

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: 8/9/2020 N/A

If no Interim Audit Report, select N/A

Date of Final Audit Report: 11/30/2020

Auditor Information

Name: Eric Woodford

Email: eiw@comcast.net

Company Name: Correctional Consulting Services, LLC.

Mailing Address: PO Box 732

City, State, Zip: Benicia, CA 94510

Telephone: (707) 333-8303

Date of Facility Visit: 6/22/2020 – 6/25/2020

Agency Information

Name of Agency: Solano County Sheriff's Office

Governing Authority or Parent Agency (If Applicable): [Click or tap here to enter text.](#)

Physical Address: 530 Union Ave, Suite 100

City, State, Zip: Fairfield, CA 94533

Mailing Address: Same as Above

City, State, Zip: Same as Above

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: www.solanocounty.com/depts/sheriff/default.asp

Agency Chief Executive Officer

Name: Sheriff Tom Ferrara

Email: tferrara@solanocounty.com

Telephone: 707-784-7030

Agency-Wide PREA Coordinator

Name: Lt. Bill Elbert

Email: belbert@solanocounty.com

Telephone: 707-784-7025

PREA Coordinator Reports to:

Capt. William Hornbrook

Number of Compliance Managers who report to the PREA Coordinator:

3

Facility Information

Name of Facility: Stanton Correctional Facility

Physical Address: 2450 Claybank Rd

City, State, Zip: Fairfield, CA 94533

Mailing Address (if different from above):
Same as Above

City, State, Zip: Same as Above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <http://solanocounty.com/depts/sheriff/prea.asp>

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA

NCCHC

CALEA

Other (please name or describe: [Click or tap here to enter text.](#))

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
BSCC, DOJ/FBI, PREA

Warden/Jail Administrator/Sheriff/Director

Name: Captain William Hornbrook

Email: WSHornbrook@solanocounty.com

Telephone: 707-784-7087

Facility PREA Compliance Manager

Name: Lt. Tina Davis

Email: TDavis@solanocounty.com

Telephone: 707-784-4814

Facility Health Service Administrator N/A

Name: George Bernardino

Email: GBernardino@solanocounty.com

Telephone: 707-784-7154

Facility Characteristics

Designated Facility Capacity:

365

Current Population of Facility:

208

Average daily population for the past 12 months:	251
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-65
Average length of stay or time under supervision:	20.4
Facility security levels/inmate custody levels:	Ad-Sep, Maximum, Medium, Protective Custody
Number of inmates admitted to facility during the past 12 months:	1,702
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1,467
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	784
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	53
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	2
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	13
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	76

Number of volunteers who have contact with inmates, currently authorized to enter the facility:	3
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	12
Number of single cell housing units:	35
Number of multiple occupancy cell housing units:	164
Number of open bay/dorm housing units:	0
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	77
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	103
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	8
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative (including Audit Methodology)

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite 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.

A Prison Rape Elimination Act (PREA) Audit was conducted at the Solano County Jail Stanton Correctional Facility during the week of June 21, 2020 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. This is the first PREA audit for the Solano County Sheriff's Department for this audit cycle.

On 2/11/2020 the auditor contacted Just Detention International (JDI) and spoke with the Operations Director who indicated there has been no record of calls or correspondence regarding allegations of sexual abuse from the Solano County Jail Stanton Correctional Facility over the past 12 months.

On 2/13/2020 the auditor signed an agreement with the Solano County Jail Sheriff's Department to extend a previous PREA contract in order to initiate and complete the 2020 PREA audit for the Stanton Detention Facility. The Agency completed the extension agreement to extend the original agreement. Term of the contract extension is from 5/10/2020 to 6/30/2021

On 5/1/2020. the auditor provided the agency PREA Coordinator with pre-audit documentation such as the pre-audit questionnaire, audit process map, audit documentation checklist and audit tour instructions. The auditor submitted an additional document request for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review.

On 5/4/2020, the auditor provided agency with Notice of Auditor poster language in both English and Spanish. Instructions on posting, date of posting deadline and proof of posting verification to be provided to the auditor accompanied the Notice of Auditor posting language. Agency provided verification of posting by the deadline which was six weeks prior to the onsite audit. The Notices of Auditor were posted in all inmate living areas, hallways where inmates and staff travel throughout the facility, doorways that lead to each part of the facility for both staff and inmates, facility lobby area, video visitation, housing units, recreation areas, medical and program rooms.

Agency provided requested lists for document review on 5/15/2020. Auditor made selections based upon hire date, gender, job positions and shifts. Auditor presented agency with random staff, inmate, contractor and volunteer selections for document review on 5/19/2020. Auditor also requested investigation records, grievances, training records and personnel records pulled from the selections made by auditor. The agency provided the documents by 5/18/20 for auditor to complete the document review worksheets for verification of compliance.

During the pre-audit phase, the auditor reviewed the number of documents to assist in the triangulation of data and support the findings in the individual provisions. These documents included:

- Complete inmate roster*
- Youthful inmates/detainees
- Inmates with disabilities
- Inmates who are LEP
- LGBTI Inmates

- Inmates in segregated housing
- Residents in isolation
- Inmates/residents who reported sexual abuse
- Inmates/residents who reported sexual victimization during risk screening
- Complete staff roster
- Specialized staff
- All contractors who have contact with inmates
- All volunteers who have contact with inmates – None available due to COVID-19
- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit. – 8 investigations should be reviewed,
- All hotline calls made during the 12 months preceding the audit
- 24 Staff Files were reviewed
- 10 Contractors & 4 Volunteer files were reviewed
- 22 Inmate screening files were reviewed.

The facility completed the Pre-Audit Questionnaire (PAQ) on 5/8/2020. Facility staff provided the auditor with a number of documents including schematics, policies, logs and other resources to the PAQ. A conference call was conducted with facility administration on 5/8/2020 to establish the PREA Coordinator as the point of contact (POC), discuss processes and expectations with the auditor. Mail process of correspondence between inmate and auditor was also discussed.

The PAQ noted that the facility has completed external audits through Bureau of State Community Corrections (BSCC), DOJ/FBI & Prison Rape Elimination Act (PREA). During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests. The agency complied with all requests.

No PREA related inmate correspondence was mailed to auditor prior to the onsite audit. One week prior to the onsite audit, auditor requested agency complete the Specialized listing of staff and provide a listing of staff, contractors and volunteers which provides for their duty shifts and titles or designations for onsite interviews. Listing for inmates to identify their housing units, gender, and earliest possible release date for formal interviews. Agency provided the requested lists three days later and auditor made random selections of staff based upon shifts and titles. The selections equaled five staff members per shift for a total of 15 randomly selected line staff. 10 contractors and four volunteers were selected at random based upon their job titles. Inmates were selected based upon housing unit as the Stanton Detention Facility houses only male inmates. Auditor selected one inmate per page to a total of 20 randomly selected inmates. Auditor provided agency with a completed interview listing on first day of the onsite audit.

The on-site review began on 6/22/20 with an entry briefing. Attendees included Custody Lieutenant, PREA Coordinator, PREA Compliance Manager and Facility Commander. During the briefing, conduct of the audit was discussed including the audit timeline during the week. Auditor opened the floor for questions and provided responses for any questions asked. Following the in briefing, the physical plant review was conducted with the PREA Coordinator, Jail Commander and PREA Compliance Manager. The Stanton Detention Facility is one building with 12 housing units. Rated capacity 365, capacity at time of onsite audit was 204. The building included Administration, Maintenance, medical clinic and others as noted in the following summary:

The site review was conducted as follows:

NOTE: Unit #1 has 15 Cells. Unit #3 has 16 Cells, remaining Units contain 17 Cells. General interviews were not conducted with inmates and staff during the physical plant review due to COVID-19 safety requirements.

