLANNING

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

TRAINING AND EDUCATION

- 115.31 - Employee training.
- 115.35 - Specialized training: Medical and mental health care.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.43 - Protective custody.

REPORTING

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

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

INVESTIGATIONS

- 115.72 - 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 AND MENTAL CARE

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

DATA COLLECTION AND REVIEW

- 115.88 - Data review for corrective action.

AUDITING AND CORRECTIVE ACTION

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

****Standards Not Met****

PREVENTION PLANNING

- 115.17 - Hiring and promotion decisions.

TRAINING AND EDUCATION

- 115.33 - Inmate education.
- 115.34 - Specialized training: Investigations.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

- 115.41 - Screening for risk of victimization and abusiveness.

REPORTING

- 115.53 - Inmate access to outside confidential support services.

INVESTIGATIONS

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

DATA COLLECTION AND REVIEW

- 115.86 - Sexual abuse incident reviews.
- 115.87 - Data collection.
- 115.89 - Data storage, publication, and destruction.

Pursuant to PREA Standard 115.404, the submission of the interim audit report triggered the start of the 180-day corrective action period which was scheduled to end on June 17, 2020. The AUDITOR and the agency worked jointly on the development of a corrective action plan to achieve compliance where standards were not met. The agency/facility designated the PREA Coordinator to work jointly with the AUDITOR on the development of the corrective action plan. The AUDITOR reviewed updated policies, procedures and other documentation, and determined that a re-inspection of the facility was not needed to verify implementation of corrective action plan measures. On February 13, 2020, the AUDITOR gave notice to the agency/facility of the approval of the corrective action plan. Within 30 days of approving the corrective action plan, the AUDITOR issued a final determination that the facility achieved compliance where standards were not met.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Agency organizational chart <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Corrected compliance issues identified during the site review <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.11(a)</p> <p>The standard provision requires the agency to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct. The PAQ reflects that the agency has a policy mandating zero-tolerance toward all forms of sexual abuse and sexual harassment; that the facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment; that the policy includes definitions of prohibited behaviors, sanctions for those found in violation, as well as strategies and responses to reduce and prevent prohibited behavior. Policy 612, PREA, specifies the agency's zero tolerance with regard to sexual abuse and sexual harassment of inmates, definitions of prohibited behaviors, specifies that the agency will take appropriate affirmative measures to protect inmates and promptly investigate all allegations. The policy further states that appropriate action, including disciplinary (up to and including termination) and referral for criminal prosecution will be taken against anyone found to have engaged in sexual abuse of inmates. The policy is comprehensive; it calls for the appointment of a PREA Coordinator and lists all responsibilities assigned to the incumbent. The policy specifies limits on cross-gender viewing, searches, hiring and promotions, staff training, inmate education, inmate risk-assessment and reassessment, and how risk-assessment information is to be used to protect inmates from sexual abuse and sexual harassment.</p> <p>Policy 612 specifies the agency's zero-tolerance policy towards sexual abuse and sexual harassment, includes definitions of prohibited behavior, sanctions for those found to have violated the policy, and strategies for responding to and preventing sexual abuse and sexual harassment of inmates. Policy 612 supports a determination of compliance with the standard provision.</p> <p>115.11(b)</p> <p>The standard provision requires the agency to employ or designate an upper-level, agency-</p>

wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PAQ reflects that the agency designated an upper-level agency-wide PREA Coordinator with sufficient time and authority to perform the specified duties, and that the position is included in the agency's organizational structure. The agency's organizational chart identifies a sergeant as PREA Coordinator reporting to the custody lieutenant. The PREA Coordinator reported that she reports to the agency's custody division lieutenant on PREA-related matters; she confirmed that she has enough time to manage all PREA-related responsibilities, and that there is not a PREA Compliance Manager for the facility. She stated that if she identifies a compliance issue, she consults with Lt. McGarva, (previously served as PREA Coordinator), and takes appropriate corrective action, be it training, procedural change etc. During the site review, the AUDITOR identified a few compliance issues and the PREA Coordinator corrected them the same day.

As a correctional sergeant, the PREA Coordinator represents an upper-management position on the agency's organizational chart; on PREA-related matters, she reports to the agency's custody division lieutenant, as opposed to the facility commander; and during the pre-onsite and onsite phases, she demonstrated that she has sufficient time and authority to develop, implement, and oversee the agency's efforts to comply with the PREA standards. The organizational chart, the interview with the PREA Coordinator, and the observations during the pre-onsite and onsite phases support a determination of compliance with the standard provision.

115.11(c)

The standard provision states that where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The agency operates only one facility and the PAQ reflects that a PREA Compliance Manager has not been designated for the facility. The PREA Coordinator confirmed that a PREA Compliance Manager has not been assigned and that she coordinates the facility's efforts to comply with the PREA standards. During the site review, the AUDITOR verified that the PREA Coordinator coordinates the facility's efforts to comply with the PREA standards.

The agency operates only one facility; under the standard provision, a PREA compliance manager is required only when the agency operates more than one facility. The agency's decision to not designate a PREA compliance manager and instead assign those responsibilities to the PREA Coordinator supports a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.11(a) – No corrective action required.

115.11(b) – No corrective action required.

115.11(c) – No corrective action required.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.12(a)</p> <p>The standard provision states that a public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity's obligation to adopt and comply with the PREA standards. The PAQ reflects that the agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012 and that the standard provision does not apply. Policy 612 does not include provisions related to this standard.</p> <p>The standard provision does not apply because the agency does not contract with private agencies or other entities for the confinement of inmates.</p> <p>115.12(b)</p> <p>The standard provision states that any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards. The PAQ reflects that the standard provision does not apply.</p> <p>The standard provision does not apply because the agency does not contract with private agencies or other entities for the confinement of inmates.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.12(a) – No corrective action required.</p> <p>115.12(b) – No corrective action required.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612 PREA - Staffing plan - 2019 Annual review - Written directive on Unannounced Rounds and Documentation - Shift Supervisor Logs - Unit logbooks - Video footage of supervisory rounds <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - PREA Coordinator - Shift supervisor <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Supervision in the SHU, roving officer rounds, and statement from inmates <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.13(a)</p> <p>The standard provision requires the agency to ensure that each facility it operates develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration:</p> <ol style="list-style-type: none"> (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors. <p>The PAQ reflects that the agency requires the facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring, to protect inmates from sexual abuse; that the</p>

average daily inmate population is 109; and that the plan is predicated upon an average daily population of 101 inmates. The staffing plan describes the facility's physical plant, each housing unit, the classification of assigned inmates, as well as available programs and activities. The plan explains the two work shifts, the staffing levels, supervision for each shift, the video surveillance system, and explains how each of the 11 factors prescribed by the standard provision is considered in calculating adequate staffing levels and determining the need for video monitoring. For instance, for Item (5) above, the plan identifies the type of facility, lists specific areas with blind spots, and the procedures implemented to mitigate them. For Item (7), the plan considers the minimum staffing level for each shift and describes specific variations in officer duties to ensure adequate supervision as circumstances change throughout the day. Policy 612 calls for the PREA Coordinator to develop a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, to protect inmates from sexual abuse and requires consideration of the 11 factors in calculating adequate staffing levels and the need for video monitoring. Custody Division Lt. McGarva was acting facility commander and he reported that staff are assigned at the level necessary to ensure inmate safety which is complemented by video monitoring and that the supervisor log is emailed to the commander for review at the end of each shift. He identified the facility as a Type II facility operating pursuant to the California Code of Regulations and in compliance with the BSCC standards. He asserted that there has not been any judicial findings or findings of inadequacy by federal or external oversight bodies; that the facility was inspected during different shifts and staffing levels to identify blind spots; that inmates are screened for risk of victimization and abusiveness; that the facility considers an inmate's classification level and offenses; that there is a supervisor on each shift, including a sergeant on weekends and a lieutenant or captain on weekdays; that the majority of programs operate during the day while program coordinators are on duty; that the agency is able to update its policies as needed to comply with state and federal law; and that deputies conduct hourly safety checks and document their rounds, which are complemented by video monitoring. Sergeant Foster was interviewed as the PREA Compliance Manager and she reiterated most of what Lt. McGarva stated. She explained that where a blind spot is identified, the facility requires additional rounds; that a roving officer conducts security rounds throughout the facility during the day shift and the Intake deputy serves as roving officer on the night shift; that the facility conducts the required PREA risk-assessments and considers inmates' classification levels; that a supervisor is assigned to every shift; that security staff check on inmate programs, including the religious program at night; and that the facility makes sure corporals conduct unannounced rounds without a discernible pattern. During the site review, the AUDITOR noted that supervision in the SHU is direct and constant by the assigned officer and indirect by the control room officer. For Dorms 301, 303, 502, and 504, supervision is direct on an intermittent basis when the roving officer is present (about every 30 to 45 minutes) and indirect via video monitoring and direct view into Dorms 301 and 303 from the corporal's station in the control room.

The facility developed and documented its staffing plan, the facility commander reviews the plan for compliance at the end of each shift. The AUDITOR's observations during the site review reflect that video monitoring provides substantial coverage of the facility to complement direct staff supervision. The staffing plan, the AUDITOR's observations during the site review, and interviews with the facility commander and PREA Coordinator support a determination of compliance with the standard provision.

115.13(b)

The standard provision states that in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The PAQ reflects that there have been no deviations from the plan in the past 12 months. Policy 612 calls for documenting deviations from the staffing plan and the reasons for such deviations. The staffing plan requires all deviations to be documented on the activity log completed by the shift supervisor but does not specifically call for the facility commander to review watch reports daily to determine if authorized staffing levels were met. The acting facility commander reported that the supervisor's log is emailed to the facility commander at the end of each shift to review for potential deviations. Per the AUDITOR's request, the PREA Coordinator provided a shift supervisor log reflecting that a correctional technician was assigned to the control room to overcome a potential deviation from the staffing plan.

The facility documents and justifies deviations from the staffing plan; however, there were no such deviations during the audit period as reported by the PREA Coordinator. The facility provided the aforementioned supervisor log to demonstrate its flexibility in redirecting staff to cover shift vacancies. The interview with the acting facility commander, the statement from the PREA Coordinator, and the supervisor log support a determination of compliance with the standard provision.

115.13(c)

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

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

The PAQ reflects that the annual reviews in question are conducted and include the assessment, determination, and documentation of whether the adjustments prescribed above are needed. Policy 612 includes a requirement to review the staffing plan a minimum of once per year. The facility provided documentation of its September 30, 2019, annual review; the documentation reflects that the PREA Coordinator met with the facility commander and another lieutenant to assess the facility's staffing levels and potential changes to the video surveillance system. Although the staffing level was not changed and the review did not identify a need for additional cameras, the staffing plan was updated to reflect inmate population, housing, and program changes implemented over the previous months. The PREA Coordinator confirmed that she is involved in any assessments of, or adjustments to, the staffing plan; and, that such assessments include the facility's deployment of video monitoring technology, as well as construction, population changes, and relocating inmates to other housing units.

The facility, in consultation with the PREA Coordinator, conducted and documented its annual review of the staffing plan to determine whether prescribed adjustments were needed. The 2019 annual review and the interview with the PREA Coordinator support a determination of compliance with the standard provision.

115.13(d)

The standard provision states that the agency operating a facility shall implement a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. The PAQ reflects that supervisors are required to conduct and document unannounced rounds on all shifts and that alerting staff of the rounds is prohibited. An April 5, 2019, written directive instructs all corporals and officers in charge to conduct and document unannounced rounds at various times and includes signatures acknowledging the directive. The facility provided ten shift supervisor logs with dates ranging from February 14 to July 15, 2019; the logs include documentation of unannounced supervisor rounds at different times on both shifts. A shift supervisor confirmed that he conducts unannounced rounds, that he documents the rounds in the supervisor logs, and that he keys himself through the door without anyone knowing to ensure housing unit staff are not aware of his rounds. During the site review, inmates confirmed that supervisors conduct rounds in their housing units. Sergeant Foster provided a DVD with video footage of supervisory rounds conducted on February 14, April 6, April 12, and April 14, 2019; the video footage shows a corporal conducting rounds through all housing units at different times during the day and night shifts. The supervisor logs reflect that corporals conduct one to two rounds per shift and the rounds are conducted at different times. The AUDITOR compared the dates and times of the supervisory rounds with entries on the respective shift supervisor logs provided and the dates and times of the rounds on the video footage coincide with the entries on the supervisor logs.

The written directive, the shift supervisor logs, the shift supervisor interview, statements from inmates during the site review, and the review of the DVD support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.13(a) – No corrective action required.

115.13(b) – No corrective action required.

115.13(c) – No corrective action required.

115.13(d) – No corrective action required.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Staffing Plan <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - PREA Coordinator <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Tour of housing units <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.14(a)</p> <p>The standard provision states that a youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The PAQ reflects that the facility has not housed youthful inmates in the past 12 months. The staffing plan specifies that youthful inmates are not housed at the facility and during the site review the AUDITOR did not see any evidence of youthful inmates at the facility. The facility commander and the PREA Coordinator confirmed that the facility does not house youthful inmates.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(b)</p> <p>The standard provision states that in areas outside of housing units, agencies shall either: (1) maintain sight and sound separation between youthful inmates and adult inmates, or (2) provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact. The PAQ reflects that the standard provision does not apply.</p> <p>The standard provision does not apply because the facility does not house youthful inmates.</p> <p>115.14(c)</p> <p>The standard provision requires the agency to make its best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, agencies shall not deny youthful inmates daily large-muscle exercise and any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible. The PAQ reflects that the standard provision does not apply.</p>

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

RECOMMENDED CORRECTIVE ACTIONS

115.14(a) – No corrective action required.

115.14(b) – No corrective action required.

115.14(c) – No corrective action required.

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 528, Searches - Policy 204, Supervision of Inmates – Minimum Requirements - Opposite Gender Announcement poster - Photo of window covering - PREA Training PowerPoint - Staff training roster, June 13, 2019 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Correctional deputies and corporals - Inmate interviews (female) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statements from inmates - Video monitoring in the Control Room - Tours of housing units and Intake <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.15(a)</p> <p>The standard provision states that the facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners. The PAQ reflects that the facility does not conduct cross-gender strip or visual body cavity searches and has not conducted any such searches in the past 12 months. Policy 528, Searches, requires the person conducting a “modified strip search” or strip search to be the same gender as the person being searched. The policy specifies that only a physician may conduct a body cavity search and only with a search warrant and approval of the Jail commander or authorized designee. There were no cross-gender strip searches or cross-gender visual body cavity searches conducted at the facility during the past 12 months; therefore, the required interviews and document reviews were not available.</p> <p>Policy 528 and the facility’s ability to avoid these searches support a determination of compliance with the standard provision.</p> <p>115.15(b)</p> <p>The standard provision states that as of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates’ access to regularly available programming or other out-of-cell</p>

opportunities in order to comply with this provision. The PAQ reflects that the searches in question are not allowed absent exigent circumstances, that the facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision, and that there have been no such searches at the facility. Policy 528 specifically prohibits male staff from conducting pat-down searches of female inmates and recommends the presence of a staff member of the same gender to witness such search in the event a female staff member is not available. Policy 204, Supervision of Inmates, forbids restricting a female inmate's access to regularly available out-of-cell opportunities in order to comply with the cross-gender pat-search policy. Correctional deputy and corporal interviews reflect that the facility would not restrict a female inmate's access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. None of the six female inmates interviewed have any knowledge of a female inmate not able to access regularly available programming or other out-of-cell opportunities because female staff was not available to conduct pat-down searches. There were no cross-gender pat-down searches of female inmates; therefore, there were no logs or videos of such searches to review.

Policies 528 and 204, the deputy and corporal interviews, the female inmate interviews, and the facility's ability to avoid these searches support a determination of compliance with the standard provision.

115.15(c)

The standard provision states that the facility shall document all cross-gender strip searches and cross-gender visual body cavity searches and shall document all cross-gender pat-down searches of female inmates. The PAQ reflects that the facility requires documentation of the searches in question. Policy 528 requires documentation of the three types of searches in question, including cross-gender modified strip searches. Facility staff did not conduct any of the searches in question; therefore, there was no documentation related to such searches to review.

Policy 528 and the facility's ability to avoid these searches support a determination of compliance with the standard provision.

115.15(d)

The standard provision requires the facility to implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit. The PAQ reflects that the facility implemented the policies and procedures prescribed by the standard provision. Policy 204 specifies the procedures prescribed by the standard provision, as well as other measures to prevent cross-gender viewing, e.g.: an announcement is made to halt all traffic to and from the Intake area while strip searches are in progress. The facility provided a poster used to remind staff to make opposite gender announcements and a photo of the window covering used to prevent cross-gender viewing while a strip search is in progress. Correctional deputy and corporal interviews reflect that staff are required to announce their presence before entering an area that houses inmates of the opposite gender and that inmates are able to shower, perform bodily functions,

and change clothing without non-medical staff of the opposite gender viewing them. Inmates confirmed during interviews that staff of the opposite gender announce their presence before entering their housing areas and that they are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing them. Two of 20 inmates interviewed (one being LEP) reported not hearing opposite gender staff announcements. During the site review, the AUDITOR noted the cross-gender announcement reminder posted at the entrance of every housing unit. Inmates using the shower or toilets in housing units are not visible from the housing unit floor or on surveillance video. Window coverings are in place at both general population and administrative segregation female housings to provide privacy and prevent cross-gender viewing. Except for cell 208, toilets in Intake holding cells are not visible from the hallway; the AUDITOR pointed-out the concern with cell 208 and the PREA Coordinator committed to using existing window covers to provide privacy for inmates in that cell. Toilets on exercise yards are protected from view by a half wall structure and are blacked-out from view on video monitoring screens in the Control Room. The AUDITOR asked and inmates reported that they had no concerns about cross-gender viewing in their housing units and confirmed opposite gender staff announcements.

Policy 204, the interviews with deputies and corporals, the interviews with inmates, the opposite gender announcement posters at housing unit entrances, the window coverings, the toilets blacked-out on video monitoring screens, the half-wall structure on exercise yards, the practice of halting traffic while a strip-search is in progress, the PREA Coordinator taking immediate action to use window covering for cell 208, and inmate statements during the site review support a determination of compliance with the standard provision.

115.15(e)

The standard provision states that the facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. The PAQ reflects that no such searches occurred in the past 12 months. Policy 528 specifies the requirement of the standard provision. Correctional deputy and corporal interviews reflect that agency policy does not allow the searches in question; however, one deputy thought such searches are allowed and another did not know. The PREA Coordinator reported that there were no transgender or intersex inmates at the facility; therefore, the AUDITOR did not conduct such interviews.

Although one deputy thought such searches were allowed and another did not know, their responses reflect a need for additional training and do not, in-and-of-themselves, support a determination of non-compliance with the standard provision because no such searches have been reported. Policy 528, deputy and corporal interviews, and the absence of the searches in question support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should ensure all security staff are trained on the provisions of Policy 528.5.

115.15(f)

The standard provision requires the facility to train security staff in how to conduct cross-

gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. The PAQ reflects that 31 staff members received the mandated training. A June 13, 2019, staff training roster reflects that 31 staff members received four hours of PREA training and the PREA Training PowerPoint includes the topic prescribed by the standard provision. Correctional deputies and corporals confirmed that they received the required training either at the core academy or during annual refresher training.

The staff training roster, the PREA Training PowerPoint, and deputy and corporal interviews support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.15(a) – No corrective action required.

115.15(b) – No corrective action required.

115.15(c) – No corrective action required.

115.15(d) – No corrective action required.

115.15(e) – No corrective action required.

115.15(f) – No corrective action required.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Sheriff’s Custody Manual - Wellpath Policies and Procedures - PREA Education Video (English and Spanish) - Ending the Silence – Demanding Safety from Sexual Abuse - PREA Education script (English to Spanish) - PREA Information written in Basque and Hmong - PREA Brochure in Spanish - PREA wall poster - Deaf Interpreter Services (DIS) website <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency Head or designee - Deputies and corporals - Inmate with disability - Inmates with LEP <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Housing unit tours - Statements from inmates <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.16(a)</p> <p>The standard provision requires the agency to take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164. The PAQ reflects that the agency</p>

established procedures to provide equal opportunity for inmates with the specified disabilities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Custody Manual Section 604.3 requires the Jail Commander to establish guidelines for services, programs and activities for the disabled and ensuring that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. It further requires establishing guidelines for accommodating individuals who are deaf or hard of hearing, vision or mobility impaired, as well as identification and evaluation of all inmates with developmental disabilities, including contacting the regional center to assist with diagnosis and/or treatment within 24 hours of identification. The section requires inmates to be asked to reveal any accommodation requests during the intake classification process and for such requests to be addressed according to the classification process. According to Custody Manual Section 506.2.2, inmates who are illiterate, visually impaired, or have intellectual, psychiatric, or speech disabilities, or limited reading skills, shall have the materials read to them by a staff member or presented to them using audible recorded media. The manual requires interpreter services for inmates who are deaf or hard of hearing and reasonable efforts by the staff to assist inmates in understanding the information. The facility provided three illustrated stories used for inmate PREA education involving inmates with intellectual disabilities; the stories are part of the "Ending Silence: Demanding Safety from Sexual Abuse" series provided by the PREA Resource Center. These stories provide sexual safety awareness in the form of three novels with illustrations and thought balloons; these novels can be used for both inmate and staff education. The PREA Education video has subtitles to accommodate inmates with hearing impairments. Key PREA information is available in large print on the inmate wall poster to accommodate inmates with low vision. The facility uses DIS (Deaf Interpreter Services), a website that provides certified sign language interpreter service via video; the facility's medical provider uses this website. The AUDITOR visited the website and the description of services appears to satisfy the requirements to make sign language interpreter service available for communication with inmates. During the interview, agency head designee, Lt. McGarva, identified the comic books and the DIS as accommodations to provide inmates with disabilities 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 added that incoming telephone services will include telecommunications device for the deaf or TDD and agreed to provide a photo of the device when it is in place. Inmates are issued a computerized pad to view the PREA education video and other material; the video accommodates inmates with certain disabilities that limits reading. One inmate with limited vision in one eye and an injury to the other eye acknowledged receiving the PREA education the day after intake.