Living Unit: Housing Units 1 thru 4 – ADMIN-SEPARATION CLASSIFICATION -

PREA Information Posted: Yes, all Units have small PREA posters on the Medical Interview room window

Opposite Sex Viewing: Yes, cross-gender staff can view inmate toileting when entering housing unit, entering the stairwell and each cell upstairs. Window frosting would eliminate cross-gender viewing during toileting.

Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells

Announcement: N/A – male staff conducting onsite review of each housing unit

General Discussion with Staff (Not Interviews): NONE

Phones: Yes, 4 per housing unit

Grievance Process: Locked Grievance boxes in each unit. Allows inmates to submit grievances anonymously. Shift Supervisors obtain grievances at least once each shift.

Showers and Bathrooms: 2 showers in each housing unit. Toilets are in each cell

Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose rooms and Recreation yards for all units have camera surveillance.

Living Unit: Housing Units 5 – MEDIUM CLASSIFICATION

PREA Information Posted: Yes, small PREA poster on the Medical Interview room window

Opposite Sex Viewing: Yes, cross-gender staff can view inmate toileting when entering housing unit, entering the stairwell and each cell upstairs. Window frosting would eliminate cross-gender viewing during toileting.

Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells

Announcement: YES How: FEMALE ON DECK.

General Discussion with Staff (Not Interviews): NONE.

General Discussion with Inmates (Not Interviews): NONE

Phones: Yes, 4 per housing unit

Grievance Process: Locked Grievance boxes in each unit. Allows inmates to submit grievances anonymously. Shift Supervisors obtain grievances at least once each shift.

Showers and Bathrooms: 2 showers housing unit, PREA compliant. Toilets are in each cell

Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose rooms and Recreation yards for all units have camera surveillance.

Living Unit: Housing Unit 6 – PC

PREA Information Posted: Yes, small PREA poster on the Medical Interview room window

Opposite Sex Viewing: Yes, cross-gender staff can view inmate toileting when entering housing unit, entering the stairwell and each cell upstairs. Window frosting would eliminate cross-gender viewing during toileting.

Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells

Announcement: Not observed.

General Discussion with Staff (Not Interviews): NONE.

General Discussion with Inmates (Not Interviews): NONE

Phones: Yes, 4 per housing unit

Grievance Process: Locked Grievance boxes in each unit. Allows inmates to submit grievances anonymously. Shift Supervisors obtain grievances at least once each shift.
Showers and Bathrooms: 2 showers in housing unit PREA Compliant. Toilets are in each cell
Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose room and Recreation yard has camera surveillance.

Living Unit: Housing Units 7 thru 12 – MINIMUM CLASSIFICATION

PREA Information Posted: Yes, all Units have small PREA posters on the Medical Interview room window

Opposite Sex Viewing: Yes, cross-gender staff can view inmate toileting when entering housing unit, entering the stairwell and each cell upstairs. Window frosting would eliminate cross-gender viewing during toileting.

Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells

Announcement: Yes How: FEMALE ON DECK.

General Discussion with Staff (Not Interviews): NONE

General Discussion with Inmates (Not Interviews): NONE

Phones: Yes, 4 per housing unit

Grievance Process: Locked Grievance boxes in each unit. Allows inmates to submit grievances anonymously. Shift Supervisors obtain grievances at least once each shift.

Showers and Bathrooms: 2 showers in each housing unit PREA compliant. Toilets are in each cell

Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose rooms and Recreation yards for all units have camera surveillance.

Laundry

PREA Posting: Need PREA Poster in the Inmate Breakroom

Hidden areas: NONE

Camera Placement: 2 cameras in hallway leading to Laundry. 6 cameras in Laundry

Supervision: Direct supervision by 1 non-custody staff member

General comments inmates: NONE

General comments staff: NONE

Loading Dock

Hidden areas: NONE

Camera Placement: 2 cameras & 3 mirrors

Supervision: Direct Supervision

General comments inmates: NONE

General comments staff: NONE

Receiving and Discharge (Intake processing)

Strip Areas (Private): 16 holding cells. 3 cells available for strip searches. Cross-gender viewing possible when female officers enter Intake through main hallway while strip search in progress.

Holding Cells #4, #6 & #11 allows for cross-gender viewing during toileting. Window frosting would eliminate cross-gender viewing during toileting.

Dress-Out Areas: 3 dress-out cells. Chance for cross-gender viewing during dress-out utilizing female custody staff for dress-outs for release. No procedure in place to provide announcement before opening door for clothing exchange

Information Posted: Yes, Zero-Tolerance posters

Cameras: 7 cameras throughout Intake

Phones: Yes

Ask for Information Provided to Offenders: Zero-Tolerance PREA pamphlet provided to Auditor. Both inmate Handbook and Zero-Tolerance pamphlet provided to inmate during booking and classification at the Main Jail intake

Visitation

Strip/Shakedown Area: In Housing Units

Information Posted: PREA postings in hallways, 2 attorney contact rooms

Camera Placement: 1 camera in each attorney contact room. 5 cameras and 2 mirrors located in hallways leading to visitation non-contact and contact rooms.

Chapel/ Religious Services

Multi-Purpose Rooms: No PREA posters in Housing Unit Multi-purpose rooms

Sacrament area: NONE

Religious Education Area: NONE

Storage Areas: NONE

Cameras: 1 camera in multi-purpose room

Front Entrance (Reception Area)

PREA Information Provided: Zero-Tolerance Pamphlet available in Reception Area

Food Service

Dining Rooms: NONE – Dining in each Housing Unit

Officer Dining Area: Small kitchen off main Housing Unit Hallway – Locked when not in use, covered by main hallway cameras.

Kitchen: Food trucked in daily and food kept in reefer near Laundry. Only officers have access.

Coolers: 1 reefer, covered by cameras and 3 mirrors. Only officers have access.

Garbage Area: Internal Trash Compactor Covered by cameras and 3 mirrors.

Dishroom: NONE

Tool Room: NONE

Camera Placement: 2 cameras & 3 mirrors

Supervision: Direct Supervision

Health Services

PREA poster: In hallway.

Cameras: 3 cameras with Direct Supervision by officers

Reception Area: 2 Medical holding cells

Exam Rooms: 2 Exam rooms, 1 Dental suite

Infirmary/Observation Rooms: NONE

Suicide Watch Room(s): NONE

Ancillary Areas: NONE

Formal interviews were conducted between 6/15/2020 and 6/18/2020. Random staff, specialized staff, random and targeted inmate interviews were conducted by the auditor. The number of inmates housed at Solano County Jail on the first day of the on-site audit was 204.