The facility provides a panoply of accommodations to ensure inmates with disabilities (including, inmates who are deaf or hard of hearing, blind or low vision, or have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Those accommodations include, the comic books, PREA information in large print, DIS, reading information to inmates, and the education video with subtitles. The Custody Manual Sections 604.3 and 506.2.2, the comic books, the DIS, the education video with subtitles, the PREA poster in large print, and the interviews with Lt. McGarva and the inmate with a disability support a determination of compliance with the standard provision.

115.16(b)

The standard provision requires the agency to take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. The PAQ reflects that the agency established procedures to provide equal opportunity for inmates with LEP to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment; that the facility uses Google Interpreter and does not have contracts for interpreter services. Custody Manual Section 506.2.1 requires inmate orientation to be provided in the most commonly used languages for the inmate population. It requires the Jail Commander to consider enlisting the assistance of volunteers who are qualified and proficient in English and the language in which they are providing translation assistance to translate the orientation information and to consider use of outside translation sources. It further calls for interpretive services to be provided to inmates who do not speak English or any of the other languages in which the orientation information is available. Wellpath Policies and Procedures call for use of translation services to ensure patients with difficulty communicating understand how to access health care services. The facility provided its PREA Education script (English to Spanish) and PREA information written in Basque and Hmong. These documents inform inmates about PREA, the zero-tolerance policy, tips for avoiding abuse, as well as definitions of sexual abuse, sexual harassment, and voyeurism. The facility also provided the Spanish version of the PREA brochure and the PREA education video. Lt McGarva identified telephone interpreter services and the use of Google translate as tools used to provide inmates with LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The facility identified three inmates with LEP, all Spanish-speaking. The AUDITOR is fluent in Spanish and conducted the interviews in Spanish. Two inmates acknowledged receiving PREA information in Spanish via a staff interpreter; the other said he did not but acknowledged seeing the PREA poster in Spanish.

The Custody Manual Section 506.2.2; the Wellpath Policies and Procedures; the Spanish versions of the brochure, the PREA poster, the PREA education script, and the PREA video; the staff member who interprets in Spanish; the PREA Information written in Basque and Hmong; and the interviews with Lt. McGarva and two inmates with LEP support a determination of compliance with the standard provision.

115.16(c)

The standard provision states that the agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under § 115.64, or the investigation of the inmate's allegations. The PAQ reflects that agency policy prohibits the use of inmate interpreters except under the limited circumstances specified by the standard provision; that the facility does not document the limited circumstances whenever such inmate assistance is used; and that in the past 12 months, there have been no use of inmate assistants where the limited circumstances did not apply. Policy 612 specifies that a first responder shall not rely on inmate interpreters, inmate readers, or inmate assistance, except where one of the limited circumstances exist. During interviews, the AUDITOR asked deputies and corporals how they would handle a

situation in which an inmate who is limited English proficient wishes to report sexual abuse and whether they would allow an inmate interpreter if there was no other option. Three said they would allow an inmate interpreter under the circumstance; however, none of them were aware of the limited circumstances specified in the standard provision or of any instance in which an inmate interpreter was used in a PREA-related matter; the other five were not aware of the limited circumstances either.

Policy 612 supports a determination of compliance with the standard provision. While the deputies and corporals may not be aware of the limited circumstances in question, there was no incident in which the limited circumstances should have been invoked and were not. Even if the officers are not aware of the provisions of the PREA standards, they should be familiar with the provisions of their agency's Custody Manual, which includes the three limited circumstances in Section 612.6. It is evident that training is needed to prepare security staff to respond according to policy in the event of an actual situation.

AUDITOR RECOMMENDATION:

The facility should provide training to security staff on this standard provision and Custody Manual, Section 612.6, as it relates to performing staff first responder duties in a situation in which an inmate, who needs assistance with communication due to a disability or limited English proficiency, wishes to report sexual abuse or retaliation to staff. Security staff should be knowledgeable of the three limited circumstances in which an inmate interpreter is allowed under these circumstances. The facility should provide documentation that security staff received this training.

RECOMMENDED CORRECTIVE ACTIONS

115.16(a) – No corrective action required.

115.16(b) – No corrective action required.

115.16(c) – No corrective action required.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 310, Selection Process - PREA Coordinator Memorandum to all staff dated October 7, 2019 - Employee and contractor files - Volunteer files - Corporal oral board with PREA questions - Correctional Deputy oral board with PREA questions - Cook Coordinator oral board with PREA questions - Volunteer oral board with PREA questions - Conditional Offer of Employment <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Human Resources Manager (Sergeant Foster) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.17(a)</p> <p>The standard provision states that the agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:</p> <ol style="list-style-type: none"> (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section. <p>The PAQ reflects that agency policy prohibits hiring or promoting anyone (or enlisting the services of any contractor) who may have contact with inmates who has engaged in the specified sexual misconduct. Policy 310.4 specifies the requirements of the standard provision verbatim. The agency provided oral interview questions asked of candidates for correctional corporal, correctional deputy, cook, and volunteer; in all cases, candidates are asked if they have ever engaged in the sexual misconduct specified by the standard provision. Sergeant Foster provided the background investigation files of all three correctional deputies hired during the audit period and the AUDITOR verified that each candidate answered the three sexual misconduct questions. The same review process was conducted for five volunteer files the AUDITOR selected randomly from a total of 14 files and, in all cases, the files reflect that</p>

the candidate answered the three sexual misconduct questions. Sergeant Foster reported that there were no promotions during the audit period; therefore, no promotional files were reviewed.

The agency demonstrated through documents produced and files reviewed that it does not hire or promote anyone who may have contact with inmates, or enlist the services of any contractor or volunteer who may have contact with inmates, who has engaged in the sexual misconduct specified in the standard provision. Policy 310, the oral interview questionnaires, and the file reviews of candidates for hire and prospective volunteers support a determination of compliance with the standard provision.

115.17(b)

The standard provision requires the agency to consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates. The PAQ reflects that agency policy requires consideration of incidents of sexual harassment before hiring or promoting anyone or enlisting the services of any contractor who may have contact with inmates. Policy 310.6 lists having been disciplined by an employer for sexual harassment as a disqualifying factor for correctional officer. The oral board questions for corporal, correctional deputy, cook, and volunteer ask the candidate about sustained complaints of sexual harassment. Sergeant Foster requested to be interviewed as the human resources representative and she confirmed that the agency considers 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; and that checks with previous employers include asking about sustained allegations of sexual harassment. The files reviewed included completed oral interview questionnaires where the candidates answered questions about sustained allegations of sexual harassment.

The agency demonstrated through documents produced and files reviewed that it considers 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. Policy 310, the oral interview questionnaires, the interview with Sergeant Foster, and the onsite file reviews of candidates for hire and prospective volunteers support a determination of compliance with the standard provision.

115.17(c)

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

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

The PAQ reflects that agency policy requires the criminal background records checks prescribed by the standard provision before hiring new employees who may have contact with inmates and that nine of these checks were conducted on new hires in the past 12 months. Sergeant Foster later confirmed that there were only three criminal background records checks on new hires during the audit period and that the other six were records checks on volunteers. Policy 310.3.1 calls for a thorough background investigation on all employees who may have contact with inmates. The agency's conditional offer of employment informs

candidates for correctional deputy and for cook coordinator of a conditional offer of employment pending, among other requirements, completion of a background investigation pursuant to California Government Code 1031(d). During the interview, Sergeant Foster confirmed that the agency conducts a criminal background records check before hiring new employees who may have contact with inmates and that those checks include contacting prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The employee files reviewed confirmed that the agency completes background investigations before hiring new employees who may have contact with inmates; Sergeant Foster displayed the background investigator's summaries explaining the process, which includes contacting prior employers, and confirming the background clearance for each candidate.

The agency demonstrated through the files reviewed that a criminal background records check, which includes contacting prior employers, is performed before hiring new employees who may have contact with inmates. Policy 310, the interview with Sergeant Foster, and the review of new employee background clearances support a determination of compliance with the standard provision.

115.17(d)

The standard provision requires the agency to also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates. The PAQ reflects that agency policy requires the prescribed criminal records check before enlisting the services of contractors who may have contact with inmates and that there were zero checks on contractors in the past 12 months. Policy 310.3.1 calls for a thorough background investigation on all contractors who may have contact with inmates. During the interview, Sergeant Foster confirmed that the agency performs a criminal background records check before enlisting the services of any contractor who may have contact with inmates and reported that no such contractors were retained for services during the past 12 months.

Policy 310 and the interview with Sergeant Foster support a determination of compliance with the standard provision.

115.17(e)

The standard provision requires the agency to either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees. The PAQ reflects that either agency policy requires quinquennial criminal background records checks or the agency has a system in place for capturing such information for current employees; and, that no contractors have been in place long enough to require a background records re-check. Policy 310.3.1 specifies the requirement of the standard provision for employees and contractors. During the interview, Sergeant Foster reported that the agency has a system in place where subsequent arrests and convictions are automatically captured for current employees and contractors instead of conducting five-year background records re-checks. The file reviews with Sergeant Foster verified that the agency has DOJ subsequent arrest notification in place for employees and contractors, that a live scan is completed every five years for volunteers, and that no volunteer has been in place long enough to require a five-year records re-check.

The agency demonstrated through file reviews that it has in place a system where it receives subsequent arrest notifications and convictions (from the DOJ) involving employees and contractors and runs a live scan re-check on volunteers every five years. Policy 310, the file reviews, and the interview with Sergeant Foster support a determination of compliance with the standard provision.

115.17(f)

The standard provision requires the agency to ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Policy 310.4 requires the agency to ask the three sexual misconduct questions of all candidates, who may have contact with inmates, in written applications or interviews but does not specifically require asking the questions in any interviews or written self-evaluations conducted as part of reviews of current employees. The oral board questions for correctional corporal, correctional deputy, cook coordinator, and volunteer include questions about the sexual misconduct specified in paragraph (a). The PREA Coordinator memorandum to all staff specifies the provisions of paragraphs (a), (f), and (g) of this standard and includes acknowledgment signatures of 39 employees from the captain to non-sworn staff. During the interview, Sergeant Foster confirmed that the agency asks the three sexual misconduct questions for hiring and promotions; she stated that employee performance appraisals do not include a written self-evaluation or an interview with the employee. The AUDITOR probed for clarification and she explained that the report is written, the supervisor meets with the employee, the employee signs the evaluation, and receives a copy. The AUDITOR explained that under the standard provision, the employee should be required to answer the three sexual misconduct questions during this performance appraisal meeting with the supervisor. Sergeant Foster pointed-out that the memorandum to all staff with acknowledgement signatures is an annual requirement but could not produce prior year acknowledgements.

The standard provision calls for asking employees about the sexual misconduct as part of interviews conducted as part of employee performance reviews. Employees sign the memorandum acknowledging that they were advised of the agency's policy that prohibits hiring or promoting anyone who has engaged in the sexual misconduct in question; however, this practice does not include employees being asked directly if they have ever engaged in the sexual misconduct and obtaining answers to the questions. The agency's practice of having employees sign the acknowledgement memorandum does not support a determination of compliance with the standard provision.

115.17(g)

The standard provision states that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination. The PAQ reflects that agency policy includes this standard provision. Policy 310.4 specifies the language of the standard provision. The PREA Coordinator memorandum to all staff informs them of this standard provision and includes acknowledgment signatures of 39 employees from the captain to non-sworn staff. The conditional offer of employment informs candidates for correctional deputy and for cook coordinator that material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

Policy 310, the PREA Coordinator memorandum, and the conditional offers of employment support a determination of compliance with the standard provision.

115.17(h)

The standard provision states that unless prohibited by law, the agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. Policy 310 does not include this requirement. During the interview, Sergeant Foster reported that the agency/facility provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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

RECOMMENDED CORRECTIVE ACTIONS

115.17(a) – No corrective action required.

115.17(b) – No corrective action required.

115.17(c) – No corrective action required.

115.17(d) – No corrective action required.

115.17(e) – No corrective action required.

115.17(f) – The agency shall ask all employees who may have contact with inmates directly about the sexual misconduct described in paragraph (a) of this section as part of employee performance evaluations when the supervisor meets with the employee. Alternatively, the agency may ask employees directly about the sexual misconduct annually and have the employees document their responses. By February 1, 2020, the agency shall provide to the AUDITOR any documentation available of employee responses to direct questioning about the sexual misconduct specified in paragraph (a) above.

115.17(g) – No corrective action required.

115.17(h) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.17(f) – The facility provided a January 26, 2020 version of the PREA Coordinator's memorandum to all staff. In addition to the page with employee signatures, the new version includes a separate page on which each employee would answer the three questions and attest to their responses by printing and signing their names and recording the date. The facility will use this method annually in lieu of asking employees to answer the three questions

during performance review meetings with supervisors. The facility provided the memorandum with employee signatures and 31 separate pages, each with an employee-documented response to the three questions, completed between January 27 and January 29, 2020. The employee-documented responses to the three questions supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Electronic video monitoring screen with camera locations <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency head or designee (Lt. McGarva) - Facility Commander (Lt. McGarva) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - No new construction - Display of video monitoring capabilities in Control - Tour of blind spots identified in 2016 audit <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.18(a)</p> <p>The standard provision states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit. Lt. McGarva confirmed that there has not been any acquisition of a new facility or expansion of the jail. During the site review, the AUDITOR did not identify any new construction or structural modifications; therefore, the standard provision does not apply.</p> <p>The standard provision does not apply.</p> <p>115.18(b)</p> <p>The standard provision states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency's ability to protect inmates from sexual abuse. The PAQ reflects that the agency/facility installed or updated a video monitoring system, electronic surveillance system or other monitoring technology since the last PREA audit. During the interview, Lt. McGarva explained that in designing the upgrade to the system, the facility started with the floor plan of the jail, identified blind spots, and strategically placed cameras to eliminate those blind spots. He added that the upgrade to the facility's video surveillance system substantially eliminated blind spots, that the facility identified previously unknown blind spots during the design process, and that the facility is much better prepared to monitor and record inmate activity with sexual safety in mind. During the site review, the AUDITOR toured the Control Room where a deputy and the corporal monitor video feed from surveillance cameras; the monitoring screens include the layout of the jail with all rooms, cells, dorms,</p>

exercise yards, showers, etc. and the location of cameras in each room/area. The AUDITOR probed and the control deputy displayed the pan/tilt/zoom capabilities of the camera system which provides substantially better coverage and monitoring capability. The facility did not provide any minutes from meetings on upgrading the monitoring system.

With the upgrade to the video surveillance system, the facility substantially eliminated blind spots and enhanced its ability to protect inmates from sexual abuse. The AUDITOR toured areas where blind spots were identified during the 2016 audit, such as a food preparation area in the kitchen, and verified that those areas are now covered by the new camera system. The interviews with Lt. McGarva, the tour of previously identified blind spots, and the display of the upgraded video monitoring capabilities in the Control Room support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.18(a) – No corrective action required.

115.18(b) – No corrective action required.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Lassen County Jail – Evidence Protocol - Lassen Family Services MOU - Marriage and Family Therapist License <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator/Compliance Manager (Sergeant Foster) - Correctional deputies and corporals - SANE - Representative from Lassen Family Services - Qualified agency staff member <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.21(a)</p> <p>The standard provision states that to the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. The PAQ reflects that the agency is responsible for all sexual abuse investigations and that it follows a uniform evidence protocol. Policy 612 calls for evidence collection to be based upon a uniform evidence protocol. The agency provided its written uniform evidence protocol for maximizing the potential for obtaining useable physical evidence; the protocol includes detailed instructions for first responders and staff involved in physical evidence collection, processing DNA evidence, testing DNA evidence, checking specified DNA database, entering DNA test results into the database, forensic medical examination, victim notification protocols, and information about evidence integrity. The AUDITOR asked deputies and corporals about the agency's protocols for obtaining useable physical evidence and who is responsible for sexual abuse investigations. The interviews reflect some degree of consensus. Regarding the protocols, 100% of interviewees included securing the crime scene, 75% included instructions to victim and perpetrator to not take actions that would destroy evidence, 38% included crime scene investigations evidence collection, 62% included forensic medical examination, and 25% included securing the crime scene. Regarding who is responsible for investigations, 38% said PREA Coordinator, and 62% identified the sex crimes investigator.</p> <p>The agency has its written evidence protocol and responses from deputies and corporals</p>

suggest that security staff are generally aware of their responsibilities as it relates to implementing the agency's uniform evidence protocol for maximizing the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions. Clearly there are additional protocols associated with trained investigators, medical staff and other professionals involved in the process of securing and processing physical evidence. Policy 612, the written evidence protocol, and deputy and corporal interviews support a determination of compliance with the standard provision.

115.21(b)

The standard provision states that the protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. The PAQ reflects that the protocol is developmentally appropriate for youth and based upon the most recent edition of the specified publication or similarly comprehensive and authoritative protocols developed after 2011. Policy 312 calls for the evidence protocol to be developmentally appropriate for youth where applicable and adapted from the specified U.S. Department of Justice (USDOJ) publication or similar authoritative protocols developed after 2011. The agency's protocol does not include any reference to cases involving youth; however, the AUDITOR reviewed the USDOJ publication and finds the agency's protocol to be consistent with it. The AUDITOR notes that the facility does not house youthful inmates.

The standard provision calls for the evidence protocol to be developmentally appropriate for youth where applicable; since the facility does not house youthful inmates, this requirement is not applicable. The policy calls for the protocol to be adapted from the specified USDOJ publication or similar authoritative protocol developed after 2011; during the 2016 audit, the AUDITOR provided the specified USDOJ publication to the PREA Coordinator and the facility developed its uniform evidence based upon that publication. The written evidence protocol and its development using the most recent edition of the specified USDOJ publication support a determination of compliance with the standard provision.

115.21(c)

The standard provision requires the agency to offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs. The PAQ reflects that the agency offers victims of sexual abuse access to forensic medical examinations performed by a SAFE or SANE at an outside medical facility (Banner Lassen Medical Center) free of charge; that the facility documents its efforts to provide a SAFE or SANE; that if SAFEs or SANEs is not available, a qualified medical practitioner performs the examination, and that there were no forensic medical examinations performed during the previous 12 months. Policy 612.10 includes all requirements of the standard provision. The agency's written evidence protocol includes forensic medical examinations performed by a SAFE or SANE. During an interview, a SANE from Banner Lassen Medical Center confirmed that Banner performs forensic medical examinations on inmate victims of

sexual assault at the facility and indicated that she is not aware of any such examination performed on inmates in the Sheriff's custody in the past 24 months.

Policy 612.10 and the interview with the SANE support a determination of compliance with the standard provision.

115.21(d)

The standard provision requires the agency to attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services. The PAQ reflects that the agency attempts to make available a victim advocate from a rape crisis center, documents such efforts, and if a rape crisis center is not available, the agency uses a licensed marriage and family therapist. Policy 612.10 includes all requirements of the standard provision. The agency provided its Memorandum of Understanding (MOU) with Lassen Family Services (LFS), which is valid through September 30, 2020. In the MOU, LFS agrees to provide comprehensive services and emergency response to sexual assault/rape crisis to victims when referred by the agency. The agency provided a Marriage and Family Therapist License issued to a person identified in the PAQ as a qualified agency staff member. The AUDITOR interviewed that person and inquired about training and qualifications; following the interview, the PREA Coordinator agreed to no longer list that person as a qualified agency staff member. Sergeant Foster confirmed that the victim advocate would accompany the victim and provide emotional support, crisis intervention, information, and referrals during the forensic medical examination and investigatory interviews; she explained that the agency would contact LFS to make the victim advocate available. During an interview with a representative from LSF, she confirmed that her organization would provide all services prescribed by the standard provision to victims of sexual abuse in the Sheriff's custody.

The agency maintains an MOU with LFS and LFS confirmed that they would assign a victim advocate to provide the services in question to a victim of sexual abuse at the facility. Policy 612.10, the LFS MOU, and the interviews with Sergeant Foster and the LFS representative support a determination of compliance with the standard provision.

115.21(e)

The standard provision states that as requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals. The PAQ reflects that if requested by the victim, the agency provides qualified resources for the events in question. Policy 612.10 calls for making available a qualified member of a community-based organization or a qualified health care or mental health

professional from the agency to provide victim advocate services. Sergeant Foster explained that the agency would contact LFS to make the victim advocate available if requested by the victim. The representative from LFS confirmed that her organization would assign a victim advocate to provide the services prescribed by the standard provision; that LFS has a Spanish-speaking volunteer and uses interpreter services available through the county; that the services are provided by phone, by mail, onsite, or at the hospital; and that there has not been any coordinated response to an incident of sexual abuse at the facility.

Policy 612.10, and the interviews with Sergeant Foster and the LFS representative support a determination of compliance with the standard provision.

115.21(f)

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

The standard provision does not apply.

115.21(g)

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

The Auditor is not required to audit this provision.

115.21(h)

The standard provision states that for the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. The agency provided a Marriage and Family Therapist License issued to a person identified in the PAQ as a qualified agency staff member. The AUDITOR interviewed that person and inquired about training and qualifications; following the interview, the PREA Coordinator agreed to no longer list that person as a qualified agency staff member. The agency always makes a victim advocate from LFS available; the representative from LFS stated that the services can be provided by phone, onsite, or at the hospital.

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.21(a) – No corrective action required.

115.21(b) – No corrective action required.

115.21(c) – No corrective action required.

115.21(d) – No corrective action required.

115.21(e) – No corrective action required.

115.21(f) – No corrective action required.

115.21(g) – No corrective action required.

115.21(h) – No corrective action required.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Memorandum dated October 3, 2019 – Administrative Investigations under PREA - PREA Brochure - Investigative report, 19 - PREA – 001 - 2018 allegations and investigations (10) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency Head or designee (Lt. McGarva) - Investigative staff (IA and criminal investigations) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.22(a)</p> <p>The standard provision requires the agency to ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The PAQ reflects that the agency ensures the specified investigations are completed for all allegations of sexual abuse or sexual harassment; that in the past 12 months, the facility received one unsubstantiated allegation of sexual abuse or sexual harassment; and that there were no administrative or criminal investigations during the past 12 months. Policy 612 requires an administrative or criminal investigation for all allegations of sexual abuse or sexual harassment. The facility provided a memorandum dated October 3, 2019, from the Jail Commander announcing that the agency's Investigations Unit will be responsible for all PREA-related investigations. Although the PAQ reflects that there were no investigations, the agency provided the completed investigative report for the single allegation received in the past 12 months. Agency Head Designee Lt. McGarva confirmed that the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. He explained that allegations are assigned to the investigations unit; that allegations involving a staff member are assigned to the sergeant; that the investigative report is submitted to the division lieutenant for review; that if criminal, the investigation is referred for prosecution and the district attorney might determine the finding; and that if administrative, the division commander determines the finding. The AUDITOR requested all allegations and investigations for calendar year 2018 and the PREA Coordinator provided ten allegations and investigative reports for that year. The AUDITOR reviewed the single 2019 allegation and the ten 2018 allegations and verified that an administrative or criminal investigation was completed for each.</p>

The agency demonstrated through the incident reports and investigative reports provided that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Policy 612, the October 3, 2019 memorandum, the interview with Lt. McGarva, and the incident reports and investigative reports reviewed support a determination of compliance with the standard provision.

115.22(b)

The standard provision requires the agency to have in place a policy to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals. The PAQ reflects that the agency has the policy in question, that all referrals for investigation are documented, and that the policy is made publicly available through other means. Policy 612 calls for referrals for administrative or criminal investigation to be documented in an incident report and the October 3 memorandum calls for all PREA-related allegations to be referred to the agency's investigations unit. The PREA Coordinator reported that the agency makes its policy on referring allegations for investigation available to the public at the front office. The PREA Brochure, published at the front office, informs the reader that all reports of sexual abuse are referred to the agency's Investigations Unit. Both Sergeant Foster (IA investigator) and the Investigations Unity Sergeant confirmed that agency policy requires allegations of sexual abuse or sexual harassment to be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. At least one of the 2018 allegations reviewed was referred to the agency's investigations unit and the others were investigated by a sergeant at the facility. The investigative reports specify who conducted the investigation.

The agency demonstrated through Policy 612 and the October 3 memorandum that it has a policy to ensure all allegations of sexual abuse or sexual harassment are referred for investigation; the agency makes that policy available to the public by posting the PREA brochure at the front entrance; and the agency demonstrated through the incident reports and investigative reports reviewed that it documents such referrals. Policy 612, the October 3 memorandum, the PREA Brochure posted at the front entrance, the interviews with the two investigators, and the review of the incident and investigative reports support a determination of compliance with the standard provision.

115.22(c)

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

The standard provision does not apply.

115.22(d)

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

The AUDITOR is not required to audit this provision.

115.22(e)

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

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.22(a) – No corrective action required.

115.22(b) – No corrective action required.

115.22(c) – No corrective action required.

115.22(d) – No corrective action required.

115.22(e) – No corrective action required.

115.31	Employee training
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 320, PREA Training - PREA Training sign-in sheets - RELIAS Correctional Officer PREA Training - Employee training records (completed Training Acknowledgement Forms) - PREA Training PowerPoint <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Correctional deputies and corporals <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.31(a)</p> <p>The standard provision requires the agency to train all employees who may have contact with inmates on:</p> <ol style="list-style-type: none"> (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p>The PAQ reflects that the agency trains all employees who may have contact with inmates on all ten topics prescribed by the standard provision. Policy 320.3 requires PREA training for employees including the topics prescribed by the standard provision; however, topic (4) above does not specifically include the right of employees to be free from retaliation for reporting sexual abuse and sexual harassment. The agency provided a 113 slide PowerPoint presentation used to train staff and all ten topics prescribed by the standard provision are covered in the presentation. The AUDITOR interviewed all correctional deputies and corporals on duty and the interviews reflect that staff are aware of the agency's zero tolerance policy,</p>	

how to report allegations of sexual abuse, and their responsibilities as it relates to the agency's efforts to eliminate sexual abuse and sexual harassment. All interviewees acknowledged receiving training on the ten topics prescribed by the standard provision and the facility provided sign-in sheets with 15 employee signatures for PREA training provided on June 12, 2019 and another 16 signatures for training provided on June 13, 2019.

Policy 320.3, the training PowerPoint, and the interviews with deputies and corporals support a determination of compliance with the standard provision.

115.31(b)

The standard provision states that such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa. The PAQ reflects that training is tailored as prescribed and provided to employees who are reassigned as specified by the standard provision. Policy 320.3 calls for training to be tailored according to the sex of the inmates at the facility and for staff to receive additional training on security measures and the separation of male and female populations in the same facility if inmates of a specific gender are reassigned. The PowerPoint presentation covers the different dynamics in male versus female confinement settings.

The agency operates only one facility that houses male and female inmates and security staff are rotated through the various security posts on a regular basis; therefore, all security staff work with male and female inmates on a regular basis. Policy 320.3, the PowerPoint presentation, and the regular rotation of security staff through all security posts support a determination of compliance with the standard provision.

115.31(c)

The standard provision states that all current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies. The PAQ reflects that refresher training on PREA requirements is provided annually and Policy 320.3 calls for annual refresher training that covers the agency's sexual abuse and sexual harassment policies and procedures. The facility provided a screenshot of the RELIAS Correctional Officer PREA training. The AUDITOR visited the RELIAS website and found that its module titled "Dynamics of Sexual Abuse in Correctional Systems" includes the ten topics prescribed by the standard provision; this module is included in the screenshot provided by the agency for staff refresher training. The facility also provided sign-in sheets for PREA training provided in June 2019 and deputies and corporals confirmed that they received PREA training during the previous 12 months.

Policy 320.3, the RELIAS screenshot, the PREA training sign-in sheets, and deputy and corporal interviews support a determination of compliance with the standard provision.

115.31(d)

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

electronic verification, that employees understand the training they have received. The PAQ reflects that the agency documents employee training through signature or electronic verification. Policy 320.3 calls for the training sergeant to document employee understanding of training received through signature or electronic verification. The agency provided 24 completed employee training acknowledgement forms; each employee acknowledges by his or her signature attending PREA training in June 2019 on Standard 115.31 with the ten topics prescribed by the standard provision.

Policy 320.3 and the employee training acknowledgment forms provided support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.31(a) – No corrective action required.

115.31(b) – No corrective action required.

115.31(c) – No corrective action required.

115.31(d) – No corrective action required.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 320, PREA Training - Volunteer and contractor training acknowledgement forms - Volunteer/Contractor Training PowerPoint <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Volunteers and contractors who have contact with inmates (3) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.32(a)</p> <p>The standard provision requires the agency to ensure that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The PAQ reflects that 24 volunteers and contractors who may have contact with inmates have been trained on the prescribed topics and that the PowerPoint was used. Policy 320.3 requires PREA training for volunteers and contractors on prevention and detection of sexual abuse and sexual harassment within the facility. The agency provided a 116-slide PowerPoint presentation used to train volunteers and contractors, and all ten topics prescribed under 115.31 are included. The AUDITOR interviewed one volunteer and two contractors who have contact with inmates and all three confirmed that they received PREA training on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The AUDITOR reviewed a sample of five of 14 volunteer and contractor training records at the facility and all records reviewed include documentation of PREA training received.</p> <p>Policy 320.3, the PowerPoint presentation, the training records reviewed onsite, and the volunteer/contractor interviews support a determination of compliance with the standard provision.</p> <p>115.32(b)</p> <p>The standard provision states that the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates, but all volunteers and contractors who have contact with inmates shall be notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PAQ reflects that the training is based upon the services provided and the level of contact with inmates, and that volunteers and contractors</p>

have been notified of the zero-tolerance policy and how to report sexual abuse. Volunteers and contractors signed acknowledgment forms confirming that they received training on the zero-tolerance policy and their responsibility to report. The PowerPoint presentation includes the agency's zero-tolerance policy and how to report allegations of sexual abuse. The AUDITOR interviewed one volunteer and two contractors who have contact with inmates and all three confirmed that they received PREA training that included the zero-tolerance policy and how to report sexual abuse and sexual harassment of inmates.

The PowerPoint presentation used to train volunteers and contractors provides substantially more information than the standard provision requires, including the ten topics prescribed under 115.31 for employees. The volunteer and contractor training PowerPoint and the volunteer and contractor interviews exceed the requirement and support a determination of compliance with the standard provision.

115.32(c)

The standard provision requires the agency to maintain documentation confirming that volunteers and contractors understand the training they have received. The PAQ reflects that the agency maintains the specified documentation acknowledging understanding of training received. Policy 320.3 calls for the training sergeant to document volunteer and contractor understanding of training received through signature or electronic verification. The facility provided 21 forms with volunteer/contractor signatures acknowledging that they attended PREA training that included the ten topics prescribed under 115.31; the forms were dated October 1, 2019. The AUDITOR reviewed a sample of five of 14 volunteer and contractor training records at the facility and all records reviewed included the training acknowledgment form.

Policy 320.3 and the training acknowledgement forms reviewed support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.32(a) – No corrective action required.

115.32(b) – No corrective action required.

115.32(c) – No corrective action required.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Policy 506, Inmate Handbook and Orientation - PREA Education script (English to Spanish) - Inmate education video - Inmate orientation manual - Inmate PREA Brochure (English and Spanish) - PREA information poster - Written PREA information (Basque and Hmong) - Inmate records - Ending the Silence – Demanding Safety from Sexual Abuse - PREA wall poster (large print text) - Deaf Interpreter Services (DIS) website - LEP inmates’ acknowledgment dated 11/19/19 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Intake staff - Inmate interviews (20) - Inmates with LEP <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Intake processing – one inmate <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR’S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.33(a)</p> <p>The standard provision states that during the intake process, inmates shall receive information explaining the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. The PAQ reflects that inmates receive the specified information during intake, that 1058 of 1068 or 99.1% of inmates admitted to the facility during the past 12 months received the information, and that inmates are required to view the PREA video on their tablets every month. Policy 506.2.1 calls for inmate orientation to include, among other topics, the facility’s zero-tolerance policy and how to report sexual abuse and sexual harassment. The PREA poster, the PREA brochure, and the Inmate Orientation Manual (IOM) inform inmates of the zero-tolerance policy and how to report; the latter two are issued to inmates just before initial housing. The AUDITOR observed intake processing and risk-screening of one inmate who arrived during the site review. After observing the intake processing, the AUDITOR asked when does the inmate receive the brochure with the zero-tolerance policy and how to report and staff explained that it is issued with the orientation packet just before initial housing. The AUDITOR</p>

pointed out that the standard provision calls for informing inmates of the zero-tolerance policy and how to report during intake processing and recommended providing the brochure at that time; Sergeant Foster agreed, instructed the intake deputy accordingly, and later informed the AUDITOR that the practice had been changed to provide the brochure during intake processing. The next day, during the interview, the intake deputy confirmed that information provided to inmates during the booking process include the zero-tolerance policy and how to report sexual abuse or sexual harassment. Eight of 20 inmates interviewed reported not receiving the brochure or not recalling; the AUDITOR included these eight inmates in the document review of inmate records. During the document review, the AUDITOR randomly selected seven files of inmates received during the previous 12 months and added the eight inmates who reported not receiving the brochure for a total of 15 files. Twelve of the 15 files reviewed, or 80%, included the inmate's signature acknowledging receipt of the brochure on the day of arrival. The three inmates whose files did not confirm receipt of the brochure were among the eight who reported not receiving it during the interview.

Of the inmate records reviewed, 80% confirmed issuance of the brochure on the day of arrival. Instead of issuing the brochure during intake processing, the facility issued it right after intake processing and just before initial housing. Upon receiving the AUDITOR's recommendation to issue the brochure during intake processing, the PREA Coordinator took immediate action to change the procedure. This is not considered a serious violation of the standard provision because the inmates still received the prescribed information immediately after intake processing instead of during intake processing. Additionally, the PREA poster includes the zero-tolerance policy and how to report, and the AUDITOR identified it in the intake processing room; in-fact, one inmate said he did not receive the brochure, but saw the posting with the information in booking. Policy 506.2.1, the brochure, the IOM, the PREA poster, the review of inmate records, the interviews with the intake deputy and inmates, and Sergeant Foster's immediate action to ensure the brochure is issued during intake processing support a determination of compliance with the standard provision.

115.33(b)

The standard provision states that within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PAQ reflects that during the past 12 months 254 of 298 or 85.2% of inmates who remained at the facility for 30 days or more received the comprehensive education within 30 days of intake. Policy 612.3 calls for the PREA Coordinator to ensure comprehensive education on the topics prescribed by the standard provision is provided to inmates in person or through video within 30 days of intake. The facility uses the Just Detention International (JDI) PREA education video, which includes all topics prescribed by the standard provision; inmates are issued a small electronic tablet to view the video and are required to view it once a month. During the intake processing, the intake deputy was unable to get the video to play on the tablet; the PREA Coordinator explained that the signal appears to be weaker in that area and that the inmate will view the video after initial housing. During the interview, the intake deputy reported that inmates receive the prescribed information on the day of arrival when they view the education video on the tablet. Six of 20 inmates interviewed reported not seeing the video for a variety of reasons; three declined the tablet, two inmates with LEP said the video was played in English, and one inmate said he received the tablet but did not view

the video. Of the 15 inmate files reviewed, 12 or 80%, included the inmate's signature acknowledging the education video; these 12 included two inmates who reported not viewing the video and one who said he declined. The three files with no acknowledgement signatures included one inmate who reported not seeing the video and the two inmates with LEP.

The PAQ reflects that 85.2% of inmates of inmates who remained at the facility for 30 days or more received the comprehensive education within 30 days of intake; 80% the files reviewed include the inmate's signature acknowledging the video within 30 days of intake, and a substantial amount of inmates interviewed reported viewing the video in booking. Policy 612.3, the JDI video, the interviews with the intake deputy and the inmates, and the file reviews support a determination of compliance with the standard provision.

115.33(c)

The standard provision states that current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility. The PAQ reflects that all inmates have been educated on the topics prescribed in 115.33(b). Policy 612.3 calls for the PREA Coordinator to ensure comprehensive education on the topics prescribed by the standard provision is provided to inmates in person or through video within 30 days of intake. The intake deputy reported that inmates receive the prescribed education and information via the brochure and the video, and the PREA Coordinator explained that once every month inmates must view the video before using the tablet for any other reason.

The facility did not implement the PREA standards within one year of its effective date; therefore, this provision does not apply. The agency does not operate any other facility; therefore, the requirement to provide education upon transfer to another facility does not apply. By requiring all inmates to view the video once every month, the facility ensures all inmates who have not received the education are educated. Policy 612.3, the interview with the intake deputy, and the requirement for inmates to view the video once per month before using the tablet for any other reason support a determination of compliance with the standard provision.

115.33(d)

The standard provision requires the agency to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. The PAQ reflects that PREA education is provided in formats accessible to all inmates including those with disabilities and limitations specified by the standard provision. PREA Policy 506.2.1 calls for orientation information to be provided in the most commonly used languages of the inmate population, for the jail commander to consider enlisting the services of volunteers and outside translation sources to translate the orientation information, and for interpretive services for inmates with LEP. Policy 506.2.2 calls for a staff member to read orientation materials to inmates with visual impairment, as well as those with intellectual or psychiatric disabilities, or for the material to be presented to them using audible recorded media; for interpretation services for inmates with deafness; and for staff to make a reasonable effort to assist inmates in understanding the orientation information. The facility provided three illustrated stories for inmate PREA education; the stories are part of the "Ending Silence: Demanding Safety from

Sexual Abuse” series provided by the PREA Resource Center. These stories provide sexual safety awareness in the form of three novels with illustrations and thought balloons; these novels can be used for both inmate and staff education. The PREA Education video has subtitles to accommodate inmates with hearing impairments. Key PREA information is available in large print on the inmate wall poster to accommodate inmates with low vision. The facility uses DIS (Deaf Interpreter Services), a website that provides certified sign language interpreter service via video. The AUDITOR visited the website and the description of services appears to satisfy the requirements to make sign language interpreter service available for communication with inmates. The facility provided its PREA Education script (English to Spanish), which informs inmates of about PREA; the zero-tolerance policy; definitions of sexual abuse, sexual harassment, and voyeurism; and tips for avoiding abuse. The facility also provided the Spanish versions of the information brochure and the PREA education video, as well as written PREA information in Basque and Hmong. Although the facility has the Spanish version of the PREA education video, Spanish-speaking inmates with LEP claimed they only had access to the English version of the video or did not view it. On November 19, 2019, the PREA Coordinator provided three completed PREA risk-assessment forms where each of the three inmates with LEP signed acknowledging that they viewed the education video in Spanish that day.

The facility demonstrated through its various resources, e.g.: Ending Silence, DIS, video with subtitles, PREA education script in other languages, video and brochure in Spanish, that it has the ability to provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills. Having shown the Spanish version of the education video to the three inmates with LEP the facility corrected the situation prior to the issuance of the interim audit report; still, the education was provided ten days past the deadline and the interviews with inmates with LEP and the review of their records reflect that the facility did not consistently provide the comprehensive education to inmates with LEP in formats accessible to them during the audit period. While Policy 506, and the aforementioned resources appear to support a determination of compliance with the standard provision, the interviews with inmates with LEP and the review of their records do not.

115.33(e)

The standard provision requires the agency to maintain documentation of inmate participation in these education sessions. The PAQ reflects that the agency maintains documentation of inmate participation in PREA education and that inmates are required to view the PREA video monthly before continuing use of the tablet. The AUDITOR reviewed a sample of 15 inmate education records and verified that the facility documents, via inmate acknowledgment signatures, that the inmate viewed the PREA education video.

The review of inmate records supports a determination of compliance with the standard provision.

115.33(f)

The standard provision states that in addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, Inmate orientation manuals, or other written formats. The PAQ reflects that the agency ensures key PREA information is available to inmates as specified by the standard

provision. During the site review, the AUDITOR identified the PREA poster in all inmate housing and program areas, the information brochure and the IOM are issued to inmates before initial housing, and inmates confirmed that they are required to view the education video once per month in order to access other resources on the electronic tablet.

The display of the PREA poster in inmate housing and program areas, providing the brochure and the IOM to inmates, and making the video available to inmates via the tablet support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.33(a) – No corrective action required.

115.33(b) – No corrective action required.

115.33(c) – No corrective action required.

115.33(d) – Although ten days past the deadline, the facility provided the comprehensive education to the inmates with LEP whom had not received it and provided the signed acknowledgements as proof. The finding was corrected prior to the issuance of the interim audit report; therefore, no corrective action required.

115.33(e) – No corrective action required.

115.33(f) – No corrective action required.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 320, PREA Training - Investigator Certificates of Completion - Investigator training transcript - NIC PREA Training website <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Sex Crimes Investigator - IA Investigator <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.34(a)</p> <p>The standard provision states that in addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings. The PAQ reflects that agency policy requires the specified training for sexual abuse investigators. Policy 320.5 calls for specialized training for sexual abuse investigators to include evidence collection in confinement settings. The sex crimes investigator reported receiving training specific to conducting sexual abuse investigations in confinement settings and provided a training certificate and a transcript of his training as an investigator; the IA investigator received IA investigation training, but not specific to investigating sexual abuse allegations in confinement. The AUDITOR informed the IA investigator that the required training is available online and the following day she provided three certificates of completion reflecting that the required training had been completed that day.</p> <p>The sex crimes investigator met the prescribed training requirement throughout the audit period; however, the IA investigator conducted sexual abuse investigations at the facility without the benefit of the training prescribed by the standard provision. Policy 320.5, the interview with the sex crimes investigator, and the training records provided by the sex crimes investigator support a determination of compliance with the standard provision; however, the interview with the IA investigator does not.</p> <p>115.34(b)</p> <p>The standard provision states that specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence</p>

collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Policy 320.5 calls for specialized training for sexual abuse investigators to include all four topics prescribed by the standard provision. During the interview, the sex crimes investigator confirmed that he received training on all four topics prescribed by the standard provision and provided a printout of his California Commission on Peace Officer Standards and Training (CPOST) training transcript. Relevant courses on the transcript include "Sexual Assault Investigator – 1st Responder," an 8-hour course completed on November 5, 2015; "Interview and Interrogation," a 40-hour course completed on March 17, 2017; and "Crime Scene Investigation," a 60-hour course completed on June 17, 2017. The facility provided a National Institute of Corrections (NIC) certificate of completion reflecting that the sex crimes investigator completed a 3-hour course titled "PREA Your Role Responding to Sexual Abuse" on December 26, 2017. The IA investigator did not confirm receiving training on any of the topics in question; however, on November 6, 2019, she provided four certificates of completion for the following courses: "the art of Interviews and Interrogations," a 24-hour CPOST course completed on March 7, 2018; "Evidence Collection, Control, and Storage 1.0" a one-hour RELIAS course completed on November 6, 2019; "PREA: Investigating Sexual Abuse in Confinement Setting," a 3-hour NIC course completed on November 6, 2019; and "PREA: Investigating Sexual Abuse in Confinement Setting: Advanced Investigations," a 3-hour NIC course completed on November 6, 2019.

Both investigators provided training records demonstrating that they completed training on the topics prescribed by the standard provision. The NIC website specifies that the PREA course in question is designed to address the requirements outlined in this standard provision. Policy 320.5, the interview with the investigators, the training records provided, and the NIC PREA training website support a determination of compliance with the standard provision.

115.34(c)

The standard provision requires the agency to maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations. The PAQ reflects that the agency maintains documentation showing that investigators completed the mandated training, that two investigators recently assigned to the Investigations Division will soon receive the required training, and that three investigators at the facility completed the training. The facility and the investigators provided documentation that agency investigators completed the required specialized training in conducting sexual abuse investigations; see the certificates of completion and the training transcript listed in (b) above.