A total of inmate interviews conducted: 24

- Random inmates – 12
- Youthful Inmates - 0
- Physically disabled, blind, deaf, and/or hard of hearing inmates – 1
- Cognitively disabled inmates – 2

- Gay and/or bisexual inmates – 3
- Transgender or intersex inmates – 0
- Inmates in segregation for risk of victimization - 2
- Inmates who reported sexual abuse – 2
- Inmates who disclosed victimization during a risk assessment - 2

A total of staff interviews conducted: 43

- Random staff – 14
- Director / designees-Sheriff
- Superintendent -Captain
- Contract administrator
- PREA Coordinator -1
- PREA Compliance Manager - 1
- Intermediate or higher-level supervisors - 1
- Line staff who supervise youthful inmates - 0
- Education and program staff who supervise youthful inmates - 0
- Medical and mental health staff - 4
- Human resources staff - 1
- SAFE/SANE hospital staff - 1
- Volunteers-0
- Contractors - 3
- Investigators -4
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 1
- Incident review team members - 2
- Staff charged with retaliation monitoring - 1
- Intake staff - 2
- First Responders –Security - 1
- First Responders-non-security - 1
- Victim Advocacy – 1
- Kitchen staff – 1

Following the interviews, the auditor conducted a review of 34 Personnel files, 22 screening records, 8 investigative files and 38 training records. The onsite audit was completed on 6/25/2020 where a closeout briefing was conducted and attended by the Agency Head, Undersheriff, PREA Coordinator, Custody Commander, PREA Compliance Managers and the Stanton Facility Commander. General observations by the auditor was discussed with attendees to include explanations of the Post Audit Phase, which included dates when the Interim Report is submitted to the Agency Head and PREA Coordinator, 180-day Corrective Action Phase, and Final Report which is submitted within 30-days following the Corrective Action. On-Site Audit was then concluded at the end of the exit briefing.

Solano County Jail provides 3rd party reporting of allegations of sexual abuse via the Sheriff's website. The information is listed under their OPTIONS tab and includes citation of the Prison Rape Elimination act, their zero-tolerance policy and contact information for reporting allegations of sexual abuse.

Auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Agency will have 90-days to upload the Final Report to the agency website for public access.

The agency was informed that if necessary, auditor may need to return to the Stanton Detention facility during the 180-day Corrective Action period to verify compliance with the PREA standards that were found non-compliant during the Interim Audit Phase.

During the Post-Audit phase, PREA Coordinator and Auditor collaborated on issues discovered during the On-Site Audit review, interviews and document review.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee 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 Solano County Jail Stanton Correctional Facility is located at 2450 Claybank Road Fairfield California, built in 2014 and houses a male only inmate population. The Stanton Correctional Facility houses post-arraignment and pre-sentenced inmates, consists of podular housing units operated by a central control in a modified direct supervision model. The facility design uses modern electronic security to maximize staff effectiveness and efficiency. The facility includes laundry facilities, administrative services, secure vehicle sallyport, intake and processing area as well as a large training room. The facility is designed to house up to 362 high risk offenders and consists of one building. Additional facts include 194 CCTV cameras, 2 negative pressure rooms for medical protection, Web-based Jail Management System, inmate kiosks and video visitation system. The facility possesses a laundry run by inmate workers and managed by non-custody staff. The meals are trucked in, maintained in a large reefer within the facility and distributed to the housing units by custody staff. All housing units are off the 500 hallway which runs the length of the Housing Facility. The facility has 12 housing units utilizing a POD style architecture. Each housing unit is in a POD design. Unit 1 thru 4 are designated as administrative separation housing. Housing unit 5 is designated as Medium classification housing and Administrative Separation. Housing unit 6 is designated as Protective Custody and Administrative Separation housing. Housing units 7 through 12 are designated as Administrative Separation, Maximum, Protective Custody and Medium housing.

Summary of Interim Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: 115.21, 115.43, 115.71

Standards Met

Number of Standards Met: 36

Standards Not Met

Number of Standards Not Met: 6
List of Standards Not Met: 115.15, 115.17, 115.32, 115.33, 115.41, 115.88

Summary of Final Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 3
List of Standards Exceeded: 115.21, 115.43, 115.71

Standards Met

Number of Standards Met: 42

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: None

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) Yes No 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.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.11(a): General Order (GO) 5.041 Prison Rape Elimination Act (PREA) mandates that the Solano County sheriff's Office maintains a zero-tolerance policy for any act of assault, abuse, misconduct and harassment of a sexual nature perpetrated by another inmate, detainee or staff member, regardless of consent. The policy applies to all inmates and personnel of the Sheriff's Office including employees, volunteers, and independent contractors, hereafter referred to as employees. The Sheriff's Office appoints an upper-level wide PREA Coordinator, with sufficient time and authority to coordinate, develop, implement and oversee the agency efforts to comply with PREA standards. Every Sheriff's Office employee, contractor and volunteer who has direct contact with inmates, either within or outside of the facility, but within a custodial setting, shall be trained in the detention of and mandatory reporting processes related to sexual abuse. All sexual abuse allegations shall be thoroughly investigated, and where appropriate, criminal prosecution and/or disciplinary action shall result. Any contractor or volunteer who engages in sexual abuse shall be 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. Every employee and volunteer has an affirmative duty to disclose misconduct. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment and includes sanctions for those who have prohibited in prohibited behaviors.
- 115.11(b): General Order (GO) 5.041 Prison Rape Elimination Act (PREA) mandates that the Solano County sheriff's Office appoints an upper-level wide PREA Coordinator, with sufficient time and authority to coordinate, develop, implement and oversee the agency efforts to comply with PREA standards. Position of the Solano county Sheriff's Office PREA Coordinator is a Lieutenant in the Organizational Structure and reports to the Undersheriff and Sheriff. Interview with the PREA Coordinator indicates that he has sufficient time to manage all of the PREA related responsibilities. There are 3 facility PREA Compliance Managers throughout the agency. He communicates with all 3 regularly through e-mail/text message and voicemail.
- 115.11(c): Each of the 3 Solano County Sheriff's facilities employs a designated PREA Compliance Manager. The Compliance Managers are identified on the Agency's Organizational Chart. Interview with the PREA Compliance Manager assigned to the Solano CJ Stanton Correctional Facility indicates that he has enough time to manage all of his PREA related responsibilities.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- 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.) Yes No NA

115.12 (b)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a): The PAQ indicates that the agency does not contract with other entities for the confinement of its inmates.

115.12(b): There is no new contract or contract renewal signed on or after August 20, 2012 regarding the contract with other entities for the confinement of its inmates.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.12.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- 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 No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.13 (c)

- 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 No
- 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 No
- 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 No

115.13 (d)

- 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 No
- Is this policy and practice implemented for night shifts as well as day shifts? Yes No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a): Policy 5.041 PREA mandates that the Sheriff's Office shall ensure sufficient staffing and where available alternative means of supervision, such as video monitoring, to ensure inmates are protected from sexual abuse. Such staffing levels shall consider physical layout of each facility, composition of inmate population and other relevant factors. Each year, the PREA Coordinator and Facility Commander shall re-evaluate staffing levels and use of video monitoring to determine and document adequacy of the staffing and use of video monitoring technologies to protect inmates from sexual abuse. The report for this assessment will be forwarded to the Sheriff via the chain of command. The PAQ indicates that the average daily number of inmates is 251, and the average daily number of inmates on which the staffing plan is predicated upon is 365. Agency provided copy of the 2019 Stanton Correctional Facility Staffing Plan which discusses the Facility Overview, staffing on each shift, visiting, classification, inmate population, inmate programs, medical and dental services, training, PREA case statistics, staffing on each shift and a complete staffing summary. The staffing plan complies with Standard provision 115.13(a)

115.13(b): Agency PAQ indicates that there has been no deviation from the staffing plan over the past 12 months. Interview with the Facility Commander indicates that the facility documents all instances of non-compliance with the staffing plan.