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

115.34(d)

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

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.34(a) – The standard provision was not met because the IA investigator had not received the prescribed training prior to conducting sexual abuse investigations; however, the investigator has since completed the training. No corrective action required.

115.34(b) – No corrective action required.

115.34(c) – No corrective action required.

115.34(d) – No corrective action required.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 320, PREA Training - Wellpath Policies and Procedures - Wellpath PREA Training description - Certificates of Completion – Wellpath Academy (6) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.35(a)</p> <p>The standard provision requires the agency to ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in:</p> <ol style="list-style-type: none"> (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. <p>The PAQ reflects that six or 100% of medical and mental health practitioners who work regularly at the facility received the training required by agency policy. Policy 320.4 calls for all full and part-time health care and mental health professionals who work regularly at the facility to receive specialized training on the four topics prescribed by the standard provision. Item 6 of the Wellpath Policies and Procedures - Training/Orientation, specifies the training required for Wellpath employees and all four topics prescribed by the standard provision are included. During the interview a Wellpath administrator and a mental health practitioner confirmed that medical and mental health practitioners received specialized training on the four topics prescribed by the standard provision. The facility provided Wellpath Academy certificates of completion for all six employees on “Wellpath – Prison Rape Elimination Act Training (PREA) (FACILITY).” The certificates reflect that the training was provided in July and August of 2019.</p> <p>Policy 320.4, Item 6 of the Wellpath Policies and Procedures, the interview with the Wellpath administrator and the practitioner, and the certificates of completion support a determination of compliance with the standard provision.</p> <p>115.35(b)</p>

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

The standard provision does not apply.

115.35(c)

The standard provision requires the agency to maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. The PAQ reflects that the agency maintains the documentation showing that practitioners completed the required training. The agency provided six Wellpah Academy certificates of completion for a course titled “Wellpath – Prison Rape Elimination Act Training (PREA) (FACILITY).” The certificates are dated July and August 2019.

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

115.35(d)

The standard provision states that medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner’s status at the agency. The Wellpath administrator provided the course description with learning objectives for the Wellpath academy PREA training lesson plan and confirmed that all Wellpath practitioners have been trained using that lesson plan. The learning objectives cover the topics prescribed for contractors under 115.32 and employee training acknowledgments were addressed in 115.35(a) above.

The Wellpath academy learning objectives and the Wellpath employee training acknowledgement forms support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.35(a) – No corrective action required.

115.35(b) – No corrective action required.

115.35(c) – No corrective action required.

115.35(d) – No corrective action required.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 516, Inmate Classification - PREA Risk Assessment form - Inmate risk assessments - PREA Incident Reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Intake deputy - Employee responsible for reassessments - Inmate interviews (20) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Initial risk-assessment of new inmate - Storage location of inmate risk-assessment information <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.41(a)</p> <p>The standard provision states that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. The PAQ reflects that the agency has a policy that requires the prescribed screening upon admission to the facility or transfer to another facility. Policy 516.4 calls for an initial screening process and a process for determining appropriate housing assignments; the criteria include evaluating inmates for risk of being sexually abused by other inmates or sexually abusive toward other inmates. The AUDITOR interviewed an intake deputy who confirmed that inmates are screened upon admission for risk of victimization and risk of abusiveness toward other inmates. The AUDITOR observed as an intake deputy conducted the risk-assessment of an inmate recently received at the facility; the deputy used the agency's PREA risk-assessment form to ask the risk-assessment questions and documented the inmate's answers on the form. The AUDITOR asked 20 inmates if they were asked the risk-assessment questions upon arrival and 19 said "Yes."</p> <p>Policy 516.4, the interview with the intake deputy, the observation of the screening process, and the inmate interviews support a determination of compliance with the standard provision.</p> <p>115.41(b)</p> <p>The standard provision states that intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PAQ reflects that the policy requires the risk screening within 72 hours of intake and that zero inmates admitted in the past 12 months who remained in the agency's custody for 72 hours or more were screened for risk of victimization or abusiveness</p>

within 72 hours of intake. To clarify the PAQ, the PREA Coordinator stated that all inmates are assessed for risk of victimization and abusiveness before being cleared for housing. Policy 516.4 calls for the initial classification process to take place in booking and for a more in-depth classification no later than 24 hours after the inmate's arrival at the facility. The intake deputy confirmed that inmates are screened for risk of victimization and abusiveness within 72 hours of intake. Of the 19 inmates who acknowledged being asked the risk-assessment questions, 16 said the questions were asked in booking, one said a few days later, and the two did not recall when. The AUDITOR reviewed the records of 15 inmates received during the previous 12 months and all include the completed risk-assessment form with the inmate's signature on the day of arrival, including the inmate who reported not being asked the questions and the inmate who said a few days later. The risk-assessment of the inmate who arrived during the site review was completed within 72 hours of intake.

The facility demonstrated through inmate risk-screening records and the screening of the inmate received during the site review, that it screens inmates for risk of victimization and abusiveness within 72 hours of intake. Policy 516.4, the intake deputy interview, the review of inmate records, the risk-assessment of the inmate received during the site review, and the inmate interviews support a determination of compliance with the standard provision.

115.41(c)

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

The questions on the PREA risk-assessment form support a determination of compliance with the standard provision.

115.41(d)

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

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

Section II of the PREA Risk Assessment form "Possible Victim Factors" considers ten factors including items (1) through (9) above; however, the form bifurcates item (8) into two separate considerations "correctional rape" and "sexual victimization not amounting to correctional rape." The form does not consider item (10) above; however, Policy 516 specifies that the facility shall not house inmates solely for civil immigration detention. The form does not

consider any criteria not prescribed by the standard provision. The intake deputy confirmed that the initial risk-assessment considers items (1) through (9) above by sitting face-to-face with the inmate, ensuring the interview cannot be heard by other inmates, asking the questions on the form, and recording the inmate's answers on the form, where the number "1" is entered for "Yes" answers and the number "0" for "No" answers; this was corroborated when the AUDITOR observed the risk-assessment of the new inmate upon arrival. In Section II, the form includes fields after "Possible Victim Factors" where staff record the inmate's designation as a "KNOWN," "POSSIBLE," or "NON" victim, based upon a point system and consider the need for a placement override.

The facility demonstrated through its PREA risk-assessment form and the risk-assessment of the new inmate, that intake risk-screening considers the factors prescribed by the standard provision; the AUDITOR concedes that item (10) does not apply because the facility does not house the type of inmate in question. The risk-assessment form, the intake deputy interview, and the risk-assessment of the new inmate support a determination of compliance with the standard provision.

115.41(e)

The standard provision states that the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. Section III of the PREA Risk Assessment form "Possible Aggressor Factors" lists four considerations, including the three prescribed by the standard provision, for assessing an inmate's risk of being sexually abusive to others. The form does not consider any criteria not prescribed by the standard provision; however, it bifurcates the first criteria into two considerations, "institutional sexual abuse" and "sexual abuse other than institutional setting." In Section III, the form includes fields after "Possible Aggressor Factors" where staff record the inmate's designation as a "KNOWN," "POSSIBLE," or "NON" aggressor, based upon the point system and consider the need for a placement override. The intake deputy confirmed that the initial risk-assessment considers the three factors above in determining the inmate's risk of being sexually abusive towards other inmates; this was corroborated when the AUDITOR observed the risk-assessment of the new inmate upon arrival.

The facility demonstrated through its PREA risk-assessment form and the risk-assessment of the new inmate, that intake risk-screening considers the factors prescribed by the standard provision. The risk-assessment form, the intake deputy interview, and the risk-assessment of the new inmate support a determination of compliance with the standard provision.

115.41(f)

The standard provision states that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. The PAQ reflects that the policy requires the reassessments prescribed by the standard provision and that 196, or 65.8%, of the 298 inmates admitted to the facility in the past 12 months who remained for 30 days or more were reassessed within 30 days of intake. Policy 516 calls for the classification officer to review the status of an inmate who has been at the facility for more than 30 days. The employee responsible for reassessments confirmed that inmates are reassessed using the PREA risk-assessment form during a face-to-face

interview, and within 30 days of intake. To demonstrate compliance with the 30-day timeline, the date and time of arrival and date and time of reassessment is recorded at the bottom of the form. Of 20 inmates interviewed, 11 acknowledged being asked the risk-assessment questions again within 30 days, four said they were not asked the questions again, one said the questions were asked again after about three months, and four were not yet due because they had not been at the facility 30 days. The AUDITOR reviewed the records of 15 inmates received during the previous 12 months, including those who reported that the questions were not asked a second time or not asked within 30 days of intake. Of the 15, one was released the day after intake and three were not yet due, thus reducing the relevant sample to 11. Of the 11, four were reassessed within 30 days, four were reassessed after 30 days, and three did not show a reassessment date. Four, or 36%, of the 11 records sampled were compliant; the seven non-compliant records include the inmates who claimed the questions were not asked a second time or not asked within 30 days.

The PAQ reflects that 65.8% of inmates received in the previous 12 months who remained for 30 days or more were reassessed within 30 days of intake and only 36% of the 11 records sampled were compliant. The facility has not demonstrated that all inmates who remain for 30 days or more are reassessed for risk of victimization or abusiveness within 30 days of intake. The compliance percentage reported in the PAQ, the inmate interviews, and the records reviewed do not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATIONS:

1. The agency should consider amending Policy 612 to include the requirement to reassess all inmates who remain at the facility for 30 days or more for their risk of victimization or abusiveness within 30 days of intake or amending relevant sections of Policy 516 to include this requirement.
2. The PREA Coordinator should conduct periodic audits of 30-day reassessments until the results show that the practice has been institutionalized.

115.41(g)

The standard provision states that an inmate's risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. The PAQ reflects that the policy requires the reassessments prescribed by the standard provision. Policy 516.7.1 calls for reassessment of an inmate's risk level for all the reasons specified by the standard provision. The employee responsible for reassessments confirmed that reassessments are conducted for the specified reasons; that referrals could come from medical, a corporal, the sergeant, or a third party; and that she has not received any such referrals. During interviews, one inmate in administrative segregation alleged sexual harassment from male inmates in her housing unit and claims she informed housing unit staff on numerous occasions and spoke with a mental health practitioner. The AUDITOR followed-up with the PREA Coordinator and she reported that she checked with staff and no one confirmed receiving any such allegation from the alleged victim. The AUDITOR recommended referring this inmate for reassessment; the PREA Coordinator agreed, provided the completed reassessment form the following day, and reported that the inmate had been moved to a dormitory. The AUDITOR reviewed 11 PREA incident reports and five reports, 18-PREA-02, 18-PREA-15, 18-PREA-16, 18-PREA-17, and 18-PREA-18 involved allegations of inmate-on-inmate sexual abuse or sexual harassment.

The inmate's claim that she reported her allegation to staff on numerous occasions could not be verified; however, on November 5, 2019, the AUDITOR relayed the inmate's allegations to staff and two weeks later, neither the alleged victim nor alleged harassers had been referred for reassessment under the provisions of Policy 516.7.1. The employee responsible for reassessments reported that no referrals for reassessments had been received. The five incident reports listed above involve allegations of inmate-on-inmate sexual abuse or sexual harassment; in each of these incidents, the risk level of alleged victims and alleged perpetrators should have been referred for reassessment pursuant to the provisions of Policy 516.7.1. The failure to refer alleged victims and alleged perpetrators for risk-level reassessment in the six incidents referenced above does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should train staff to refer alleged victims and alleged inmate perpetrators for reassessment pursuant to Policy 516.7.1 whenever a credible allegation of sexual abuse or sexual harassment is received.

115.41(h)

The standard provision states that inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section. The PAQ reflects that the policy prohibits disciplining inmates for refusing to answer or for not disclosing complete information regarding the questions specified by the standard provision. Policy 516.4.1 forbids compelling an inmate by threat or discipline to provide information or answers regarding the issues addressed in the paragraphs in question. The intake deputy confirmed that inmates are not disciplined for refusing to answer to or for not disclosing complete information related to the four considerations in question.

Policy 516.4.1 and the interview with the intake deputy support a determination of compliance with the standard provision.

115.41(i)

The standard provision requires the agency to implement appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates. Policy 516.4 specifies that risk screening information shall be considered confidential and shall be made available to those who have a legitimate need to know. The employee responsible for risk-assessments confirmed that the agency outlined who can have access to inmate risk-assessments in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates; she stated that the information is available to classification officers, supervisors, the PREA Coordinator, and health care practitioners as needed. During the document review, the PREA Coordinator escorted the AUDITOR into the secure main entrance control room where inmate records are kept secured and maintained by a correctional technician.

Policy 516.4, the interview with the employee responsible for risk-assessments, and the AUDITOR' observations during the review of inmate records support a determination of

compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.41(a) – No corrective action required.

115.41(b) – No corrective action required.

115.41(c) – No corrective action required.

115.41(d) – No corrective action required.

115.41(e) – No corrective action required.

115.41(f) – The facility shall, within 30 days of intake, reassess all inmates who remain for 30 days or more for their risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. By February 1, 2020, the facility shall provide to the AUDITOR:

1. A listing of all inmates received at the facility during the months of November and December 2019
2. 30-day reassessments for all such inmates who remain for 30 days or more, including the date of arrival and the date of reassessment

115.41(g) – The facility shall ensure an inmate's risk level is reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. For all substantiated or unsubstantiated allegations of sexual abuse or sexual harassment where the alleged victim or alleged perpetrator is still in the agency's custody, the facility shall provide risk-level reassessments to the AUDITOR. Allegations of inmate-on-inmate sexual abuse or sexual harassment should trigger referrals for risk-level reassessment of the alleged victim and alleged perpetrator(s), unless the allegation is unfounded.

115.41(h) – No corrective action required.

115.41(i) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.41(f) – The facility provided a list with booking numbers, names, and booking dates of 152 inmates received during the months of November and December 2019 and asserts that all 30-day reassessments were provided for all inmates who remained in custody for the review in question. The facility also provided 48 30-day reassessments, 15 of which were for inmates received in October 2019; the remaining 33 arrived in November or December 2019 and were matched to the list of inmates booked into the facility during that period. A review of the 33 30-day reassessments completed in November and December 2019 finds that two or three missed the 30-day reassessment timeframe by a day or two and one missed it by 20 days. The review finds that more than 90% of the 33 reassessments completed in November and December 2019 were completed within the required 30-day timeframe, thus supporting a

determination of compliance with the standard provision.

115.41 (g) – The facility provided the reassessment for the inmate who reported sexual harassment to the AUDITOR. The facility received two allegations since the onsite audit, one was unfounded and the other is still under investigation. The facility provided the reassessment dated January 29, 2020, for the alleged victim in the pending case. If the alleged aggressor has been identified and is in the agency’s custody, the facility should provide a reassessment form or explain why the alleged aggressor has not been reassessed. The facility provided the reassessment dated January 27, 2020, for the alleged aggressor. The two reassessments completed following recent allegations support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.42	Use of screening information
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 516, Inmate Classification - Initial Custody Assessment - Inmate Classification Questionnaire - Inmate records - Weekly classification results <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator/Compliance Manager (Sergeant Foster) - Employee responsible for reassessments <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Inmate showers <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.42(a)</p> <p>The standard provision requires the agency to use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. The PAQ reflects that the agency/facility uses information from the risk screening required by § 115.41 as prescribed by the standard provision. Policy 516.4 calls for an initial screening process and a process for determining appropriate housing assignments; the criteria include evaluating inmates for risk of being sexually abused by other inmates or sexually abusive toward other inmates. The agency provided its Initial Custody Assessment form; in Section II, Custody Evaluation, the form assesses classification points based upon the severity of current charges/convictions, serious offense history, and several other relevant indicators. The form is used for assigning custody level based upon a point system and for recommending housing assignment. The agency also provided its Inmate Classification Questionnaire where inmates answer questions about arrest history, use of alcohol and narcotics, etc. Classification officers consider current charges/data, as well as previous criminal and incarceration history, and pre-screen for work assignments. The PREA Coordinator reported that the facility uses intake risk-screening information to determine safe housing, e.g.: whether dormitory housing is appropriate, and for determinations about education and other program assignments. The employee responsible for reassessments explained that inmates are interviewed during their reassessment to gage their level of comfort with their assigned housing, and that assignment options for potential predators are limited. During the review of inmate records, the PREA Coordinator identified three cases in which housing assignment was informed by the inmate's designation as a potential victim during initial risk-assessment.</p>

The facility demonstrated through the three cases identified during the inmate records review that information from initial risk screening is used to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Policy 516.4, the interviews with the PREA Coordinator and the employee responsible for reassessments, and the three cases identified during inmate records review support a determination of compliance with the standard provision.

115.42(b)

The standard provision requires the agency to make individualized determinations about how to ensure the safety of each inmate. The PAQ reflects that the agency/facility makes the determinations prescribed by the standard provision. According to Policy 516.5, the intake deputy makes a housing recommendation based upon the initial classification form, an assessment of the inmate's condition, and an interview with the inmate. The employee responsible for reassessments explained that inmates are interviewed during their reassessment to gauge their level of comfort with their assigned housing, and that assignment options for potential predators are limited. During the review of inmate records, the PREA Coordinator identified three cases in which housing assignment was informed by the inmate's designation as a potential victim during initial risk-assessment.

Policy 516.5, the interview with the employee responsible for reassessments, and the three cases identified during inmate records review support a determination of compliance with the standard provision.

115.42(c)

The standard provision states that in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems. The PAQ reflects that the agency/facility makes housing and program assignments for transgender or intersex inmates on a case-by-case basis. Policy 516.5 specifies that the initial classification process is intended to identify predatory, violent and at-risk inmates; and, that it takes place early in the intake process to allow for appropriate supervision while an inmate is held temporarily pending a decision on permanent housing assignment. The policy describes a process where inmates are interviewed by a classification officer and each inmate's security level and housing assignment is based upon observation of the inmate and his or her answers to questions. The policy includes provisions for the classification officer to override the housing dictated by an inmate's numerical score for security and health reasons. The PREA Coordinator stated that housing and program assignments for a transgender inmate would be determined on a case-by-case basis and that the inmate is involved in the decision. There were no inmates identified as transgender at the facility.

Policy 516.5 and the interview with the PREA Coordinator support a determination of compliance with the standard provision.

115.42(d)

The standard provision states that placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate. The PREA Coordinator stated that the facility conducts classification reviews for all inmates every Wednesday and that the reviews consider behavior upon booking, classification score, eligibility for work assignments, pending charges, protective custody status, escort requirements, the prospect of moving to lower security level housing, etc. She also confirmed that an inmate identified as transgender is always involved in his or her reassessment. The facility has not housed transgender inmates; however, Sergeant Foster provided weekly inmate classification results for the past two months. The employee responsible for reassessments confirmed that inmates identified as transgender or intersex are reassessed at least twice per year in her office to review housing, safety concerns, whether they are experiencing discrimination or harassment, etc.,

The standard provision calls for reassessment of transgender and intersex inmates at least twice per year; the facility demonstrated with two months' worth of weekly classification results that an inmate identified as transgender or intersex would be reassessed on a weekly basis with the inmate present, thus exceeding the requirement of the standard provision. The weekly classification results and the interviews with the PREA Coordinator and the employee responsible for reassessments support a determination of compliance with the standard provision.

115.42(e)

The standard provision states that a transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. The PREA Coordinator and the employee responsible for reassessments confirmed that the facility gives serious consideration to a transgender or intersex inmate's own views with respect to his or her safety. The Inmate Classification Questionnaire ask inmates about their own safety.

The interviews with the PREA Coordinator and the employee responsible for reassessments, and the classification questionnaire support a determination of compliance with the standard provision.

115.42(f)

The standard provision states that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. The PREA Coordinator and the employee responsible for reassessments confirmed that inmates identified as transgender or intersex have an opportunity to shower separately. During the site review, the AUDITOR identified single-person-use showers throughout the facility.

The interviews with the PREA Coordinator and the employee responsible for reassessments, and the AUDITOR's observation during the site review support a determination of compliance with the standard provision.

115.42(g)

The standard provision states that the agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the

purpose of protecting such inmates. Sergeant Foster confirmed that the agency is not subject to a consent decree, that inmates are segregated only when there is a safety or security concern, and that the facility has never had to segregate an inmate for the reasons in question. During the site review, the AUDITOR did not identify any housing units dedicated for inmates with the identities in question.

The interviews with Sergeant Foster, the AUDITOR's observations during the site review, and the facility's ability to avert the use of dedicated housing for inmates in the specified groups support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.42(a) – No corrective action required.

115.42(b) – No corrective action required.

115.42(c) – No corrective action required.

115.42(d) – No corrective action required.

115.42(e) – No corrective action required.

115.42(f) – No corrective action required.

115.42(g) – No corrective action required.

115.43	Protective Custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - Staff who supervise inmates in segregated housing <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.43(a)</p> <p>The standard provision states that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment. The PAQ reflects that the agency has a policy prohibiting placement of inmates at high risk of sexual victimization in involuntary segregation without the assessment and determination prescribed by the standard provision, and that in the past 12 months, no inmates were held in segregated housing for one to 24 hours pending completion of the assessment. Policy 612.11 includes the requirement of this standard provision. Lt. McGarva explained that in the event of an inmate at high risk of sexual victimization who must be rehoused for protection, supervisors on duty would conduct an assessment of all available alternatives immediately, remove the potential victim from danger by separating him or her from potential aggressors, and that the facility does not place inmates in segregated housing involuntarily for protection from likely abusers. The facility did not place any inmates in involuntary segregated housing for the reasons in question; therefore, there were no records to review.</p> <p>Policy 612.11, the interview with Lt. McGarva, and the facility's ability to avoid involuntary placement in segregated housing for the reasons in question support a determination of compliance with the standard provision.</p> <p>115.43(b)</p> <p>The standard provision states that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:</p>	

- (1) The opportunities that have been limited;
- (2) The duration of the limitation; and
- (3) The reasons for such limitations.