115.13(c): Policy GO# 5.041 mandates the PREA Coordinator and Facility Commander shall reevaluate staffing levels and use of video monitoring to determine and document adequacy of the staffing and use of video monitoring technologies to protect inmates from sexual abuse. The report for this assessment will be forwarded to the Sheriff via the chain of command. Interview with PREA Coordinator indicates that the Staffing Plan is an ongoing reevaluation of staff placement. The Staffing Plan is reviewed at least annually to determine what adjustments may be needed to include deployment of monitoring technology and restructuring of staff placement on each shift. The Staffing plan is submitted to the Sheriff for approval before being adopted and implementation.

115.13(d): Agency provided auditor with May 8, 2017 PREA Standards Interview Guide Training mandated by the Sheriff which states: Administrators are required and shall be making unannounced rounds at all facilities to emphasize PREA and to answer questions. These rounds shall also have to be documented for the audit. Standard provision 115.13(d) mandates documentation of unannounced rounds for all shifts, whether or not an audit is being conducted. Agency also provided electronic documentation file which provides verification that unannounced rounds by intermediate level or higher-level supervisors have been conducted on both day and night shifts from 4/22/19 to 4/22/20 by both Shift sergeants and Watch Commanders. All unannounced rounds were conducted on all shifts and were documented. Interview with Shift Sergeants indicate they conduct unannounced rounds at least once per shift, sometimes twice. Review of unit logs for each shift indicate Shift Sergeants document their unannounced rounds.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- 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].) Yes No NA

115.14 (b)

- 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].) Yes No 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].) Yes No NA

115.14 (c)

- 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].) Yes No 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].) Yes No 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].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.14(a)/(b)/(c): N/A – Agency has not housed youthful inmates over the past 12 months and does not currently house youthful inmates as verified through auditor observations during on-site audit document reviews and interviews with random staff, random inmates and Specialized staff.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.14.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (b)

- 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 No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- 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 No
- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No
- 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 No

115.15 (f)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.15(a): Policy GO#5.041 states the Sheriff's Office does not conduct cross-gender strip or cavity searches. Agency reports there have been no cross-gender strip or visual body cavity searches of inmates over the past 12 months. Interview with staff indicate cross-gender strip or visual body cavity searches are prohibited unless conducted by medical staff.
- 115.15(b): Policy GO#5.041 mandates Cross gender pat searches shall not be conducted inside Sheriff's Office detention facilities except in exigent circumstances. Exigent circumstances must be documented in an incident report to the Facility Commander via the chain of command for retention. Stanton Correctional Facility houses male inmates only. Interview with random sample of 14 staff indicate they have all been trained on cross-gender pat-down search training. Female staff indicate male custody staff conduct pat-down searches.
- 115.15(c): Policy GO#5.041 mandates Cross gender, transgender and intersex inmate pat searches shall not be conducted except in exigent circumstances. Exigent circumstances must be documented in writing to the facility commander and forwarded to the PREA Coordinator for file retention. Cross gender pat searches shall not be conducted inside Sheriff's Office detention facilities except in exigent circumstances. Exigent circumstances must be documented in an incident report to the Facility Commander via the chain of command for retention. Custody Division Procedures 9.008 Security & Control mandates that Officers of the same sex as the inmate shall perform strip searches absent exigent circumstances. Absent exigent circumstances, all staff members present during a physical body cavity search must be of the same sex as the person being searched, with the exception of authorized medical personnel. A physical body cavity search shall be conducted only by a licensed physician, nurse practitioner, registered nurse, or vocational nurse. Only, those staff members deemed necessary by the responsible supervisor to maintain security shall be present during a physical body cavity search. All strip searches/body cavity searches needing supervisor approval shall be documented via JMS Incident Report and/or a Strip search Affidavit. Transgender/Intersex inmates will be given the opportunity to choose the gender of custody staff performing the search. These searches shall be documented in Jail Management System (JMS) and a copy forwarded to the PREA Coordinator.
- 115.15(d): Policy GO# 3.013 mandates that the presence of opposite gender staff or visitors in all housing units shall be announced to the inmates prior to staff entry. There is an announcement sign placed at the outside entry door of each housing unit to prompt cross-gender staff to announce prior to entry into the housing unit. The announcement will provide appropriate warning to inmates who may be changing clothing or using the toilet. These announcements shall consist of "male on the floor" in a female housing module or unit and "female on the floor" in a male housing module or unit. Custody staff shall not enter the shower and toilet areas, living spaces or cells of opposite gender inmates except in exigent or emergency circumstances and/or when accompanied by a staff member who is the same gender as the inmate. Custody staff may perform observation log checks on inmates of the opposite gender; however, the previously mentioned announcement must be made. During the onsite physical plant review, Auditor observed each housing unit and determined all cells allowed for cross-gender viewing of inmates during toileting except for cells near the stairwell which had frosting on the windows. Auditor observed the intake area where there

are 16 holding cells. 3 cells available for strip searches. These strip-search cells possess doors on windows to dissuade Cross-gender viewing when female officers enter Intake through main hallway while strip search in progress. In addition, female staff are stopped from entering the hallway when strip-searches are being conducted. Holding Cells #1, thru #16 in the Intake area allows for cross-gender viewing during toileting. The release Dress-Out Area has 3 dress-out cells. There are doors over the windows on the staff side that are used for staff to provide inmates with dress-out clothing prior to release from the facility. Cross-gender viewing during dress-out during dress-outs for release is dissuaded with doors on the windows, cross-gender announcement imoji on each door to strip search cells and written directive posted between the windows and entry to the staff side of the dress-out area. Policy 3.013 Opposite Gender Housing and supervision, is in place which mandates that "The presence of opposite gender staff or visitors in areas where inmates may be strip searched and/or dressed in and/or out, such as the safety cell, intake area or inmate release area, shall be announced to the inmates prior to staff entry." Dress-outs are conducted by same-gender staff.

Interview with random sample of 14 staff and 12 random inmates and 12 targeted inmates indicate that inmates are provided private showers on each floor of the housing unit. Auditor viewed the showers which are PREA Compliant and bathrooms are located in the individual cells. Interviews also indicated that the cross-gender announcements are made when cross-gender staff enter the housing unit. Announcements are difficult to hear if an inmate is housed in the rear part of the housing unit. Interview with all staff indicate they announce when escorting cross-gender staff into the housing units and all female custody staff interviewed indicate they announce when entering the housing units.

- 115.15(e): Policy GO#5.041 mandates Searches or examinations of a transgender or intersex inmate solely for the purpose of determining genital status are prohibited. If the status is unknown, staff should use other means to determine the person's sex, such as reviewing arrest history, available databases, available medical records, or by speaking with the individual. Interview with random sample of 14 staff verifies their knowledge of policy prohibiting search of transgender or intersex inmate for the sole purpose of determining their genital status. There was no Transgender or intersex inmate housed at Stanton Correctional Facility.
- 115.15(f): PAQ indicates that 95% of all security staff assigned to Stanton Correctional Facility received cross-gender pat-down searches and searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Agency provided auditor with Pat-Search Training facilitator guide and power-point. Auditor was also provided training logs for 32 custody staff. The number of staff currently employed by the facility who may have contact with inmates is 53. Numbers indicate that only 60.38 staff has completed cross-gender pat search training. Upon request, the PREA Coordinator provided auditor with 57 acknowledgement forms signed by custody staff upon completion of the Cross-Gender Pat Search Training which was conducted between 12/4/17 to 4/30/2. Interview with random sample of 20 staff indicates all have received cross-gender pat-down search training.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.15(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide frosting to cell windows for cells 1 thru 16 in intake in order to dissuade cross-gender viewing during toileting
2. Agency to provide frosting to cell windows in each housing unit in order to dissuade cross-gender viewing during toileting.