Policy 612 includes the requirement of this standard provision. The AUDITOR interviewed a deputy who supervises inmates in segregated housing, and she confirmed that inmates so housed still have access to programs, privileges, education, and work opportunities. During the tour of the SHU, the facility did not identify any inmates in segregated housing for protection from sexual victimization.

The interview with the deputy who supervises inmates in segregated housing and the facility's ability to avoid involuntary placement in segregated housing for the reasons in question support a determination of compliance with the standard provision.

115.43(c)

The standard provision requires the facility to assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days. The PAQ reflects that in the past 12 months, no inmates at risk of sexual victimization were held in involuntary segregated housing for more than 30 days. Policy 612 includes the requirement of this standard provision. Lt. McGarva maintained that the facility does not place inmates at high risk of sexual victimization in involuntary segregation. The deputy who supervises inmates in segregated housing stated that inmates are reclassified on Wednesdays and that protective custody is used as an alternative means of separation from likely abusers; she reiterated that inmates are not placed in involuntary segregated housing for the reason in question.

Policy 612.11, the interviews with Lt. McGarva and the deputy who supervises inmates in segregated housing, and the facility's ability to avoid involuntary placement in segregated housing for the reasons in question support a determination of compliance with the standard provision.

115.43(d)

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

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

The PAQ reflects that there were no involuntary segregated housing assignments pursuant to paragraph (a) above in the past 12 months. Policy 612.11 includes the requirement of this standard provision. The facility did not place any inmates in involuntary segregated housing for the reasons in question; therefore, there were no files to review.

Policy 612.11 and the facility's ability to avoid involuntary placement in segregated housing for the reasons in question support a determination of compliance with the standard provision.

115.43(e)

The standard provision states that every 30 days, the facility shall afford each such inmate a review to determine whether there is a continuing need for separation from the general population. The PAQ reflects that if involuntary segregated housing is made, the facility affords each inmate a review as specified by the standard provision; that no such placement has been

made; and that in the event such placement is made, the inmate's views about personal safety is given serious consideration. Policy 612.11 requires the Jail Commander to afford each inmate a review every 30 days to determine if there is a continuing need for protective custody. The deputy who supervises inmates in segregated housing stated that inmates are reclassified on Wednesdays and that protective custody is used as an alternative means of separation from likely abusers; she reiterated that inmates are not placed in involuntary segregated housing for the reason in question.

Policy 612.11, the interview with the deputy who supervises inmates in segregated housing, and the facility's ability to avoid involuntary placement in segregated housing for the reasons in question support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.43(a) – No corrective action required.

115.43(b) – No corrective action required.

115.43(c) – No corrective action required.

115.43(d) – No corrective action required.

115.43(e) – No corrective action required.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Inmate education video - Inmate Orientation Manual - PREA Information brochure - PREA Information poster <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Correctional deputies and corporals - Inmate interviews (20) - Representative from Lassen Family Services - Representative from Lassen County Victim Witness <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Statements from inmates - Housing unit posters - Inmate telephones (hotline) <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.51(a)</p> <p>The standard provision requires the agency to provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. The PAQ reflects that the agency established procedures that allow multiple ways for inmates to report sexual abuse as specified by the standard provision. Policy 612.4 specifies multiple internal ways for inmates to report sexual abuse. The PREA brochure, the PREA poster, the education video, and the Inmate Orientation Manual (IOM) inform inmates about multiple ways to report sexual abuse and sexual harassment. Interviews with deputies and corporals revealed that staff are aware of multiple ways for inmates to report sexual abuse, including by telling a deputy, a supervisor, medical, using the hotline, etc. Inmate interviews also revealed that inmates generally know how to report sexual abuse, including by sending an anonymous note, telling staff, or using the hotline. During the site review, the AUDITOR tested the telephones to verify that they are operational and asked inmates in different housing units about reporting and found that they are aware of at least one way to report. The PREA poster, the brochure, the IOM, and the education video inform inmates how to report sexual abuse; the poster is conspicuously placed on walls in every housing unit and inmate program areas, inmates receive the brochure and the IOM before initial housing, and an electronic tablet is issued to inmates to view the education video.</p>

The facility demonstrated through the issuance and display of informational material and telephone hotline that it provides multiple ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Policy 612.4, the telephone hotline, the brochure, the IOM, the posters, the education video, the statements from inmates during the site review, and the interviews with staff and inmates support a determination of compliance with the standard provision.

115.51(b)

The standard provision requires the agency to also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. The PAQ reflects that the agency provides at least one way for inmates to report sexual abuse as specified by the standard provision, and that the agency has a policy that requires inmates detained solely on immigration holds to be provided information on how to contact the consulate of their choice or the Department of Homeland Security (DHS). The orientation manual and the brochure identify Lassen County Victim Witness and Lassen Family Services as entities to call to report sexual abuse and sexual harassment, provide phone numbers, inform inmates that those resources are outside the institution, and that they can remain anonymous upon request. During a phone call on October 22, 2019, a representative from Lassen County Victim Witness confirmed that her organization works out of the district attorney's office, accepts reports of sexual abuse from inmates in the Sheriff's custody, and forwards those reports to a supervisor at the facility allowing the caller to remain anonymous upon request. A representative from Lassen Family Services confirmed that her organization also provides this reporting service for inmates at the facility. Although the facility does not detain individuals solely for immigration purposes, the orientation manual provides a tollfree number for DHS for civil immigration purposes and for inmates to contact their country's consulate. During the interview, Sergeant Foster confirmed this reporting option for inmates and identified the two organizations mentioned above. Of the 20 inmates interviewed, ten or 50% know of a public entity that is not part of the agency to whom they can report sexual abuse; some even identified Lassen Family Services. Of the 20 inmates, 14 know they can report without having to give their name.

Although only 50% of inmates interviewed are aware of this reporting option, this does not suggest the facility has not done enough to make sure inmates are informed; rather it is attributed to inmates not reading the written material given to them at the time of initial housing. The brochure, the IOM, and the interviews with Sergeant Foster and the representatives from Lassen Family Services and Lassen Victim Witness support a determination of compliance with the standard provision.

115.51(c)

The standard provision requires staff to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports. The PAQ reflects that the agency has a policy mandating that staff accept reports of sexual abuse as prescribed by the

standard provision, document those reports as soon as time permits, and contact their supervisor immediately if they are unable to leave their post. Policy 612.4 requires staff to accept reports of sexual abuse received through any of the methods specified by the standard provision. Interviews with deputies and corporals confirmed that staff are required to accept reports made verbally, in writing, anonymously, and from third parties and promptly document any verbal reports.

Policy 612.4 and the interviews with deputies and corporals support a determination of compliance with the standard provision.

115.51(d)

The standard provision requires the agency to provide a method for staff to privately report sexual abuse and sexual harassment of inmates. The PAQ reflects that the agency established procedures for staff to privately report sexual abuse to the Jail Commander or to any staff member and that staff are informed of the procedure during annual and biennial training. Policy 612.4 specifies that staff may report privately to the Jail Commander. All deputies and corporals interviewed identified reporting to a supervisor as their method of reporting privately; two interviewees also identified the facility commander.

Policy 612.4 and the staff interviews support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.51(a) – No corrective action required.

115.51(b) – No corrective action required.

115.51(c) – No corrective action required.

115.51(d) – No corrective action required.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED - PAQ</p> <p>PEOPLE INTERVIEWED - None</p> <p>SITE REVIEW OBSERVATIONS - None required</p> <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.52(a) The standard provision states that an agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse. The PAQ reflects that the agency does not have an administrative procedure for dealing with inmate grievances regarding sexual abuse and that the grievance forms specify that they are not be used for this purpose.</p> <p>The agency is exempt from this standard.</p> <p>115.52(b) The standard provision states that: (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the grounds that the applicable statute of limitations has expired.</p> <p>The agency is exempt from this standard.</p> <p>115.52(c) The standard provision requires the agency to ensure that: (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p>The agency is exempt from this standard.</p>

115.52(d)

The standard provision states that:

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

The agency is exempt from this standard.

115.52(e)

The standard provision states that:

- (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates.
- (2) If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.
- (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

The agency is exempt from this standard.

115.52(f)

The standard provision states that:

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

The agency is exempt from this standard.

115.52(g)

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

The agency is exempt from this standard.

RECOMMENDED CORRECTIVE ACTIONS

115.52(a) – No corrective action required.

115.52(b) – No corrective action required.

115.52(c) – No corrective action required.

115.52(d) – No corrective action required.

115.52(e) – No corrective action required.

115.52(f) – No corrective action required.

115.52(g) – No corrective action required.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Inmate Orientation Manual - PREA Information brochure - PREA Information poster - Lassen Family Services MOU <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Inmate interviews (20) - Representative from Lassen Family Services <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Inmate telephone warning <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.53(a)</p> <p>The standard provision requires the facility to provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The PAQ reflects that the facility provides the prescribed information and access in the manner specified by the standard provision and identifies Lassen Family Services as the service provider. Policy 612.3(f) calls for the facility to provide access to the prescribed services and holds the PREA Coordinator responsible for the efforts to enter into agreements with community service providers. The orientation manual and the information brochure provide the phone number for Lassen Family Services and the information poster provides the phone number and address. In the MOU, Lassen Family Services agrees to provide 24-hour crisis line, services to victims referred by the Sheriff's Office, and emergency response to victims when requested by the Sheriff's Office. During a phone call on October 22, 2019, a representative from Lassen Family Services confirmed that her organization provides the services prescribed by the standard provision to inmates at the facility and that their contact information is listed on posters at the facility. The PREA Coordinator reported that the facility provides a private room that is monitored by video only. Of 20 inmates interviewed, nine are aware of services for dealing with sexual abuse; of those nine, five have some idea of what services are provided; eight said the facility provides the phone number, the address, and calls are free; and seven said they can access these services anytime.</p>

Neither document tells inmates about access to outside victim advocates for emotional support services related to sexual abuse nor about confidential communications with providers. The standard provision calls for providing inmates with access to the services in question; however, if the facility does not inform inmates about the services, it is not providing access to those services. The facility could inform inmates about the services via the brochure, the IOM, or the poster. The standard provision also calls for enabling reasonable communication between inmates and these organizations in as confidential a manner as possible. If phone calls to these organizations are monitored and recorded, it is not enabled in as confidential a manner as possible; monitoring and recording such calls could discourage inmates from accessing the services by phone. Since in-person meetings is the only method of confidential communications with victim advocates, the facility should specify that fact in the written materials used to inform inmates of the support services. The sources of information to inmates identified above do not support a determination of compliance with the standard provision.

The AUDITOR recommended the following language to inform inmates about the services available through Lassen Family Services: "If you are interested in emotional support services related to sexual abuse you can contact a victim advocate at Lassen Family Services using the contact information listed below. Phone calls are monitored and recorded; however, inmates may communicate confidentially with victim advocates by mail or in person in the attorney visiting room." SPANISH "Si estas interesado en servicios de apoyo emocional relacionado al abuso sexual, puedes hacer contacto con un defensor de víctimas en Lassen Family Services usando la información de contacto que vez abajo. Las llamadas telefónicas son monitoreadas y gravadas; pero los reclusos pueden comunicarse con ellos confidencialmente por correo y en persona en la sala de visitas de abogados." Sergeant Foster accepted the recommended language, added it to the English and Spanish versions of the brochure and to the IOM, and provided the revised versions of these documents to the AUDITOR.

115.53(b)

The standard provision requires the facility to inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The PAQ reflects that the facility informs inmates, prior to giving them access, of the extent to which communications with outside support services will be monitored, of applicable mandatory reporting laws, and that an audio warning on the telephones informs both parties that calls are recorded and could be used for investigative and administrative purposes. Policy 612.3(f) includes the requirements of the standard provision. The representative from Lassen Family Services does not know how inmates are informed about the confidentiality of communications with providers. Of the 20 inmates interviewed, five said conversations with providers are recorded and three said they are aware of mandatory reporting laws.

Not the wall poster, or the IOM, or the brochure inform inmates of the extent to which communications with victim advocates will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. The telephone warning informs both parties that calls are recorded and could be used for investigations and administrative purposes; this informs inmates of the extent to which calls

will be monitored, but not of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. Telling inmates that recordings of their phone calls with victim advocates could be used for investigations and administrative purposes is not the same as telling them about 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. This information could be clearly communicated to inmates via the brochure, the IOM, the wall poster, or the recorded telephone warning. The sources of information to inmates identified above do not support a determination of compliance with the standard provision.

The AUDITOR recommended the following language to inform inmates of the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws: “You should be aware of limitations to the confidentiality of communications with victim advocates; under California law, victim advocates may be required to report abuse involving a child, a vulnerable adult, or even domestic violence.” SPANISH “Tienes que estar consciente de las limitaciones en la confidencialidad de las comunicaciones con los defensores de víctimas; bajo las leyes de California, podrán estar obligados a reportar abuso de menores, de adultos vulnerables, o de violencia doméstica.” Sergeant Foster accepted the recommended language, added it to the English and Spanish versions of the brochure and to the IOM, and provided the revised versions of these documents to the AUDITOR.

115.53(c)

The standard provision requires the agency to maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements. The PAQ reflects that the agency/facility maintains copies of an MOU for the services in question and includes an uploaded copy. Policy 612.3(f) requires the PREA Coordinator to make reasonable efforts to enter into agreements with community service providers to provide the prescribed services to inmates. The MOU with Lassen Family Services is evidence that the agency maintains an agreement with a community service provider for the confidential emotional support services prescribed by the standard provision; and, the representative from Lassen Family Services confirmed that her organization provides confidential emotional support services pursuant to an MOU.

Policy 612.3(f), the MOU, and the interview with the representative from Lassen Family Services support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.53(a) – The facility shall distribute the revised English and Spanish brochure and the revised orientation manual to the inmate populace. By February 1, 2020, the facility shall provide documentation to the AUDITOR confirming the issuance of the revised written materials to the inmate populace.

115.53(b) – The facility shall distribute the revised English and Spanish brochure and the revised orientation manual to the inmate populace. By February 1, 2020, the facility shall provide documentation to the AUDITOR confirming the issuance of the revised written

materials to the inmate populace.

115.53(c) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.53(a) - The facility distributed the English and Spanish versions of the PREA brochure and the orientation manual to the inmate populace and provided an email from a supervisor reporting that he distributed the written materials to inmates on January 27 and 28, 2020.

115.53(b) - The facility distributed the English and Spanish versions of the PREA brochure and the orientation manual to the inmate populace and provided an email from a supervisor reporting that he distributed the written materials to inmates on January 27 and 28, 2020.

The distribution of the revised written materials to the inmate populace satisfies the requirement of the standard provisions under review.

CORRECTIVE ACTION APPROVED

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Public information poster with detachable tabs <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None required <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Public entrance <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.54(a)</p> <p>The standard provision requires the agency to establish a method to receive third-party reports of sexual abuse and sexual harassment and distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate. The PAQ reflects that the agency/facility provides a method to receive third-party reports as specified by the standard provision and distributes the information publicly via a notice to the public with tabs. Policy 612.3(k) requires the PREA Coordinator to ensure information on how to report sexual abuse and sexual harassment on behalf of an inmate is publicly posted at the facility. The facility uses a public information poster that conspicuously reads "Reporting sexual abuse in confinement." The poster includes the zero-tolerance policy; examples of sexual abuse or rape; the address, phone number, and email for reporting sexual abuse; and nine detachable tabs with phone number, fax number, and email address for the PREA Coordinator. During the site review, the AUDITOR identified the public information poster displayed in public access areas, including the main entrance.</p> <p>Policy 612.3(k), the public information poster, and the AUDITOR's observation during the site review support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.54(a) – No corrective action required.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Wellpath Policies and Procedures - PREA Acknowledgement of Mandatory Reporting and Consent - Staffing Plan - PREA Incident reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - PREA Coordinator - Correctional deputies and corporals - Wellpath administrator and mental health practitioner - Wellpath nurses (2) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Posted notice to inmates in consultation room <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.61(a)</p> <p>The standard provision calls the agency to require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. The PAQ reflects that the agency requires all staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment as specified by the standard, provision. Policy 612.4 requires all employees, volunteers, and contractors to report any incident of sexual abuse, sexual harassment, or retaliation to a supervisor. Wellpath Policies and Procedures calls for employees to immediately report any knowledge, suspicion, or allegation from any source regarding patient sexual abuse to health care management and facility administrators. Interviews of deputies and corporals 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. The Wellpath administrator and a mental health practitioner confirmed that all Wellpath staff are required to report any incident of sexual abuse of an inmate as specified by the standard provision and nurses confirmed during an interview that they received training on the policy specified above.</p>

Policy 612.4; the Wellpath Policies and Procedures; and interviews with deputies and corporals, the Wellpath administrator, the mental health practitioner, and the two nurses support a determination of compliance with the standard provision.

115.61(b)

The standard provision states that apart from reporting to designated supervisors or officials, staff shall not reveal any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. The PAQ reflects that agency policy prohibits staff from revealing information related to a sexual abuse allegation except for the reasons specified by the standard provision. Policy 612.4 limits availability of sexual abuse reports to those who have a legitimate need to know according to the policy and applicable law. Part I of the Wellpath PREA Acknowledgement of Mandatory Reporting and Consent is used to inform inmates that reporting an incident which occurred within the facility shall be limited to the designated supervisor, and to the extent necessary, to anyone who makes treatment, investigative, and management decisions. Interviews of deputies and corporals confirmed that they would not share information about an incident of sexual abuse or sexual harassment of an inmate with anyone who does not have a need to know.

Policy 612.4, the Wellpath PREA Acknowledgement of Mandatory Reporting and Consent, and the interviews with deputies and corporals support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should consider revising Policy 612.4 to be more specific by replacing “those who have a legitimate need to know” with “to the extent necessary to make treatment, investigation, and other security and management decisions.”

115.61(c)

The standard provision states that unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services. According to Wellpath Policies and Procedures, at the initiation of services with medical or mental health providers, all patients are informed of the practitioner’s duty to report any sexual misconduct. Part I of the PREA Acknowledgement of Mandatory Reporting and Consent is used to inform inmates that medical and mental health practitioners are mandatory reporters and are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility. During the site review of the medical treatment room, the AUDITOR identified a notice to inmates informing them of medical and mental health practitioners’ duty to report allegations of sexual abuse and the limitations of confidentiality. During the interview, the Wellpath administrator confirmed that inmates are informed of the practitioner’s duty to report and the limitations of confidentiality at the initiation of services using the notice posted in the consultation room; she further explained that they sign the acknowledgment form in booking and they are reminded again during their 14-day screening and their annual physical.

The Wellpath Policies and Procedures, the PREA acknowledgement form, the interview with the Wellpath administrator, and the AUDITOR's observations in the consultation room support a determination of compliance with the standard provision.

115.61(d)

The standard provision states that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws. The staffing plan specifies that youthful inmates are not housed at the facility and during the site review the AUDITOR did not see any evidence of youthful inmates at the facility. The Facility Commander and the PREA Coordinator confirmed that the facility does not house people under the age of 18.

The facility is operated by a law enforcement agency; therefore, adult protective services does not get involved because they report these incidents to law enforcement and not the other way around. The interviews with the facility commander and the PREA Coordinator support a determination of compliance with the standard provision.

115.61(e)

The standard provision requires the facility to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. Policy 612.4 calls for employees, volunteers, and contractors to notify a supervisor, who will forward the matter to a sexual abuse investigator. The facility commander confirmed that the facility's reporting protocols requires all allegations of sexual abuse to be reported to agency investigators immediately. The AUDITOR reviewed 11 incident reports, and, in every case, the allegation was reported to an investigator.

Policy 612.4, the interview with the facility commander, and the 11 PREA incident reports reviewed support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.61(a) – No corrective action required.

115.61(b) – No corrective action required.

115.61(c) – No corrective action required.

115.61(d) – No corrective action required.

115.61(e) – No corrective action required.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - PREA Incident Reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency Head designee – Lt McGarva - Facility Commander – Lt McGarva - Correctional deputies and corporals <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.62(a)</p> <p>The standard provision states that when an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate. The PAQ reflects that the agency/facility responds as prescribed by the standard provision upon learning that an inmate is at substantial risk of imminent sexual abuse and that there was no such situation in the past 12 months. The first responder duties listed under Policy 612.6 require a first responder to immediately separate the parties. Interviews with Lt. McGarva and deputies and corporals revealed that, under the circumstances specified by the standard provision, staff would immediately remove the potential inmate victim from danger and assign him or her to safe housing. The AUDITOR reviewed 11 PREA incident reports provided by the PREA Coordinator. In four 2018 incidents, 18-PREA-02, 18-PREA-15, 18-PREA-16, and 18-PREA-17, security staff acted immediately to removed inmates from their housings to prevent potential sexual abuse.</p> <p>The interview with Lt. McGarva, interviews with deputies and corporals, and the four PREA incidents referenced above support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.62(a) – No corrective action required.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Outside Agency Notification log - Outside Agency Notification letter <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency Head - Facility Commander <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.63(a)</p> <p>The standard provision states that upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred. The PAQ reflects that the agency has a policy requiring the notification prescribed by the standard provision and that in the previous 12 months, the facility received one report from Patrol, the lieutenant contacted the facility where the alleged abuse occurred, and sent a letter to that facility with the report. Policy 612.4.1 calls for the jail commander to notify the head of the facility where the alleged abuse occurred. The agency provided its outside agency notification log and a September 3, 2019 notification letter sent to another agency's jail commander informing him that an inmate alleged sexual abused while at that facility.</p> <p>Policy 612.4.1, the Outside Agency Notification log, and the Outside Agency Notification letter support a determination of compliance with the standard provision.</p> <p>115.63(b)</p> <p>The standard provision states that such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation. The PAQ reflects that agency policy requires the notification as soon as possible but no later than 72 hours after receiving the allegation. Policy 612.4.1 requires the notification within 72 hours after receiving the allegation. The outside notification log includes an incident log number, a date of August 27, 2019, and reflects a phone call to the outside facility on August 28, 2019.</p> <p>The facility demonstrated with the notification log that the outside facility was notified by telephone the day after the allegation was received. Policy 612.4.1 and the Outside Agency Notification log support a determination of compliance with the standard provision.</p>

115.63(c)

The standard provision requires the agency to document that it has provided such notification. The PAQ reflects that agency policy requires documentation that the notification was provided within 72 hours. Policy 612.4.1 requires the jail commander to ensure the notification is documented. The outside agency notification log includes fields for incident number, date, reporting inmate, suspect inmate, date of phone call to outside facility, person notified, and date letter was sent.

The facility demonstrated through the notification log that the required notification is documented. Policy 612.4.1 and the Outside Agency Notification log support a determination of compliance with the standard provision.

115.63(d)

The standard provision states that the facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards. The PAQ reflects that agency policy requires all allegations received from other facilities to be investigated and that in the past 12 months there were no allegations of sexual abuse received from other facilities. Policy 612.4 calls for employees, volunteers, and contractors to notify a supervisor, who will forward the matter to a sexual abuse investigator. Lt. McGarva confirmed that all allegations received from other agencies are referred to investigators and that no such allegations have been received.

Policy 612.4 and the interview with Lt. McGarva support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.63(a) – No corrective action required.

115.63(b) – No corrective action required.

115.63(c) – No corrective action required.

115.63(d) – No corrective action required.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Four Steps for PREA First Responder - PREA Incident Reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Deputies and corporals - Security Staff First Responder <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.64(a)</p> <p>The standard provision states that upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to:</p> <ol style="list-style-type: none"> (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. <p>The PAQ reflects that the agency has a first responder policy for allegations of sexual abuse; that the policy requires the first security staff responder to take the actions prescribed by the standard provision and that there were zero allegations during the past 12 months. Policy 612.6 specifies the facility's first responder duties and all four actions prescribed by the standard provision are included. The facility provided a document with the four first responder duties in condensed fashion which has been issued to security staff as a job aid. During interviews, deputies and corporals were asked what are their responsibilities as first responder if they learned that an inmate had been the victim of abuse; all interviewees specified the four steps prescribed by the standard provision and one or two even produced the job aid with the four steps. The AUDITOR reviewed 11 PREA incident reports provided by the PREA Coordinator. In four incidents, 18-PREA-02, 18-PREA-15, 18-PREA-16, and 18-PREA-17, security staff acted to separate the victim and alleged aggressor. None of these incidents</p>

involved a crime scene or DNA evidence. The AUDITOR interviewed a corporal who acted as security first responder to one of the incidents and he explained that he immediately removed the alleged victim from the dormitory upon being alerted of a possible PREA incident by Medical, the inmate was interviewed, examined by Medical, and the incident was documented.

Policy 612.6, deputy and corporal interviews, and the four PREA incident reports referenced above support a determination of compliance with the standard provision.

115.64(b)

The standard provision states that if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PAQ reflects that agency policy requires a non-security first responder to take the two specified steps; and that in the past 12 months, the facility did not have any allegations in which a non-security staff member acted as first responder. Policy 612.6 calls for a non-security first responder to perform the duties prescribed by the standard provision. None of the 11 PREA incident reports reviewed identified a non-security staff first responder.

Policy 612.6, and the PREA incident reports reviewed support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.64(a) – No corrective action required.

115.64(b) – No corrective action required.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - PREA Incident Response Plan - PREA Incident Reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.65(a)</p> <p>The standard provision requires the facility to develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PAQ reflects that the facility developed a written institutional plan to coordinate actions specified by the standard provision. The facility submitted its PREA Incident Response Plan, a comprehensive response plan that includes the steps to be taken by custody and non-custody first responders, medical and mental health, custody supervisors, facility leadership, sexual assault investigators and victim advocates in the event of a case of sexual assault at the facility. The plan requires medical staff to notify SANE/SAFE staff at the medical facility of the impending transfer of inmates for forensic examinations as well as any first aid performed, prescribed medications, etc. During the interview, Lt. McGarva confirmed that the facility has an institutional plan to coordinate actions among first responders and that the plan includes specific roles for the responders identified by the standard provision. He added that first responders perform their duties, supervisors are notified, medical and mental health practitioners respond to evaluate as needed, inmates are transported to the hospital for forensic medical examinations, evidence is collected at the scene and processed, investigators are activated, inmates receive follow-up care upon returning from the hospital, and the facility conducts an incident review after the investigation is completed. None of the incident reports reviewed required activation of the facility's coordinated response plan.</p> <p>The PREA Incident Response Plan and the interview with Lt. McGarva support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.65(a) – No corrective action required.</p>

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency Head designee (Lt. McGarva) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.66(a)</p> <p>The standard provision states that neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The PAQ reflects that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit. Policy 612.15 specifies that the Office shall not enter into or renew any collective bargaining agreement or other agreement that limits the office'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. Lt. McGarva reported that the agency's renewed collective bargaining agreement permits removal of alleged staff sexual abusers from contact with inmates pending investigation or determination of disciplinary action if warranted and added that employee discipline and removal is determined pursuant to policy provisions.</p> <p>Policy 612.15 and the interview with Lt. McGarva support a determination of compliance with the standard provision.</p> <p>115.66(b)</p> <p>The standard provision states that nothing in this standard shall restrict the entering into or renewal of agreements that govern: (1) The conduct of the disciplinary process, as long as such agreements are not inconsistent with the provisions of §§ 115.72 and 115.76; or (2) Whether a no-contact assignment that is imposed pending the outcome of an investigation shall be expunged from or retained in the staff member's personnel file following a determination that the allegation of sexual abuse is not substantiated.</p>

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.66(a) – No corrective action required.

115.66(b) – No corrective action required.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency Head - Facility Commander - Staff member charged with monitoring retaliation <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.67(a)</p> <p>The standard provision requires the agency to establish a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff, and designate which staff members or departments are charged with monitoring retaliation. The PAQ reflects that the agency has a policy to protect inmates and staff who report sexual abuse or cooperate with investigations from retaliation and identifies the PREA Coordinator and sergeants as the people charged with monitoring for possible retaliation. Policy 612.5 requires all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations to be protected from retaliation and calls for the Jail Commander or authorized designee to assign a supervisor to monitor for retaliation.</p> <p>Policy 612.5 supports a determination of compliance with the standard provision.</p> <p>115.67(b)</p> <p>The standard provision requires the agency to employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. Policy 612.5 specifies the agency's protection measures which includes all measures prescribed by the standard provision. Lt. McGarva reported that sergeants and corporals are responsible for monitoring retaliation and explained that measures to protect inmates and staff who report sexual abuse or cooperate with investigations from retaliation include housing changes or transfers, removing the alleged aggressor from contact with the victim, emotional support services through Wellpath or the employee assistance program, and that staff look for changes in demeanor by the inmate. He added that staff may be reassigned to a post where inmate contact is limited, such as court security. A corporal charged with</p>

monitoring retaliation confirmed that he is the first line of supervision in monitoring retaliation, that protection measures include housing changes or transfers, removing alleged aggressor from contact with the victim, emotional support services, and that he observes the inmate's behavior to identify signs of potential retaliation.

Policy 612.5 and interviews with Lt. McGarva and the corporal charged with monitoring retaliation support a determination of compliance with the standard provision.

115.67(c)

The standard provision states that for at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PAQ reflects that the agency/facility monitors the conduct or treatment of inmates or staff for 90 days; that the agency acts promptly to remedy such retaliation and continues monitoring beyond 90 days if needed; and that there have been no incidents of retaliation in the past 12 months. Policy 612.5 requires monitoring for at least 90 days or longer if needed to determine if there is retaliation; requires the supervisor to consider any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff; and act promptly to remedy any retaliation. Lt. McGarva reported that staff monitor the conduct and treatment of inmates who report sexual abuse to see if there are changes that suggest retaliation. According to Lt. McGarva, if retaliation is suspected, it would be investigated, and prompt action would be taken to stop it. The AUDITOR probed for what is monitored and the corporal stated that he monitors inmate disciplinaries; program changes; and negative performance reports, in the case of an employee. The AUDITOR asked how long, and he stated that he monitors daily for 90 days or as long as it takes if there is a concern that retaliation might occur. The AUDITOR requested documentation of retaliation monitoring and the PREA Coordinator reported that the facility does not document retaliation monitoring.

The standard provision does not require documentation of monitoring activities; however, without documentation, it could be difficult for the facility to prove that the conduct and treatment of inmates or staff who reported the sexual abuse is being monitored for retaliation. Policy 612.5, the interview with Lt. McGarva, and the interview with the corporal support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

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

115.67(d)

The standard provision states that in the case of inmates, such monitoring shall also include periodic status checks. Policy 612.5 requires periodic status checks for inmate monitoring. The corporal explained that he looks for unnatural behavior in inmates as part of his retaliation monitoring activities, that housing changes require supervisor approval, and that he controls employee standard rotation. Sergeant Foster confirmed that periodic status checks include talking to the inmate being monitored but such checks are not documented.

In the PREA Final Rule <https://www.prearesourcecenter.org/sites/default/files/library/2012-12-427.pdf>, Page 65 of 128 (37169); in response to a recommendation that changes in treatment of inmates or staff be discussed with the inmate or staff as part of efforts to determine if retaliation is occurring, the DOJ agreed that monitoring of inmates who reported sexual abuse or who are victim of sexual abuse should include periodic status checks. Thus, periodic checks to determine if retaliation is occurring should include a conversation with the inmate being monitored. Policy 612.5, the interview with the corporal, and the statement from Sergeant Foster support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

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

115.67(e)

The standard provision states that if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Policy 612.5 includes the requirement of this standard provision. Lt. McGarva reported that under the circumstance specified by the standard provision, the facility would relocate the inmate facing retaliation if the aggressor has not been identified; if the aggressor has been identified, he or she would be removed from contact with the inmate.

Policy 612.5 and the interview with Lt. McGarva support a determination of compliance with the standard provision.

115.67(f)

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

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.67(a) – No corrective action required.

115.67(b) – No corrective action required.

115.67(c) – No corrective action required.

115.67(d) – No corrective action required.

115.67(e) – No corrective action required.

115.67(f) – No corrective action required.

115.68	Post-allegation protective custody
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - Staff who supervise inmates in segregated housing <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.68(a)</p> <p>The standard provision states that any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse is subject to the requirements of § 115.43. The PAQ reflects that the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing without the assessments required under 115.43, and that no inmates have been placed in segregated housing for the reason in question in the past 12 months. Policy 612.11 includes all five provisions of § 115.43 as it relates to inmates placed in segregated housing due to high risk of sexual victimization; however, it does not specifically include or exclude inmates who allege to have suffered sexual abuse. Lt. McGarva explained that in the event of an inmate who alleges sexual abuse and must be rehoused for protection, supervisors on duty would conduct an assessment of all available alternatives immediately, remove the alleged victim from danger by separating him or her from potential aggressors, and that the facility does not place inmates who report sexual abuse in segregated housing involuntarily. The facility did not place any inmates in involuntary segregated housing for the reason in question; therefore, there were no records to review. The AUDITOR interviewed a deputy who supervises inmates in segregated housing, and she confirmed that inmates so housed still have access to programs, privileges, education, and work opportunities. During the tour of the SHU, the facility did not identify any inmates in segregated housing due to an allegation of sexual abuse. Lt. McGarva reiterated that the facility does not place inmates who allege sexual abuse in involuntary segregation. The deputy who supervises inmates in segregated housing stated that inmates are reclassified on Wednesdays and that protective custody is used as an alternative means of separation from likely abusers; she reiterated that inmates are not placed in involuntary segregated housing for the reason in question.</p> <p>Policy 612.11, the interview with Lt. McGarva, the interview with the deputy who supervises inmates in segregated housing, and the facility's ability to avoid placing inmates in segregated housing for the reason in question support a determination of compliance with the standard</p>	

provision.

RECOMMENDED CORRECTIVE ACTIONS

115.68(a) – No corrective action required.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Written Directive: Administrative Investigations under PREA - Lassen County Jail – Evidence Protocol - Investigative report, 19 - PREA – 001 - 2018 PREA Investigative reports (10) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Investigative staff (criminal and administrative) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.71(a)</p> <p>The standard provision states that when the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The PAQ reflects that the agency has a policy related to criminal and administrative investigations. Policy 612 calls for allegations of sexual abuse and sexual harassment to be referred for investigation regardless of the source and requires all allegations to be investigated promptly and thoroughly. An October 3, 2019 written directive on Investigations under PREA designates the agency's Investigations Unit as the office responsible for all PREA related investigations. The criminal and the administrative investigator reported that investigations are initiated promptly after receiving an allegation of sexual abuse or sexual harassment, that all allegations are taken seriously, and that anonymous reports are handled the same as other reports. The agency provided the complaint and investigative report for the single allegation of sexual harassment received during the audit period. The investigative report reflects that the complaint was logged the day it was received, the investigation started the next day, and it was completed seven days later; there is no indication that the investigation was anything other than objective. The AUDITOR requested all 2018 PREA investigations and the PREA Coordinator provided an additional ten investigative reports, which were included in the review. This review corroborates the finding that investigations are conducted promptly and objectively.</p> <p>Policy 612, the written directive, the interview of the criminal and the administrative investigators, and the review of the investigative reports support a determination of compliance with the standard provision.</p>

115.71(b)

The standard provision states that where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34. Policy 612.7 limits assignment of sexual abuse investigations to investigators who completed the agency-approved training. During the interview, the sex crimes investigator confirmed that he received training on all four topics prescribed by the standard provision and provided a printout of his California Commission on Peace Officer Standards and Training (CPOST) training transcript. Relevant courses on the transcript include “Sexual Assault Investigator – 1st Responder,” an 8-hour course completed on November 5, 2015; “Interview and Interrogation,” a 40-hour course completed on March 17, 2017; and “Crime Scene Investigation,” a 60-hour course completed on June 17, 2017. The facility provided a National Institute of Corrections (NIC) certificate of completion reflecting that the sex crimes investigator completed a 3-hour course titled “PREA Your Role Responding to Sexual Abuse” on December 26, 2017. The IA investigator did not confirm receiving training on any of the topics in question; however, on November 6, 2019, she provided four certificates of completion for the following courses: “The art of Interviews and Interrogations,” a 24-hour CPOST course completed on March 7, 2018; “Evidence Collection, Control, and Storage 1.0” a one-hour RELIAS course completed on November 6, 2019; “PREA: Investigating Sexual Abuse in Confinement Setting,” a 3-hour NIC course completed on November 6, 2019; and “PREA: Investigating Sexual Abuse in Confinement Setting: Advanced Investigations,” a 3-hour NIC course completed on November 6, 2019.

Of the 11 investigative reports completed in 2018 and 2019, some were completed by the sex crimes investigator who received training pursuant 115.34 and some were completed by the IA investigator who had not received the prescribed training until November 6, 2019. The interview of the IA investigator, the training records provided, and the investigative reports she completed do not support a determination of compliance with the standard provision.

115.71(c)

The standard provision requires investigators to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; to interview alleged victims, suspected perpetrators, and witnesses; and to review prior complaints and reports of sexual abuse involving the suspected perpetrator. Under the evidence protocol, investigators are to gather and preserve evidence and process deoxyribonucleic acid (DNA) evidence. During interviews, the IA investigator explained that she gathers reports from staff, preserves evidence, reviews surveillance video, and ensures forensic medical examinations are conducted when applicable; the sex crimes investigator reported that he conducts a synopsis on the victim, interviews the victim, conducts credibility assessments, checks for prior PREA allegations, interviews alleged perpetrator and witnesses, and determines investigative findings. Both investigators confirmed that they review prior complaints and reports involving the suspected perpetrator. The 2019 investigative report reflects that the investigator viewed a surveillance video and interviewed the victim and alleged perpetrator. Other investigative reports reflect that investigators interviewed witnesses, as well as victims and alleged perpetrators.

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

AUDITOR RECOMMENDATION:

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

115.71(d)

The standard provision states that when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Neither Policy 612.7 nor the written directive include this provision. The IA investigator was not sure about this provision and the sex crimes investigator confirmed that compelled interviews under the circumstances in question are conducted only after consulting with prosecutors. None of the cases reviewed appeared to support a referral for criminal prosecution.

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

AUDITOR RECOMMENDATION:

If not yet in place, the agency should establish procedures for coordinating parallel investigations when allegations of sexual abuse require both administrative and criminal investigations.

115.71(e)

The standard provision states that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Policy 612.7 forbids requiring inmates who allege sexual abuse to submit to the examinations in question as a condition of proceeding with an investigation. The IA investigator stated that she makes credibility assessments and notes a person's history of making false allegations in her reports; the sex crimes investigator stated that he judges credibility on an individual basis based upon the number of PREA allegations and whether any allegations were frivolous, but never based upon a person's status as inmate or staff. Both investigators confirmed that they would not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation. The investigative reports reviewed do not include credibility assessments and do not reflect the use of a polygraph examination or other truth-telling device.

Policy 612.7, the interviews with the investigators, and the investigative reports reviewed support a determination of compliance with the standard provision.

115.71(f)

The standard provision states that administrative investigations:

- (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (2) Shall be documented in written reports that include a description of the physical and

testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The directive includes the requirements of this standard provision. The AUDITOR asked what efforts are made to determine whether an employee's actions or failure to act contributed to the incident of sexual abuse and the IA investigator stated that she reviews employee training records, past incidents, disciplinary history, witness statements, physical evidence, and discusses her findings with the lieutenant; she confirmed that she documents administrative investigations in written reports and includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. The investigative report for 19-PREA-001, an IA investigation, reflects that the IA investigator attempted to determine whether the employee's actions violated agency policy; it describes conclusions reached after viewing the surveillance video and interviewing the complainant and alleged perpetrator, and the reasoning behind the investigative facts and findings.

The written directive, the IA investigator interview, and the investigative report for 19-PREA-001 support a determination of compliance with the standard provision.

115.71(g)

The standard provision states that criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. Policy 612.7 includes the requirements of this standard provision. The sex crimes investigator confirmed that criminal investigations are documented and include thorough descriptions of physical and testimonial evidence, such as statements from the victim and the suspect, timelines, evidence recovered at the scene, referral to prosecutors, copies of documentary evidence, etc. None of the investigative reports reviewed were criminal in nature.

Policy 612.7 and the sex crimes investigator interview support a determination of compliance with the standard provision.

115.71(h)

The standard provision states that substantiated allegations of conduct that appears to be criminal shall be referred for prosecution. The PAQ reflects that substantiated allegations that appear to be criminal are referred for prosecution and that zero allegations were referred for criminal prosecution since the last audit. Policy 612.7 requires a case to be presented to the appropriate prosecutor's office when an investigation identifies criminal acts. The sex crimes investigator confirmed that cases are referred for prosecution when substantiated allegations include conduct that appears to be criminal.

Policy 612.7 and the sex crimes investigator interview support a determination of compliance with the standard provision.

115.71(i)

The standard provision requires the agency to retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. The PAQ reflects that the agency retains all written reports pertaining to administrative or criminal investigations of sexual abuse or sexual harassment for as long as the standard provision prescribes. Policy 612.7 and the written

directive include the requirement of this standard provision. The investigative reports reviewed did not include older reports; however, the sex crimes investigator stated that investigative reports are retained up to five years.

Policy 612.7, the statement from the sex crimes investigator, and the written directive support a determination of compliance with the standard provision.

115.71(j)

The standard provision states that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. Policy 612.7 and the directive include all requirements of this standard provision. Both investigators confirmed that an investigation would not be terminated based upon the departure of the alleged abuser or victim from the employment or control of the facility or agency. The PAQ reflects that the complainant in 19-PREA-001 was released from custody during the course of the investigation and the investigation continued to completion; the investigative report confirms that the investigation continued to completion.

Policy 612.7, the directive, the interview with investigators, and the investigative report for 19-PREA-001 support a determination of compliance with the standard provision.

115.71(k)

The standard provision states that any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

The AUDITOR is not required to audit this provision.

115.71(l)

The standard provision states that when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation. In 115.21(f), the PAQ reflects that the agency is responsible for conducting administrative and criminal sexual abuse investigations.

An outside agency does not conduct administrative or criminal sexual abuse investigations; therefore, the standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.71(a) – No corrective action required.

115.71(b) – The standard provision was not met because the IA investigator had not received the prescribed training prior to conducting sexual abuse investigations; however, the investigator has since completed the training. No corrective action required.

115.71(c) – No corrective action required.

115.71(d) – No corrective action required.

115.71(e) – No corrective action required.

115.71(f) – No corrective action required.

115.71(g) – No corrective action required.

115.71(h) – No corrective action required.

115.71(i) – No corrective action required.

115.71(j) – No corrective action required.

115.71(k) – No corrective action required.