Auditor will conduct a 90-day status review on 11/7/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 2/5/21.

Corrective Action Completion 11/2/20 :

9/8/20, PREA Coordinator provided auditor with example photos of cell door windows in housing Units 1 thru 12 and Intake holding, which indicates Agency has begun frosting of cell windows to dissuade cross-gender viewing during toileting. On 11/2/20, auditor conducted a 90-day physical plant review of the Stanton facility housing units 1, 2, 3, 4, 5, 6, 7, 8, & 12, including intake holding cells. Auditor physically viewed all housing units except units 9,10 & 11 which had inmates out in the general area for unlock and movement. Auditor viewed those units via video monitoring and photos sent by the PREA Compliance Manager for those housing units. Each cell possessed film over the windows which allows for seeing the inmate body shadow but not the toilet. The film still allows for staff to view the inmate inside the cell.

The agency/facility has met the requirements of Standard provisions 115.15(d) completed during the corrective action period. The auditor has determined that the agency/facility is in compliance with Standard 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? Yes No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

- 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 No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.16 (c)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.16(a): Policy GO# 5.041 mandates appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Policy GO #13.015 mandates accommodations for inmates who have been identified as disabled such as TTY/TDD for hearing impaired, rule book in Braille, Point Book made available for inmates unable to communicate verbally, language interpreter, tactile interpreter and staff communication with hearing impaired inmates for daily interactions in the method most effective for the situation. Disabled inmates are identified in booking between intake custody staff and intake medical for evidence of a management need. This information is recorded in the Agency JMS (Jail Management System). Interview with Agency Head designee indicates a number of communication methods are available to disabled inmates such as TTY/TDD, Language Interpreters, Braille Interpreters, Bi-lingual staff. Point books are available on every floor Sergeant station and in Receiving. Interview with one limited English Proficient inmate verified Agency's approach to provide effective communication with inmates. Bi-lingual staff was used to communicate with this inmate. Interviews with provided staff translator was accomplished.

115.16(b): Policy GO# 5.041 mandates appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Policy GO #13.015 mandates accommodations for inmates who have been identified as disabled such as TTY/TDD for hearing impaired, rule book in Braille, Point Book made available for inmates unable to communicate verbally, language interpreter, tactile interpreter and staff communication with

hearing impaired inmates for daily interactions in the method most effective for the situation. Disabled inmates are identified in booking between intake custody staff and intake medical for evidence of a management need. This information is documented in the Agency JMS (Jail Management System). Interview with one limited English Proficient inmate through staff interpreter verified Agency's approach to provide effective communication with inmates. Bilingual staff was used with the one inmate who spoke only Spanish. Agency provided Auditor with copy of the MOU for Language Line contract interpreters which expires on 8/7/21.

115.16(c): Agency provided Auditor with copy of the MOU for Language Line contract interpreters which expires on 8/7/21. Policy 13.015 Americans with Disability Accommodations mandates that "A Point Book will be made available by custody staff to inmates who are unable to communicate verbally, in writing, or via an interpreter, to identify daily hygiene and service related needs." The Point Book will be maintained in all officers' stations and Intake. Policy also mandates that custody staff shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. Agency reports that in the past 12 months, there have been no instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.64, or the investigation of the resident's allegations. Interview with random sample of 14 staff indicates it is prohibited to use inmate interpreters to assist with sexual abuse allegations except in exigent circumstances. Auditor could not locate any documentation or information from the random selection of 12 inmates interviewed and 1 limited English proficient (LEP) inmates that could verify that inmate interpreters have ever been used when an LEP inmate alleged sexual abuse/harassment.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.16.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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 No
- 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 No

- 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 question immediately above? Yes No
- 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 No
- 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 No
- 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 question immediately above? Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? Yes No
- 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 No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? Yes No
- 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 No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? Yes No

115.17 (e)

- 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 No

115.17 (f)

- 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 No
- 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 No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.17 (h)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.17(a): Policy GO# 5.041 mandates that the Sheriff's Office shall not knowingly 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:

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.

Agency reports that the last line staff assigned to Stanton Correctional Facility was hired in 2017. List of custody staff assigned to the Stanton Correctional Facility verifies that claim. Auditor conducted a document review of a random sample of 25 personnel files of custody staff (four were promoted staff) and 10 contractors selected from lists of all custody and non-custody staff and contractors assigned to the Stanton Correctional Facility. National Background checks were conducted on 17 custody staff. Agency failed to provide criminal background checks for 4 promotional staff and 4 custody staff. The background checks were Live-Scan and have FBI fingerprint clearances. Agency provided the 3 required questions for the four custody staff who were promoted in 2019. No documentation provided for background checks on Contractors. Agency indicates that personnel and supervisory files are reviewed prior to promotional interviews on all custody staff. All staff, contractors and employees have an affirmative duty to report any arrest. Interview with Backgrounds Lieutenant indicates that all Background Records Check include CLETS, FBI, NCIC and subsequent arrest notification are provided for both custody staff and contractors as the Contractors are Live-Scanned every two years and flagged same as custody staff for Federal Notice in the Live-Scan form.

- 115.17(b): Policy GO# 5.041 mandates Incidents of sexual harassment shall be considered in determining whether to hire or promote any employee, or to enlist the services of any contractor or volunteer, who may have contact with inmates. Interview with Human Resources (HR) director indicates Agency policy requires the consideration of 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.
- 115.17(c): Policy GO# 5.041 mandates that before hiring, all employees who may have contact with inmates shall be subject to a criminal background check. Consistent with Federal, State and local law, the Sheriff's Office shall make its best effort 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. Agency reports that the last line staff assigned to Stanton Correctional Facility was hired in 2017. List of custody staff assigned to the Stanton Correctional Facility verifies that claim. Interview with Human Resources (HR) director indicates Live-Scan is conducted on all applicants and are screened through FBI fingerprint background checks as verified via document review conducted by Auditor during the on-site audit. Out of the 25 random staff selected, none of them had a hire date within the past 12 months. All but 7 indicated that Background checks conducted and was cleared through Live-Scan and FBI clearance.
- 115.17(d): Policy GO# 5.041 mandates that before hiring, all employees (which included contractors), who may have contact with inmates shall be subject to a criminal background check consistent with Federal, State and local law. Agency reports 13 contracts entered into in

the past 12 months for services with contractors who may have contact with inmates. Agency indicates 91 criminal background record checks were conducted on all staff contractors in the past 12 months who may have contact with inmates. Interview with Human Resources (HR) director indicates all contractors and volunteers go through Live-Scan and FBI clearance before they obtain a gate clearance to work in any facility where they would have contact with inmates. Even with this clearance, contractors and volunteers are under constant supervision by custody staff when inside the facilities. Agency provided random selection of 10 contractors, however, but failed to provide the criminal background record check documentation to verify compliance with this Standard provision.

- 115.17(e): Policy GO# 5.041 mandates that "Before hiring, all employees who may have contact with inmates shall be subject to a criminal background check. For current employees, the agency is notified by DOJ any time the employee is fingerprinted as the result of an arrest. Agency explained to auditor that they use State DOJ, FBI & NCIC for background checks. Any out of State arrests rely on FBI/NCIC notification since they conduct background checks utilizing both entities to conduct criminal background checks. Interview with Human Resources (HR) director indicates employees and contractors have an affirmative duty to inform Agency if they are arrested and the DOJ provides notification if any employee, contractor or volunteer is arrested as they are all Live-Scanned and have been cleared through the FBI.
- 115.17(f): Policy GO# 5.041 mandates all applicants and employees who may have contact with inmates shall be questioned directly about previous misconduct 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. Policy imposes every employee, contractor and volunteer has an affirmative duty to disclose any misconduct. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Interview with Human Resources (HR) director indicates applications for employment ask applicants and employees about previous sexual misconduct in the written applications and supplemental applications for employment. There are no such questions asked of contractors. The Agency also imposes a continuing affirmative duty to disclose any such misconduct from employees, contractors and volunteers.
- 115.17(g): Policy GO# 5.041 mandates all applicants and employees who may have contact with inmates shall be questioned directly about previous misconduct 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. Every employee and volunteer has an affirmative duty to disclose any misconduct. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.
- 115.17(h): Policy GO# 5.041 mandates Information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be provided to an institutional employer conducting an employment background investigation upon request unless prohibited by law. Interview with HR Director indicates information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be provided to an institutional employer upon receipt of a release of information form signed by the former employee.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.17(a), 115.17(c) and 115.17(d). Corrective action is required.

Corrective Action Recommended:

1. Provide completed 3 required questions for the 4 selected promotional staff promoted in 2019, identified in the Issue Log
2. Provide Criminal Record Background check for the 2 Custody Staff identified in the Issue Log.
3. Provide Criminal Record Background Checks for the 10 Contractors identified in the Issue Log.

Auditor will conduct a 90-day status review on 11/7/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 2/5/21.

Corrective Action Completion 11/10/20:

1. On 8/10/20, Agency provided auditor with copies of the signed and completed 3 required promotional questions form for the 4 selected promotional staff who were promoted in 2019. All 4 forms were completed and signed prior to the actual promotion of the selected staff members.
2. On 10/27/20, the PREA Coordinator provided auditor with the background investigation documentation for randomly selected contractors. Selection range 10 Contractors hired between 5/14/20 and 10/19/20. All contractors had completed criminal records background checks and contractor training prior to their hire date.

On 9/8/20, Agency provided auditor with copies of the signed 3 required questions for three staff members who were found to be non-compliant with regards to this Standard provision. Agency indicated that the 3 required questions were not initiated until late 2017, however, three staff selected for the pre-audit document review were hired after 2017 had no verification that the 3 required questions were completed prior to their hire date. Two were found to be compliant with the 3 required questions completed and signed prior to the hire date. One of the three had no 3 required questions completed. On 11/1/20, Agency provided auditor with verification that the 3 required questions were completed for 20 custody staff hired between October 2019 and May 2020. 19 staff completed their background (FBI) checks prior to their hire date. One was found to have completed only State DOJ background check. As there was no FBI or NCIC national records checks. Two months after the staff's hire date, Agency determined that an error had been made and the National FBI check was conducted and completed. Agency to provide auditor with an additional 20 staff members to review in order to determine whether background clearances are institutionalized.

On 11/10/20, the PREA Coordinator provided auditor with the Background Investigation (BGI) documentation requested randomly selected custody staff hired in 2019 and 2020. The documentation included the completed BGI date, criminal background source, 3 required

questions and hire dates. Review of all the documents concluded that all 20 custody staff members meet PREA Standard 115.17 as complete background investigation to include the 3 required questions were completed prior to the hire date. None of the custody staff members had no record of working in institutions prior to Solano CJ hire dates. Auditor has determined that the review of the previous 20 custody staff members and recent 20 custody staff members indicate that the background investigation process is institutionalized at Solano County.

3. On 8/26/20, Agency provided auditor with copies of the DOJ & FBI Background Clearance documented verification for all 10 contractors selected by auditor for document review. Document review indicated that all 10 selected contractors completed a criminal records background check prior to their hire date and was cleared through the FBI national clearance. On 10/27/20, the PREA Coordinator provided auditor with 10 newly hired contractors between May 2020 to September 2020. All 10 contractors completed FBI and NCIC background checks and PREA training prior to their hire/start dates or entry into the facilities. Auditor was provided documentation which reflects the national clearances, PREA training acknowledgements and screenshots of the electronic database which verifies clearances and clearance card date verifications. The information provided verifies background clearances and PREA training for contractors is institutionalized to ensure they obtain the required clearances and training prior to entry into a facility.

The agency/facility has met the requirements of Standard provision 115.17(a), 115.17(c) and 115.17(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.18 (b)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a): The Stanton Correctional Facility opened in October 2014 and is the only correctional facility acquired by the Solano County Sheriff's Department since August 20, 2012. Interview with Agency Head and Facility Commander indicates the only newly acquired facility has been the Stanton Correctional Facility. No substantial expansion of modifications made to existing facilities.

115.18(b): Agency enhanced the video monitoring technology at the Stanton Correctional Facility in 2017. Physical plant review of Stanton Correctional Facility indicates there are numerous cameras throughout the facility. Some are continuous feed, others are motion controlled.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.18.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (b)

- 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 No NA

- 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 No NA

115.21 (c)

- 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 No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- 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 No

- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.21 (e)

- 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 No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- 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.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.21(a): Policy GO # mandates that "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicant and adapted from or otherwise based on the most recent edition of the DOJ'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." Agency conducts both criminal and administrative sexual abuse investigations.

Agency provided Auditor with verification of a compliant Uniform Evidence Protocol that agency investigators follow. Interview with random sample of 14 staff indicate majority of staff 1st Responders includes preservation of usable physical evidence as part of their 1st Responder responsibilities. Review of Solano County Sheriff's PREA Coordinated Response and Evidence Protocol verifies there is sufficient technical detail to aid responders in obtaining usable physical evidence. During interviews of staff, each carried their 1st Responder Cards, provided to each custody staff by Agency, on their person and mandated to carry their 1st Responder Cards while on duty. This exceeds Standard 115.21(a). They did not respond to questions utilizing their 1st Responder Cards.

- 115.21(b): Agency does not house youthful offenders. Uniform evidence protocol was adapted from U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. All Patrol Staff receive training regarding preliminary investigations through the California Peace Officer Standards and Training Academy, as well as training from a DOJ approved course on Investigating Sexual Assaults in Confinement Facilities.
- 115.21(c): Policy GO #13.016 Sexual Assaults in Custody mandates Medical staff may require the inmate be transported to the hospital for a forensic sexual assault examination, if appropriate. The inmate shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. Napa/Solano/Marin SANE/SART Agency serves Solano County Jails and conduct all forensic examinations on victims of sexual abuse. Agency reports no forensic examinations conducted over the past 12 months. Interview with SART Team staff member at Kaiser Vallejo indicate the SART Team serves Solano County Jail. They are on-call 24/7 and provide forensic examinations. Victim advocates are allowed to be present during forensic exams with victim's permission. SART Team provides SDT prophylaxis, pregnancy information and documentation to include whatever additional medical needs that are required.
- 115.21(d): Agency maintains MOU with the SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency who provides both sexual abuse reporting and advocacy. The term of the MOU is effective from 9/1/18 to 6/30/21. SafeQuest staff respond to requests from Solano County Sheriff's Department and Solano County Jail inmates, provide SART/hospital accompaniment for current inmates at North Bay Medical Center, provide toll free telephone number for inmates who wish to report a sexual assault or harassment at Solano County Sheriff's Office facilities at no expense to the inmate. The MOU mandates both Solano County Sheriff's Department and SafeQuest maintain strict confidentiality as it relates to inmate clients. SafeQuest counselors are available 24/7. Interview with PREA Compliance Manager indicates the Agency has MOU with SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency which provides sexual abuse reporting and advocacy. Auditor interviewed the Director of SafeQuest who verified the MOU responsibilities to provide both reporting and advocacy. Advocacy provided throughout the forensic, investigative and court process to include follow-up counseling. There were no inmates who reported sexual abuse housed in the Stanton Correctional Facility at the time of the onsite audit.
- 115.21(e): SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency counselors respond to requests from Solano County Sheriff's Department and Solano County Jail inmates, provide SART/hospital accompaniment for current inmates at North Bay Medical Center, provide toll free telephone number for inmates who wish to report a sexual assault or harassment at

Solano County Sheriff's Office facilities at no expense to the inmate. Interview with PREA Compliance Manager indicates the Agency has MOU with SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency which provides sexual abuse reporting and advocacy.