115.71(l) – No corrective action required.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Directive on Administrative Investigations under PREA - PREA Investigative reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Investigative staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.72(a)</p> <p>The standard provision states that the agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The PAQ reflects that the agency does not impose a standard of proof higher than a preponderance of the evidence. Policy 612.7 calls for the Jail Commander or the Sheriff to determine whether the investigation substantiates the allegations of sexual abuse based upon a preponderance of the evidence. The Jail Commander issued a written directive dated October 3, 2019, that identifies a preponderance of the evidence as the standard for substantiating allegations of sexual abuse or sexual harassment. Both investigators reported that the standard of evidence to substantiate an allegation of sexual abuse is a preponderance of the evidence. None of the investigative reports reviewed substantiated an allegation of sexual abuse or sexual harassment.</p> <p>Policy 612.7, the written directive, and the interviews with the investigators support a determination of compliance with the standard provision.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.72(a) – No corrective action required.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Inmate Notification of Findings Log 115.73(a) for 2018 and for 2019 - Inmate Notification Letter 19-PREA-001 - PREA Investigative reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - Investigative staff (criminal and administrative) <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.73(a)</p> <p>The standard provision states that following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The PAQ reflects that the agency has a policy that requires the notification in question, that the agency/facility completed one investigation in the past 12 months, that the inmate was released from custody during the course of the investigation, and that a letter announcing the investigative finding was mailed to her listed mailing address. Policy 612.7.2 calls for the Jail Commander or authorized designee to inform the inmate victim of the investigative finding in writing. Lt. McGarva stated that inmates who report sexual abuse or sexual harassment receive written notification of the investigative finding from the jail commander. Both investigators confirmed that agency procedures require inmates who allege sexual abuse to be notified whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded and that the notification is provided by the lieutenant. Sergeant Foster provided the "Inmate Notification of Findings Log 115.73(a)" for 2018 with all ten 2018 investigations listed. The log reflects that two of the ten investigations are pending; that three inmates received verbal notifications; that notification is unknown in three cases; and that notifications were not provided in two other cases, one where a victim was not identified and a non-PREA case involving a consensual act. Sergeant Foster also provided the 2019 notification log and a notification letter sent to a former inmate who filed a citizen's complaint at the facility. The facility did not identify any inmates who reported sexual abuse during the onsite review; therefore, no such interviews were conducted.</p> <p>The 2018 notification log reflects that the agency does not consistently notify inmates of the investigative findings into their allegations of sexual abuse or sexual harassment. This is</p>

evidenced by the three cases in which the log reflects that it is “unknown” whether the inmates were notified of the outcome of the investigations into their allegations of sexual abuse or sexual harassment; these entries in the 2018 notifications log do not support a determination of compliance with the standard provision.

115.73(b)

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

The agency is responsible for conducting sexual abuse investigations; therefore, the standard provision does not apply.

115.73(c)

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

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

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse at the hands of a staff member, that there has been a substantiated or unsubstantiated complaint against a staff member in the past 12 months, and that the agency subsequently informed the inmate whenever one of the four specified events occurred. Policy 612.7.2 includes all the requirements of the standard provision. The facility did not identify any inmates who reported sexual abuse during the onsite review; therefore, no such interviews were conducted. The AUDITOR reviewed investigative report for 19-PREA-001 and none of the four events referenced above occurred; therefore, notification pursuant to this standard provision was not required.

Policy 612.7.2 and the review of the investigative report for 19-PREA-001 support a determination of compliance with the standard provision.

115.73(d)

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

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

The PAQ reflects that the agency provides the specified notifications to inmates who allege sexual abuse at the hands of another inmate and that there are no examples to submit. Policy 612.7.2 includes all requirements of the standard provision. The facility did not identify any

inmates who reported sexual abuse during the onsite review; therefore, no such interviews were conducted. Neither of the two events referenced above occurred in any of the investigative reports reviewed.

Policy 612.7.2 and the review of the investigative reports support a determination of compliance with the standard provision.

115.73(e)

The standard provision states that all such notifications or attempted notifications shall be documented. The PAQ reflects that agency policy requires these notifications to be documented, that one inmate notification was provided in the past 12 months, and that it was documented. Policy 612.7.2 calls for the notification to be documented and for the inmate to sign a copy of the notification letter if he or she is in custody. Sergeant Foster provided the Inmate Notification of Findings Log 115.73(a) for 2018 and for 2019; the logs report the incident number, name of victim, disposition, and method of notification. The AUDITOR recommended adding the notification date and name of the person making notification; Sergeant Foster agreed and said she will add the recommended information to the 2019 log.

Policy 612.7.2 and the two notification logs support a determination of compliance with the standard provision.

115.73(f)

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

The AUDITOR is not required to audit this provision.

RECOMMENDED CORRECTIVE ACTIONS

115.73(a) – The agency/facility shall inform inmates as to whether their allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation into their allegations that they suffered sexual abuse at the facility. The agency/facility shall document these notifications or attempted notifications as proof of compliance. By February 1, 2020, the facility shall provide to the AUDITOR a list of all sexual abuse and sexual harassment investigations completed between November 1, 2019 and January 31, 2020, and the respective notification logs documenting these inmate notifications or attempted notifications.

115.73(b) – No corrective action required.

115.73(c) – No corrective action required.

115.73(d) – No corrective action required.

115.73(e) – No corrective action required.

115.73(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.73(a) – The facility reports that it received four allegations between November 1, 2019 and January 31, 2020. Two allegations are unfounded, one is unsubstantiated, and the other (20-PREA-002) is still under investigation. The facility provided its updated 2019 notification log reflecting that the inmate who reported sexual harassment to the AUDITOR was notified verbally that her allegation is unfounded. The facility also provided its 2020 log reflecting that two alleged victims were notified by letter that their allegations were unfounded; the 2020 log also lists case #20 PREA 002 with no notification information because that investigation is still pending. The two logs account for all four allegations received during the period in question and support a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - PREA Investigative reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None required <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.76(a)</p> <p>The standard provision states that staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The PAQ reflects that staff is subject to disciplinary sanctions up to and including termination for violating the agency's sexual abuse or harassment policies. Policy 612.7.1 specifies the requirement of the standard provision. The review of PREA investigative reports reflect that the single allegation against a staff member was unsubstantiated, and the employee was not subject to disciplinary sanction.</p> <p>The PREA Policy and the review of the investigative reports support a determination of compliance with the standard provision.</p> <p>115.76(b)</p> <p>The standard provision states that termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The PAQ reflects that in the past 12 months, no staff from the facility have violated agency sexual abuse or sexual harassment policies. Policy 612.7.1 specifies the requirement of the standard provision. The single complaint received did not include an allegation of sexual abuse.</p> <p>The PREA Policy and the review of the investigative report support a determination of compliance with the standard provision.</p> <p>115.76(c)</p> <p>The standard provision states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PAQ reflects that sanctions for violations of agency policies</p>

relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, the sanctions imposed for comparable offenses by other staff with similar histories, and that no staff member has been disciplined for violating agency sexual abuse policy in the previous 12 months. Policy 612.7.1 specifies the requirement of the standard provision. There have been no disciplinary sanctions against a staff member; therefore, there were no records to review.

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

115.76(d)

The standard provision states that all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PAQ reflects that all terminations or resignations in lieu of termination for violating agency sexual abuse policies are reported as prescribed by the standard provision and that no staff member at the facility has been reported to law enforcement or to licensing bodies, for the reasons in question, in the past 12 months. Policy 612.7.1 specifies the requirement of the standard provision. There have been no reports to law enforcement for violations of agency sexual abuse policy; therefore, there were no records to review.

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

RECOMMENDED CORRECTIVE ACTIONS

115.76(a) – No corrective action required.

115.76(b) – No corrective action required.

115.76(c) – No corrective action required.

115.76(d) – No corrective action required.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - PREA Investigative reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.77(a)</p> <p>The standard provision states that any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The PAQ reflects that agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies and to licensing bodies, be prohibited from contact with inmates, and that no contractors or volunteers have been reported as prescribed by the standard provision in the past 12 months. Policy 612.8.1 specifies the requirement of the standard provision. The review of the PREA investigative reports reflects that there has been no allegations of sexual abuse or sexual harassment against a contractor or volunteer.</p> <p>Policy 612.8.1 and the review of the PREA investigative reports support a determination of compliance with the standard provision.</p> <p>115.77(b)</p> <p>The standard provision states that the facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. The PAQ reflects that the facility takes appropriate remedial measures and includes the considerations in question. Policy 612 does not include a reference to this standard provision. Lt. McGarva reported that in the case of a contractor or volunteer who violates the agency's sexual abuse or sexual harassment policy, remedial measures would include prohibiting further contact with inmates, revoking access to the facility, and reporting to licensing bodies. The review of the PREA investigative reports reflects that there has been no allegations of sexual abuse or sexual harassment against a contractor or volunteer.</p> <p>Policy 612.8.1, the interview with Lt. McGarva, and the review of the PREA investigative reports support a determination of compliance with the standard provision.</p>

RECOMMENDED CORRECTIVE ACTIONS

115.77(a) – No corrective action required.

115.77(b) – No corrective action required.

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 600, Inmate Discipline - PREA Investigative reports (11) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.78(a)</p> <p>The standard provision states that inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. The PAQ reflects that inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process for the reasons specified by the standard provision, and that in the past 12 months there were no administrative or criminal findings of inmate-on-inmate sexual abuse at the facility. Policy 600.11 specifies the requirement of the standard provision. The review of PREA investigative reports reflects that there has been no administrative finding of inmate-on-inmate sexual abuse.</p> <p>Policy 600.11 and the review of the PREA investigative reports support a determination of compliance with the standard provision.</p> <p>115.78(b)</p> <p>The standard provision states that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. Policy 600.11 specifies the requirement of the standard provision. Lt. McGarva reported that disciplinary sanctions following a finding that an inmate engaged in inmate-on-inmate sexual abuse could include referral for prosecution, disciplinary confinement, restriction of commissary privileges, loss of goodtime credits, rehousing, program restrictions, etc. He confirmed that sanctions are proportionate to the nature and circumstances of the abuse, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories. The review of PREA investigative reports reflects that there has been no administrative finding of inmate-on-inmate sexual abuse.</p>

Policy 600.11, the interview with Lt. McGarva, and the review of the PREA investigative reports support a determination of compliance with the standard provision.

115.78(c)

The standard provision states that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Policy 600.8.4 specifies the requirement of the standard provision. Lt. McGarva confirmed that an inmate's mental disability or mental illness is considered when determining sanctions.

Policy 600.8.4 and the interview with Lt. McGarva support a determination of compliance with the standard provision.

115.78(d)

The standard provision states that if the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. The PAQ reflects that the facility does not offer the therapy in question. Policy 600.11 specifies the requirement of the standard provision. During the interview, the Wellpath administrator reported that the therapy, counseling, or intervention in question is not offered.

Where the facility does not offer the therapy in question, the consideration prescribed by the standard provision is not required. Policy 600.11 and the interview with the Wellpath administrator support a determination of compliance with the standard provision.

115.78(e)

The standard provision states that the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The PAQ reflects that the agency disciplines inmates for sexual conduct with staff only under the specified circumstances. Policy 600.10 specifies the requirement of the standard provision. The review of PREA investigative reports reflects that there have been no allegations of inmate sexual misconduct with staff; therefore, there are no records to review.

Policy 600.10 and the review of PREA investigative reports support a determination of compliance with the standard provision.

115.78(f)

The standard provision states that for the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation. The PAQ reflects that the agency prohibits disciplinary action for a report of sexual abuse made in good faith as specified by the standard provision. Policy 600.10 specifies the requirement of the standard provision. The PREA investigations include allegations that were not substantiated, and the reports do not reflect a finding of false reporting or lying.

Policy 600.10 and the review of PREA investigative reports support a determination of

compliance with the standard provision.

115.78(g)

The standard provision states that an agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced. The PAQ reflects that the agency prohibits sexual activity between inmates, and that the agency deems such activity to be sexual abuse only where the agency determines the activity was coerced. Policy 600.10 specifies the requirement of the standard provision. A report of consensual kissing between two inmates was investigated as a PREA incident; the AUDITOR alerted the PREA Coordinator of this standard provision and she indicated that it was included because she was not sure and did not want to exclude it by mistake; she agreed to exclude the report from the PREA investigations after being alerted of this standard provision.

The PREA Coordinator was receptive to the AUDITOR's guidance on the proper designation of the incident and she is aware of the provision of this standard for future incidents. Policy 600.10 and the PREA Coordinator's response to the AUDITOR's guidance support a determination of compliance with the standard provision.'

RECOMMENDED CORRECTIVE ACTIONS

115.78(a) – No corrective action required.

115.78(b) – No corrective action required.

115.78(c) – No corrective action required.

115.78(d) – No corrective action required.

115.78(e) – No corrective action required.

115.78(f) – No corrective action required.

115.78(g) – No corrective action required.

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

inmates who disclose prior sexual victimization; that the meeting is offered within 14 days of intake; that all inmates who disclosed prior sexual victimization during screening were offered a follow-up meeting with medical or mental health; and that medical and mental health staff maintain secondary materials documenting compliance. According to Wellpath Policies and Procedures, all patients will be screened within 14 days of intake for risk potential and/or history of sexual victimization or abusiveness and need for treatment as a component of the health history and assessment conducted by qualified health care staff. The facility provided four tools used by medical staff: 14-Day Physical, Medical Intake, PREA Screening Tool, and Sexual Abuse Screening form. These tools are used to varying degrees to screen inmates for history of sexual victimization, history of being sexually abusive, and the PREA Screening Tool asks most of the questions prescribed under 115.41(d) and (e) for screening inmates for risk of sexual victimization or abusiveness. The employee responsible for risk-screening reported that inmates who disclose prior sexual victimization are referred to medical or mental health practitioners and are seen the next day. The three inmates who disclosed prior sexual victimization confirmed that they were offered consultation with medical or mental health staff; one inmate was seen the following week and the other two declined the meeting.

The Wellpath Policies and Procedures, the interview with the employee responsible for risk-screening, the Wellpath screening tools, and the interview with the three inmates who disclosed prior sexual victimization support a determination of compliance with the standard provision.

115.81(d)

The standard provision states that any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. The PAQ reflects that the information in question is not strictly limited to medical and mental health practitioners, and that it is shared with other staff only as necessary for the specified reasons. Wellpath Policies and Procedures specify that all information related to sexual victimization or abusiveness that occurred in the institutional setting will be strictly limited to health care staff and other staff to inform treatment plans and security/management decision, as require by federal, state, and local law. In addition to the practitioner's duty to report, Part I of the PREA acknowledgement form also informs inmates that incidents of sexual abuse within the facility are reported only to designated supervisors, and to the extent necessary, anyone who makes treatment, investigative, and management decisions. During the site review, the Wellpath administrator explained that inmates sing the acknowledgment form in booking, and that they are reminded again during their 14-day screening and their annual physical.

The Wellpath policies and procedures, the statement from the Wellpath administrator during the site review, and the PREA acknowledgement form support a determination of compliance with the standard provision.

115.81(e)

The standard provision states that medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The PAQ

reflects that medical and mental health practitioners obtain informed consent from inmates under the specified circumstances and that juveniles are not housed at the facility. Wellpath Policies and Procedures specify that consent of the patient, 18 years or older, is required before reporting an incident of sexual abuse that occurred prior to incarceration, except when the incident occurred in another correctional institution or in the event that the patient is under 18 years of age, as permitted by law. Part II of the PREA Acknowledgement of Mandatory Reporting and Consent form is designed for Medical staff to obtain an inmate's consent before releasing relevant information to all essential personnel to investigate, treat and manage the inmate's care related to sexual assault that occurred in the community on the date alleged by the inmate. The Wellpath administrator stated that informed consent is obtained from inmates before reporting sexual victimization that did not occur in an institutional setting and that it is documented on the PREA acknowledgment form.

The Wellpath policies and procedures, the Wellpath administrator interview, and the PREA acknowledgment form support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.81(a) – No corrective action required.

115.81(b) – No corrective action required.

115.81(c) – No corrective action required.

115.81(d) – No corrective action required.

115.81(e) – No corrective action required.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Wellpath Policies and Procedures - Incident Report 18-PREA-17 <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Medical and Mental Health staff - Security staff who acted as first responder <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Medical facility <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.82(a)</p> <p>The standard provision states that inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The PAQ reflects that victims of sexual abuse receive the prescribed access to treatment and services; that the scope of such services is determined as specified by the standard provision; and that medical and mental health practitioners maintain secondary materials documenting the response by medical and non-medical staff, as well as the scope of services provided to a victim of sexual abuse. Wellpath Policies and Procedures specify practitioners' response/intervention in great detail, outlining the steps to be taken in response to an incident of sexual assault that occurred within the last 72 hours. The procedure calls for completing a baseline history and assessment, stabilizing the patient for transport to the designated Sexual Assault Response Team or SART hospital, preparing the patient for the forensic medical examination, etc. The Wellpath administrator confirmed that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services within moments of reporting the incident; and, that the nature and scope of the services is determined by medical and mental health practitioners according to their professional judgment. The facility did not identify any inmates who reported sexual abuse; therefore, no such interviews were conducted. During the site review, the AUDITOR toured the medical facility, identified the inmate treatment area, and spoke with medical practitioners who confirmed that inmate victims of sexual abuse are transported to the hospital for treatment after being stabilized at the clinic.</p> <p>The Wellpath Policies and Procedures, the Wellpath administrator interview, and the statements from practitioners during the site review support a determination of compliance with the standard provision.</p>

115.82(b)

The standard provision states that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners. Policy 612 specifies the requirement of this standard provision. Wellpath Policies and Procedures call for completing an incident report documenting patient information, as well as who, what, when, where, how and other relevant information. The security first responder reported that medical practitioners checked on the inmate victim after she was removed from the dormitory and incident report for 18-PREA-17 reflects that the alleged victim was interviewed by the mental health practitioner.

Policy 612, the Wellpath Policies and Procedures, the interview with the security staff who acted as first responder, and the review of incident report for 18-PREA-17 support a determination of compliance with the standard provision.

115.82(c)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the information and access prescribed by the standard provision. Wellpath Policies and Procedures call for administering prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases as appropriate. The Wellpath administrator confirmed that inmate victims of sexual abuse are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. The facility did not identify any inmates who reported sexual abuse; therefore, no such interviews were conducted.

The Wellpath Policies and Procedures and the Wellpath administrator interview support a determination of compliance with the standard provision.

115.82(d)

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with an investigation. Policy 612 and Wellpath Policies and Procedures specify all requirements of this standard provision.

Policy 612 and the Wellpath Policies and Procedures support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.82(a) – No corrective action required.

115.82(b) – No corrective action required.

115.82(c) – No corrective action required.

115.82(d) – No corrective action required.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Wellpath Policies and Procedures <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Medical and Mental Health staff <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Tour of medical office <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.83(a)</p> <p>The standard provision requires the facility to offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The PAQ reflects that the facility offers medical and mental health evaluation and, as appropriate, treatment under the circumstances specified by the standard provision. Wellpath Policies and Procedures call for continued evaluation and treatment of medical and mental health needs related to sexual abuse in accordance with the patient's desire for treatment. During the site review, the AUDITOR visited the facility's medical office and spoke with medical and mental health practitioners who confirmed that inmate victims of sexual abuse in confinement are offered medical and mental health evaluation and treatment.</p> <p>The Wellpath Policies and Procedures, the AUDITOR's observations during the site review, and conversations with medical and mental health practitioners support a determination of compliance with the standard provision.</p> <p>115.83(b)</p> <p>The standard provision states that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Wellpath Policies and Procedures specify that if needed, a treatment plan will be developed regarding any additional medical follow-up required; that mental health staff will assess the need for crisis intervention and provide those services as necessary; and that when necessary and appropriate, post-release information and instructions will be provided for continuity of care. The Wellpath administrator reported that evaluation and treatment of inmate victims of sexual abuse include follow-up services, treatment plans, and referrals for continued care after leaving the facility. The facility did not identify any inmates who reported sexual abuse; therefore, no such interviews were conducted.</p>

The Wellpath Policies and Procedures, and the Wellpath administrator interview support a determination of compliance with the standard provision.

115.83(c)

The standard provision requires the facility to provide such victims with medical and mental health services consistent with the community level of care. Wellpath Policies and Procedures specify that medical and mental health services are consistent with community standards of care. The Wellpath administrator confirmed that medical and mental health services provided are consistent with community level of care.

The Wellpath Policies and Procedures, and the Wellpath administrator interview support a determination of compliance with the standard provision.

115.83(d)

The standard provision states that inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. The PAQ reflects that female victims of sexually abusive vaginal penetration are offered the prescribed care. Policy 612 specifies this standard provision. Wellpath Policies and Procedures specify that emergency contraception is available to female victims of sexual abuse. The facility did not identify any inmates who reported sexual abuse; therefore, no such interviews were conducted.

Policy 612 and the Wellpath Policies and Procedures support a determination of compliance with the standard provision.

115.83(e)

The standard provision states that if pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. The PAQ reflects that if pregnancy results from sexual abuse while incarcerated, the victim receives the prescribed information and services. Policy 612 specifies this standard provision. The Wellpath Policies and Procedures reviewed do not include a reference to this standard provision. The Wellpath administrator confirmed that if pregnancy results from an incident of sexual abuse, the victim will receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services upon return from the emergency room.

Policy 612 and the Wellpath administrator interview support a determination of compliance with the standard provision.

115.83(f)

The standard provision states that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. The PAQ reflects that inmate victims of sexual abuse while incarcerated are offered the specified tests. Policy 612 specifies this standard provision and Wellpath Policies and Procedures call for administering prophylactic treatment and follow-up care for sexually transmitted or other communicable diseases as appropriate.

Policy 612 and the Wellpath Policies and Procedures support a determination of compliance with the standard provision.

115.83(g)

The standard provision states that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The PAQ reflects that treatment services are provided to the victim without financial cost regardless of whether the victim names the abuser or cooperates with an investigation. Policy 612 and the Wellpath Policies and Procedures specify all requirements of this standard provision.

Policy 612 and the Wellpath Policies and Procedures support a determination of compliance with the standard provision.

115.83(h)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.83(a) – No corrective action required.

115.83(b) – No corrective action required.

115.83(c) – No corrective action required.

115.83(d) – No corrective action required.

115.83(e) – No corrective action required.

115.83(f) – No corrective action required.

115.83(g) – No corrective action required.