115.21(f): N/A – Agency is responsible for both administrative and criminal investigations.

115.21(g)/(h): Auditor not required to audit these Standard provisions.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.22 (b)

- 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 No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- 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).) Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.22(a): Policy GO #5.041 mandates all reported allegations of sexual abuse shall be thoroughly investigated, and where appropriate, criminal prosecution and/or disciplinary action shall result. Agency reports that over the past 12 months, there have been 8 allegations of sexual abuse/harassment, 3 resulting in administrative investigation and 5 resulting in criminal investigation. Agency provided Auditor with copies of all 8 sexual abuse/sexual harassment investigations for review. Auditor verified that all investigations have been completed. Each case occurred in the Stanton Correctional Facility. Interview with Agency Head indicates Agency conducts both administrative and criminal investigations for all allegations of sexual abuse and sexual harassment.
- 115.22(b): Policy 5.041 mandates all reported allegations of sexual abuse shall be thoroughly investigated, and where appropriate, criminal prosecution and/or disciplinary action shall result. Agency conducts both criminal and administrative investigations. Policy GO 13.016 Custody Staff will work in support of Sheriff's Office Investigations personnel to protect the victim and to preserve the scene and potential evidence associated with all PREA incidents. Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim. Policy narrative is posted on the Agency website which states: *The Solano County Sheriff's Office is committed to providing inmates housed at its facilities, the safest environment possible. The Solano County Sheriff's Office has a Zero- Tolerance policy toward sexual abuse and sexual harassment of any kind. Inmates who experience these types of behaviors are strongly encouraged to report the behavior, as it will be investigated thoroughly and completely, whether criminally or administratively, whichever is most appropriate.* Auditor interviewed Investigative Staff who indicated all allegations of sexual abuse/harassment are referred for investigation.
- 115.22(c): N/A – Agency is responsible for criminal investigations
- 115.22(d)/(e): Auditor not required to audit these Standard provisions.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No
- 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 No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- 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 No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No
- 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 No
- 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 No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? Yes No
- 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 No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? Yes No
- 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 No
- 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 No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.31(a): Policy 5.041 mandates every employee, volunteer and contractor who may have contact with inmates, including medical and mental health providers shall be trained on the Sheriff's Office PREA policy and shall include all of the criteria outlined in Standard provision 115.31(a) – 1 thru 10. Agency provided Auditor with copy of the training curriculum which includes all 10 mandated criteria as outlined in Standard provision 115.31(a). Interview with Random Sample of Staff indicates they are knowledgeable with regards to the 10 topics outlined in Standard provision 115.31(a). During on-site audit, Auditor reviewed 24

randomly selected employee training records and determined all employees received PREA comprehensive training as verified through 5 signed PREA acknowledgement forms and 19 signed training rosters.

- 115.31(b): Agency reports that training is tailored to gender of inmates at all 3 facilities. Two of the facilities house only male inmates. Only the Main Jail house both male and female inmates. Review of sample of 24 training records indicate Comprehensive training incorporates training for both male and female inmates.
- 115.31(c): Agency reports 100% of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements. Policy 5.041 mandates refresher training be provided to all employees at least every two years to ensure awareness of current agency policy and procedures. Between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment through policy upgrades, manager/supervisor meetings.
- 115.31(d): Policy 5.041 mandates The Sheriff's Office maintain documentation of the completion of all PREA training provided to employees, volunteers and contractors via a form that the employee must sign to acknowledge an understanding of the training received. Auditor reviewed 24 employee Training Records which included 5 signed PREA acknowledgement forms and 19 signed training rosters which verified attendance. Agency provided signed training rosters for staff who were employed prior to mid-2018 and signed training acknowledgements were not employed until mid-2018. Majority of staff assigned to the Stanton Correctional Facility were hired after 2018.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 No

115.32 (b)

- 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 No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.32(a): Policy 5.041 mandates every employee, volunteer and contractor who may have contact with inmates, including medical and mental health providers shall be trained on the Sheriff's Office PREA policy and shall include all of the criteria outlined in Standard provision 115.31(a) – 1 thru 10. Agency provided Auditor with copy of the training curriculum which includes all 10 mandated criteria as outlined in Standard provision 115.31(a). Agency reports 100% of volunteers and individual contractors, who have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Interview with 3 Contractors verify their knowledge and understanding of the Agency's policy regarding Zero-Tolerance and responsibilities to report any allegations of sexual abuse & harassment. They are also aware of their responsibilities as it relates to non-custody 1st responder duties. Volunteers were not available due to COVID-19. Review of a random sample of 10 Contractor and 4 Volunteer training records verify their training through their signed acknowledgement forms. Two volunteers were hired prior to Agency adopting PREA in 2017. One volunteer was hired in 2010 and the other in 2012. They had the initial PREA training in 2017. Two Contractors were found to complete PREA training within 48-days and the other 7 months after hire. Agency to provide auditor with explanation as one was hired in 2018 and the other in 2019.

115.32(b): Employees, contractors and volunteers are provided the same training as custody staff, which is compliant with the PREA Standards. Interview with 3 Contractors verify their knowledge and understanding of the Agency's policy regarding Zero-Tolerance and responsibilities to report any allegations of sexual abuse & harassment. They are also aware of their responsibilities as it relates to non-custody 1st responder duties. Volunteers

were not available due to COVID-19. Review of a random sample of 10 Contractor and 4 Volunteer training records verify their training through their signed acknowledgement forms. Two volunteers were hired prior to Agency adopting PREA in 2017. One volunteer was hired in 2010 and the other in 2012. They had the initial PREA training in 2017. Two Contractors were found to complete PREA training within 48-days and the other 7 months after hire. Agency to provide auditor with explanation as one was hired in 2018 and the other in 2019.

115.32(c): Policy GO#5.041 mandates The Sheriff's Office maintain documentation of the completion of all PREA training provided to employees, volunteers and contractors via a form that the employee must sign to acknowledge an understanding of the training received. Interview with 3 Contractors verify their knowledge and understanding of the Agency's policy regarding Zero-Tolerance and responsibilities to report any allegations of sexual abuse & harassment. They are also aware of their responsibilities as it relates to non-custody 1st responder duties. Volunteers were not available due to COVID-19. Review of a random sample of 10 Contractor and 4 Volunteer training records verify their training through their signed acknowledgement forms. Two volunteers were hired prior to Agency adopting PREA in 2017. One volunteer was hired in 2010 and the other in 2012. They had the initial PREA training in 2017. Two Contractors were found to complete PREA training within 48-days and the other 7 months after hire. Agency to provide auditor with explanation as one was hired in 2018 and the other in 2019. Auditor reviewed randomly selected 24 electronic employee training records and the training records of the 10 contractors and 4 volunteers randomly selected training records from employee, contractor and volunteer listings provided by Agency all of which included PREA training acknowledgments signed prior to their start dates within the facility.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.32(a), 115.32(b) and 115.32(c). Corrective action is required.

Corrective Action Recommended:

1. Agency to research if the two Contractors identified in the Issue Log were working consistently through their hiring date or returned to work after a hiatus.
2. Agency to provide the date Contractors entered the facility and were provided passes to work in the facility.

Auditor will conduct a 90-day status review on 11/7/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 2/5/21.

Corrective Action Completion 10/27/20 :

1. Agency was unable to verify if the two identified contractors worked consistently through their hire date or returned to work after a hiatus. Agency was unable to provide the date the contractors entered the facility after being provided passes to work in the facility.
2. On 10/27/20, the PREA Coordinator provided auditor with 10 newly hired contractors between May 2020 to September 2020. All 10 contractors completed FBI and NCIC background checks and PREA training prior to their hire/start dates or entry into the facilities. Auditor was provided documentation which reflects the national clearances, PREA training acknowledgements and screenshots of the electronic database which verifies clearances and clearance card date verifications. The information provided verifies background clearances and PREA training for contractors is institutionalized to ensure they obtain the required clearances and training prior to entry into a facility.

The agency/facility has met the requirements of Standard provision 115.32(a), 115.32(b) and 115.32(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? Yes No

115.33 (b)

- 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 No
- 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 No
- 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 No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? Yes No
- 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 No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
 Yes No

115.33 (f)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.33(a): Policy GO#5.041 mandates that inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Agency has not provided Auditor with number of inmates admitted to the facility over the past 12 months who were provided PREA education at intake. Review of 22 randomly selected inmate screening files indicate 17 received PREA initial education within 72 hours of intake and Comprehensive Education within 30 days of Intake. Interview with intake staff indicates Agency began PREA assessments and education on 5/31/17. Interview with Random sample of 12 inmates selected from Stanton Correctional Facility inmate housing list provided by Agency indicate 10 inmates interviewed recalled received Zero Tolerance Pamphlet and Handbook for PREA Orientation and the PREA video for Comprehensive Education.
- 115.33(b): Policy GO#5.041 mandates Within 30 days of intake, and within one year for inmates already in custody at the time of policy implementation, comprehensive education either in person or via video regarding rights related to this policy shall be provided to every inmate. Information within this training shall include:
1. The right to be free from sexual abuse, sexual misconduct and sexual harassment;
 2. The right to be free from retaliation for reporting such abuse, misconduct or harassment;
 3. Information on how to report such incidents.
- Agency provided Auditor with number of inmates admitted to the facility over the past 12 months who were provided Comprehensive Education within 30 days of intake. Review of 22 randomly selected screening files indicate 17 received PREA initial education within 72 hours of intake and received Comprehensive Education within 30 days of intake. Review of Intake and Classification documentation provided by Agency indicated that 1 inmate was provided 30-day reassessment 12 days after intake but there was no documented verification provided that the reassessment actually occurred. 1 inmate was not provided PREA training until 5 months after intake. 1 inmate was provided PREA training and screening 2 years after intake. 1 inmate was provided PREA training 1 year after intake. 1 inmate was provided his initial PREA education 5 days after intake. In the majority of these cases, Agency did not provide any documentation that could refute the auditor's findings.
- 115.33(c): Policy 5.041 mandates Refresher information shall be provided to all inmates at least annually and whenever an inmate is transferred to a different facility to ensure that education the current policies and procedure has been provided. PREA video is provided in each housing unit daily.
- 115.33(d): Policy 5.041 mandates Appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. During on-site audit, Auditor observed inmate PREA Video has closed caption and is shown in each housing unit. Interview with inmates indicated any inmate housed in the middle or end of the housing unit is unable to see the video as televisions are mounted in the front of the Unit. Interview with PREA

Coordinator and Custody Lieutenant indicates PREA video is played during inmate out of cell time. As of 5/31/17, Classification Unit implemented changes to the intake screening/interview process, classification reviews, and inmate facility transfers. Inmates are to be provided with PREA brochure titled "End The Silence", and copy of the inmate Rule Book (in either Spanish or English).

- 115.33(e): Policy 5.041 mandates The Sheriff's Office shall maintain documentation of inmate participation in PREA education sessions. Review of 22 randomly selected screening files indicate 11 inmates signed acknowledgements of receipt of initial and Comprehensive PREA education.
- 115.33(f): Policy 5.041 mandates key information be continuously and readily available or visible to inmates through posters, pamphlets or other written formats. Review of physical plant indicates PREA posters are posted inside each housing unit (the size of a letter taped to the medical interview room window), providing inmates with Zero-Tolerance and reporting information to include contact numbers to outside reporting agencies and informing inmates that these numbers are confidential, toll free, not monitored and provides limits of confidentiality. Inmates are being provided the "End The Silence" pamphlet during intake. PREA Posters are available:
- a) Main 500 Hallway – Main housing entrance door across from Main Control
 - b) Visitation Hallway – Both Spanish and English
 - c) Non-contact rooms – Both Spanish and English brochures located in lobby for 3rd party information
 - d) Attorney contact rooms – Both Spanish and English
 - e) Medical clinic area – Both Spanish & English on practitioner office across from holding cells.
 - f) Housing unit Multi-purpose rooms – None due to multi-purpose rooms are in back of each housing unit and main posters are in each housing unit located next to the phones.

During the onsite audit, auditor visited the Laundry and noticed a lack of PREA posting in the inmate breakroom.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.33(b), 115.33(e) and 115.33(f). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with list of inmates who entered the facility and were housed at least 30 days or more between 8/2/20 to 11/2/20.
2. Agency to provide auditor with documented inmate acknowledgement of initial and Comprehensive inmate PREA training, to include viewing of the PREA video.
3. Auditor will conduct random selection of 20 inmates and conduct document review of intake records.

4. To ensure PREA compliance for **each** intake conducted, Agency to provide auditor with copies of:
 - a) **Completed Sexual Predator/Vulnerability PREA Screening Checklist**
 - b) **PREA Comprehensive Education form, signed and dated by both inmate and Classification staff.**
 - c) **Automated Tracking and Inmate Management System (ATIMS) electronic Classification Review printout which indicates both intake and 30-day Reassessment narrative and includes the dates of both entries.**
5. Agency to place a PREA poster in the inmate breakroom to provide continuously and readily available PREA education in accordance with PREA Standard provision 115.33(f)

Corrective Action Completion 10/13/20:

1. Agency provided auditor with list of inmates who entered the facility and were housed at least 30-days or more between 8/2/20 and 11/2/20
2. Agency provided auditor with documented inmate acknowledgement of initial and comprehensive inmate PREA training to include viewing of the PREA video
3. Auditor selected 24 inmates who entered Solano County Sheriff's Custody between 8/13/20 and 9/15/20
4. On 10/13/20, Agency provided auditor with copy of the PREA Inmate Worksheet and supporting screening documentation for 24 randomly selected inmates who completed intake screening, PREA training and reassessment between 8/13/20 to 9/