115.83(h) – No corrective action required.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Incident Review for Incident 19-PREA-001 - Investigative Report for 19-PREA-001 - 2018 PREA Investigative reports (10) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Facility Commander - PREA Coordinator/Compliance Manager - Incident Review Team <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - None required <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.86(a)</p> <p>The standard provision requires the facility to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. The PAQ reflects that the facility conducts incident reviews under the circumstances specified by the standard provision, and that there was one substantiated or unsubstantiated investigation completed in the past 12 months. Policy 612.12 includes all requirements of the standard provision. The facility provided the incident review report for the single investigation completed during the audit period. The report includes the language of the standard provision, specifies that the incident was reviewed and determined to be unsubstantiated, the recommended corrective action, and the corrective action taken. The AUDITOR requested incident review reports for four 2018 investigations that where the allegations were unsubstantiated; the PREA Coordinator reported that two were done but did not provide reports, and that the other two were not done.</p> <p>While the facility completed an incident review for the single 2019 investigation, it did not produce reports or did not conduct reviews for the four 2018 unsubstantiated investigations. The facility's failure to produce reports for or conduct incident reviews following four 2018 unsubstantiated investigations does not support a determination of compliance with the standard provision.</p> <p>115.86(b)</p> <p>The standard provision states that such review shall ordinarily occur within 30 days of the conclusion of the investigation. The PAQ reflects that the facility ordinarily completes the</p>

incident review within 30 days of concluding the investigation, and that an incident review was completed within 30 days of concluding the single investigation completed in the past 12 months. Policy 612.12 calls for incident reviews to be completed within 30 days of concluding an investigation. The investigative report for 19-PREA-001 reflects that the investigation was completed on June 17, 2019; however, the incident review report does not specify the date of the incident review. The PREA Coordinator reported that the incident review was conducted on June 19, 2019. Lt. McGarva reported that incident reviews are conducted within 30 days of concluding the investigation.

Without incident review reports, the AUDITOR is unable to determine whether the review was conducted within the required timeframe. The facility conducted an incident review within 30 days of the conclusion of the single 2019 investigation. Policy 612.12, the review of the investigative report and the incident review report for the single 2019 investigation, the interview with Lt. McGarva, and the statement from the PREA Coordinator support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should consider listing the date the investigation concluded and the date of the incident review in every incident review report as proof that the review was conducted within 30 days of concluding the investigation.

115.86(c)

The standard provision states that the review team shall include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners. The PAQ reflects that the review team is composed as prescribed by the standard provision and allows input from the specified staff. Policy 612.12 includes all requirements of the standard provision. The incident review report does not list the names and titles of participants. Lt. McGarva confirmed that the facility has an incident review team composed of the facility commander, PREA Coordinator, inmate services officer, and the division lieutenant; and that the team allows input from line supervisors, investigators, and medical and mental health practitioners.

Policy 612.12 and the interview with Lt. McGarva support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

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

115.86(d)

The standard provision states that the review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(4) Assess the adequacy of staffing levels in that area during different shifts;

(5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

(6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

The PAQ reflects that the facility prepares a report of the incident review findings, including but not limited to determinations made pursuant to (d)(1) - (d)(5) above and any recommendations for improvement, and submits the report to the facility commander and PREA Compliance Manager. Policy 612.12 calls for preparation of a report of the incident review findings, including the determinations prescribed by the standard provision and for the report to be submitted to the Sheriff and the PREA Coordinator. The incident review report submitted specifies that the incident "was reviewed and all above sections" (referring to the determinations prescribed by the standard provision) "were discussed, it was determined to be unsubstantiated." The review determined that the employee's body language was a training issue and provided the training. Lt. McGarva confirmed that the team prepares a report of its findings with recommendations and submits it to the facility commander and the PREA Coordinator. He also confirmed that the review includes all considerations and activities prescribed in (d)(1) - (d)(5) above and considers policy violations as a disciplinary matter, investigative reports, video surveillance, as well as input from medical, the supervisor, and investigators. Sergeant Foster confirmed that the incident review team prepares a report of its findings and considers disciplinary action and staff training; she stated that she receives a copy of the reports and explained that there was a spike in allegations after the previous audit as inmates realized that they could make allegations to get inmates they did not like removed from their dormitories. She also confirmed that she reviews the team's findings, identifies problem areas, and takes corrective action. Lt. McGarva and Sergeant Foster requested to be interviewed as the incident review team; thus, their responses are documented above.

The incident review report includes the team's findings, determination of the reason for the employee's body language, and recommendation for improvement; however, it does not include the team's consideration of any of the five determinations prescribed in (d)(1) - (d)(5) above. For instance, the investigative report reflects that the review of the surveillance video was inconclusive because the camera angle did not capture the coverage needed to determine whether the behavior alleged in the complaint occurred. In (d)(5), the standard provision calls for the team to assess whether monitoring technology should be deployed or augmented; this assessment should have been included in the incident review report. Where one or more of the determinations or assessments do not apply, the report should specify that fact and explain why. The incident review report submitted does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should consider developing an incident review report template with the fields necessary to ensure all considerations and assessments prescribed in (d)(1) - (d)(5) above are addressed in every incident review report.

115.86(e)

The standard provision requires the facility to implement the recommendations for improvement or shall document its reasons for not doing so. The PAQ reflects that the facility implements the recommendations for improvement or documents its reasons for not doing so, that the recommendation was implemented during a discussion with the employee, and that there was no written directive to the employee. Policy 612.12 calls for the Jail Commander or authorized designee to implement the recommendations or document the reasons for not doing so. Sergeant Foster confirmed that she implements the recommendations for improvement from incident reviews. The incident review report submitted reflects that the recommendation was implemented.

Policy 612.12, the interview with Sergeant Foster, and the incident review report submitted support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.86(a) – The facility shall ensure an incident review is conducted within 30 days of concluding every sexual abuse investigation where the allegation is substantiated or unsubstantiated. By February 1, 2020, the facility shall provide to the AUDITOR incident review reports for all substantiated or unsubstantiated sexual abuse investigations completed as of January 1, 2020.

115.86(b) – No corrective action required.

115.86(c) – No corrective action required.

115.86(d) – The facility shall ensure every incident review report includes the determinations and assessments prescribed in (d)(1) - (d)(5) above. The facility shall provide a copy of its next incident review report to demonstrate that the practice has been implemented.

115.86(e) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.86(a) – The facility reports that there were four sexual abuse investigations since November 1, 2019; that two allegations were unfounded, thus not requiring an incident review; that one investigation is still underway; and that the fourth allegation is unsubstantiated. The facility provided the incident review report for the unsubstantiated allegation; the report does not include the conclusion date of the investigation; however, the investigative report was completed on November 6, 2019 and the facility conducted the incident review on December 3, 2019, within the 30-day timeframe.

115.86(d) – The incident review report provided includes the determinations and assessments prescribed in (d) (1) - (d) (5) above.

CORRECTIVE ACTION APPROVED

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Annual Statistics Spreadsheet for 2017 and 2018 - Aggregated Data – 2017 and 2018 - Form SSV-IA, Survey of Sexual Victimization - 2017 Annual Report matrix (2017 matrix) - 2018 Annual Report matrix (2018 matrix) - PREA Incident Reports (10) <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - None required <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Review of aggregated data <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.87(a)</p> <p>The standard provision requires the agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PAQ reflects that the agency collects accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions. Policy 612.3 requires the PREA Coordinator to collect data as specified by the standard provision. The agency submitted a blank version of its Annual Statistics Spreadsheet (spreadsheet), an Excel spreadsheet used for collecting annual incident-based sexual abuse data. The spreadsheet is designed to collect uniform incident-based data for every incident of sexual abuse reported at the facility and the data for each incident is to be arranged in a single column. The facility also completes a US DOJ Survey of Sexual Victimization, Form SSV-IA, for every allegation of sexual abuse and attaches the form to the respective incident/investigative report.</p> <p>By completing the SSV-IA for every allegation of sexual abuse, the facility collects uniform incident-based data using a standardized instrument with a set of definitions. Policy 612.3 and the completed forms SSV-IA for every allegation of sexual abuse support a determination of compliance with the standard provision.</p> <p>115.87(b)</p> <p>The standard provision requires the agency to aggregate the incident-based sexual abuse data at least annually. The PAQ reflects that the agency aggregates its data at least annually. Policy 612.3 requires the PREA Coordinator to aggregate the data at least annually. Sergeant</p>

Forster provided a blank annual statistics spreadsheet; an Excel spreadsheet designed to collect uniform incident-based data for every incident of sexual abuse reported at the facility. There is a column for each incident and the last column aggregates the data into a “yearly total.” During the site review, Sergeant Foster presented the 2017 and the 2018 annual reports as the agency’s aggregated data. Each annual report includes a small matrix that lists various types of inmate-on-inmate allegations and staff-on-inmate allegations and provides the calendar year totals for each type of allegation; for each type of allegation, the matrix provides the investigative findings or status of investigations. The AUDITOR requested completed versions of the spreadsheet and the agency provided printed copies of the spreadsheet completed by hand with manual edits; one spreadsheet reported data for 2017 allegations and the other for 2018 allegations. The AUDITOR requested aggregated data and the agency did not provide it.

The standard provision calls for the agency to aggregate its incident-based data at least annually and the annual reports do not include the incident-based data points prescribed by 115.87(c) below. While the annual statistics spreadsheet might work for collecting incident-based data over a calendar year, it might be cumbersome as a tool for aggregating the data from year-to-year, particularly if it is done by hand as opposed to using the Excel version of the spreadsheet. The agency’s data as presented and failure to provide aggregated data does not support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The facility should consider rearranging the layout of the annual statistics spreadsheet data horizontally along spreadsheet rows instead of vertically in columns; this would make the process of aggregating the data from year-to-year easier by adding a row for each new year with its corresponding data below.

115.87(c)

The standard provision states that the incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The PAQ reflects that the standardized instrument includes the specified data. The agency provided the blank statistics spreadsheet, which includes data points necessary to answer the 39 questions on the from SSV-IA; and a completed form SSV-IA is attached to each PREA incident report.

The agency is not using the most recent version of the form (SSV-IA 2018, rev 8/27/19). By completing the SSV-IA for every allegation of sexual abuse, the agency’s incident-based data collected includes the data prescribed by the standard provision. The SSV-IAs completed for every allegation of sexual abuse support a determination of compliance with the standard provision.

AUDITOR RECOMMENDATION:

The agency should ensure it is using the most recent version of the form SSV-IA by checking online annually at <https://harvester.census.gov/ssv/#> and selecting SSV-IA below. This check should be done as part of the annual process of aggregating incident-based data collected and the data collection system should be updated as needed to match the most recent SSV-IA.

115.87(d)

The standard provision requires the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. The PAQ reflects that the agency maintains, reviews, and collects data as specified by the standard provision. Policy 612.13 calls for the agency to review data collected and aggregated annually. The agency provided annual reports for 2017 and 2018; both reports provide statistical data, information, and analysis derived from incident-based reports.

It is not clear whether all incident-based documents specified by the standard provision were used but the statistical data, the information, and the analysis in the annual reports would have required a review of one or more of the prescribed incident-based documents or data collected there from. The review of the two annual reports supports a determination of compliance with the standard provision.

115.87(e)

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

The standard provision does not apply.

115.87(f)

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

The standard provision does not apply.

RECOMMENDED CORRECTIVE ACTIONS

115.87(a) – No corrective action required.

115.87(b) – The agency shall aggregate its incident-based sexual abuse data at least annually. The agency shall provide its incident-based aggregated data to the AUDITOR by April 1, 2020.

115.87(c) – No corrective action required.

115.87(d) – No corrective action required.

115.87(e) – No corrective action required.

115.87(f) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.87(b) – The AUDITOR provided a sample spreadsheet for aggregating incident-based sexual abuse data; the spreadsheet captures all data points from the Form SSV-IA and facilitates aggregating the data from year-to-year. The agency aggregated its incident-based data using the spreadsheet provided by the AUDITOR. The spreadsheet aggregates all incident-based sexual abuse data from 2017 to 2019. The AUDITOR reviewed the spreadsheet and finds that the aggregated data supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA - Annual Statistics Spreadsheet - 2017 Annual Report - 2018 Annual Report - 2017 Spreadsheet - redacted - 2018 Spreadsheet – redacted - Photos of the front entrance binder <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - Agency Head or designee (Lt. McGarva) - PREA Coordinator/Compliance Manager <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Entrance lobby notice to the public <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.88(a)</p> <p>The standard provision states that the agency shall review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:</p> <ol style="list-style-type: none"> (1) Identifying problem areas; (2) Taking corrective action on an ongoing basis; and (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole. <p>The PAQ reflects that the agency reviews data collected and aggregated for the specified reasons, that the prescribed actions are included, that the agency prepares an annual report of its findings from the sources specified by the standard provision, and that there are no corrective actions. Policy 612.13 requires annual review of data collected and aggregated for the reasons specified and including the actions prescribed by the standard provision. The agency provided its annual reports for 2017 and 2018; both reports present the prescribed information in identical fashion. The annual reports provide the SSV-IA definitions of sexual victimization, the number of allegations of sexual abuse and sexual harassment received during the calendar year, the type of sexual misconduct alleged, and the outcome or status of the resulting investigations. The reports include a description of the PREA training and education provided to staff and inmates; and, a matrix that reports the number of sexual victimizations alleged during the calendar year, broken-down by type, and the outcome or status of related investigations. These reports identify problem areas and corrective actions taken; and, include a comparison of the current year's data with that of the prior year, a brief</p>

assessment of the agency's progress in addressing sexual abuse, and the nature of any redacted material. Because the agency operates only one facility, only one annual report is prepared, instead of one for the facility and one for the agency as a whole. Lt. McGarva reported that the agency's use of incident-based sexual abuse data (to assess and improve sexual abuse prevention, detection, and response policies, practices and training) include identifying problem areas, taking corrective action on an ongoing basis, and identifying training needs and changes in policies and procedures. Sergeant Foster confirmed that the agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training; that the facility's incident-based data is used to identify problem areas; that the agency takes corrective action on an ongoing basis, such as increasing the frequency of security rounds or providing training; and that the agency reports the findings of its review of facility data and the corrective actions taken in the annual report.

It is not clear if the data provided in the annual reports is derived from a review of data collected and aggregated pursuant to §115.87 or just a review of PREA incident and investigative reports; regardless of the source of the data reviewed, the annual reports include the prescribed reviews and assessments. Policy 612.13, the review of the two annual reports, and the interviews with Lt. McGarva and Sergeant Foster support a determination of compliance with the standard provision.

115.88(b)

The standard provision states that such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse. The PAQ reflects that the annual report includes the prescribed comparisons and the assessment. Policy 612.13 requires the comparisons and the assessment prescribed by the standard provision. At the end both annual reports, there is a matrix that compares the current year's data to that of the prior year, and a brief assessment of the agency's progress in addressing sexual abuse. There is no comparison of corrective actions because neither report recommends corrective action.

Policy 612.13 and the review of the two annual reports support a determination of compliance with the standard provision.

115.88(c)

The standard provision states that the agency's report shall be approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means. The PAQ reflects that the annual report is approved by the agency head and made available to the public at the front office while the website is updated. Policy 612.13 calls for the report to be forwarded to the Sheriff for approval at the beginning of each calendar year and posted for public availability in the Headquarters and jail entrance lobbies. Both reports include the agency head's approval signature and reflect that the statistics are made available to the public on an annual basis. Lt. McGarva confirmed that the annual report is made available to the public upon request and that the public is notified via posters in the lobby. During the site review, the AUDITOR verified that the poster informing the public how to access to the agency's annual report is displayed in the entrance lobby. Per the AUDITOR's request, Sergeant Foster provided photos of the binder kept in the front office with the annual reports for public to review.

Policy 612.13, the interview with Lt. McGarva, the photos of the binder, and the AUDITOR's observation during the site review support a determination of compliance with the standard provision.

115.88(d)

The standard provision states that the agency may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility but must indicate the nature of the material redacted. The PAQ reflects that the agency redacts material from annual reports for the specified reasons and indicates the nature of redacted material. The agency provided a spreadsheet titled "Annual Report 2017" with the names of victims and perpetrators redacted and an explanation of the reason for why. The spreadsheet with redacted names does not appear in either the 2017 or the 2018 annual reports provided. The AUDITOR asked for clarification and the PREA Coordinator confirmed that she maintains a binder at the front entrance and that the binder includes the spreadsheet with redacted names; per the AUDITOR's request, she provided the 2018 spreadsheet with names redacted and photos of the binder with the redacted 2019 annual report.

Although they were provided separately from the annual reports, the two spreadsheets with redacted information include an explanation of the nature of the redacted material and the PREA Coordinator asserts that they are made available to the public with the annual reports upon request. The two annual reports and the two spreadsheets with names redacted support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.88(a) – No corrective action required.

115.88(b) – No corrective action required.

115.88(c) – No corrective action required.

115.88(d) – No corrective action required.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>POLICIES AND OTHER DOCUMENTS REVIEWED</p> <ul style="list-style-type: none"> - PAQ - Policy 612, PREA <p>PEOPLE INTERVIEWED</p> <ul style="list-style-type: none"> - PREA Coordinator <p>SITE REVIEW OBSERVATIONS</p> <ul style="list-style-type: none"> - Visit to PREA Coordinator's office <p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.89(a)</p> <p>The standard provision requires the agency to ensure that data collected pursuant to § 115.87 are securely retained. The PAQ reflects that the agency ensures incident-based data collected and aggregated is securely retained. Policy 612.13 calls for all case records associated with a claim of sexual abuse and sexual harassment to be securely maintained and retained in accordance with confidentiality laws. Sergeant Foster reported that data collected is stored in a locked cabinet in her office and that the office is not always locked when she is absent because she shares it with another sergeant. During the site review, the AUDITOR visited the office and verified that the data is secured in a locked cabinet.</p> <p>Policy 612.13, the interview with Sergeant Foster, and the visit to her office support a determination of compliance with the standard provision.</p> <p>115.89(b)</p> <p>The standard provision requires the agency to make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means. The PAQ reflects that agency policy calls for aggregated data to be made available to the public at least annually, that the data is readily available to the public at the front office, and that the agency does not contract with other facilities to house inmates. Policy 612.13 calls for all aggregated sexual abuse data to be made available to the public at least annually as posted in lobbies at the Sheriff's Office and the jail. Sergeant Foster confirmed that the aggregated data is made available to the public upon request and that the public is notified via posters in the lobby. During the site review, the AUDITOR verified that the poster informing the public how to access to the agency's aggregated data is displayed at the entrance lobby. The AUDITOR requested the aggregated data and the agency did not provide it.</p> <p>The agency's failure to provide the aggregated data does not support a determination of compliance with the standard provision.</p>

115.89(c)

The standard provision states that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. The PAQ reflects that the agency removes all personal identifiers before releasing aggregated data to the public and maintains the data for at least 10 years after the initial collection, unless federal, state, or local law requires otherwise. Policy 612.13 includes all requirements of the standard provision. The AUDITOR requested the aggregated data and the agency did not provide it.

The agency's failure to provide the aggregated data does not support a determination of compliance with the standard provision.

115.89(d)

The standard provision requires the agency to maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. Policy 612.14 includes all requirements of the standard provision. The data collected dates to 2016 when the agency started its data collection operation.

Policy 612.14 and the review of data collected support a determination of compliance with the standard provision.

RECOMMENDED CORRECTIVE ACTIONS

115.89(a) – No corrective action required.

115.89(b) – The agency shall aggregate its incident-based sexual abuse data collected and make that data available to the public at least annually through its website or, if it does not have one, through other means. By April 1, 2020, the agency shall provide documentation to the AUDITOR demonstrating how its aggregated data is made available to the public.

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

115.89(d) – No corrective action required.

CORRECTIVE ACTION TAKEN

115.89(b) – The agency aggregated its incident-based sexual abuse data and retains copies of the spreadsheet with the data in a blue binder; the binder is kept at the front office and made available to the public upon request. Per the AUDITOR's request, Sergeant Foster provided photos of the binder and the copies of the spreadsheet in the binder.

115.89 (c) - The agency removed all personal identifiers (names and booking numbers) from the aggregated data made available to the public at the front office. The PREA Coordinator provided the spreadsheet, with names and booking numbers deleted and photos of the binder with a copy of the spreadsheet with names and boeing numbers redacted. The spreadsheet with names and booking numbers redacted supports a determination of compliance with the standard provision.

CORRECTIVE ACTION APPROVED

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

interviews with inmates. The AUDITOR was permitted to conduct private interviews with inmates in a private office.

The standard provision was met.

115.401 (n)

The standard provision states that inmates shall be permitted to send confidential information or correspondence to the AUDITOR in the same manner as if they were communicating with legal counsel. Inmates were permitted to send confidential correspondence to the AUDITOR; however, no such correspondence was sent.

The standard provision was met.

RECOMMENDED CORRECTIVE ACTIONS

115.401(a) - No corrective action required.

115.401(b) - No corrective action required.

115.401(h) - No corrective action required.

115.401(i) - No corrective action required.

115.401(m) - No corrective action required.

115.401(n) - No corrective action required.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>THE FOLLOWING IS A DESCRIPTION OF KEY EVIDENCE RELIED UPON IN ARRIVING AT THE COMPLIANCE DETERMINATION, AS WELL AS THE AUDITOR'S ANALYSIS, REASONING AND CONCLUSIONS</p> <p>115.403 (f) The standard provision states that the agency shall ensure that the AUDITOR's final report is published on the agency's website if it has one, or is otherwise made readily available to the public. The agency makes the AUDITOR's final report for the 2016 audit available to the public at the front entrance lobby.</p> <p>The standard provision was met.</p> <p>RECOMMENDED CORRECTIVE ACTIONS</p> <p>115.403 (f) - No corrective action required.</p>

Appendix: Provision Findings

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

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

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)	na
	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.)	na

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

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

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

	video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na

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

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

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

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

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

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

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

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

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	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	yes

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

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

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

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

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

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? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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

115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na

115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

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

115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	na
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes

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

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

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

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

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

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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes

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

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

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

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

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

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

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

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

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

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

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	na

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

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

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

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

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

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

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

115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

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.)	na
	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.)	na

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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na

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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na
	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.)	na

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.)	na

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes

115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes

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

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes

115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes

115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes

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

115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes

115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes

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

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes

115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

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

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

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

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

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

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

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes

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

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

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

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

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

115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes

115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes

115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

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

115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

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

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes

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

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

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

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

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

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

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes

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

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes

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

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

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

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

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

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

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

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

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

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

115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes

115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes

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

115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	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 prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	no

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

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

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

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

115.401 (n)	Frequency and scope of audits	
	Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes

115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes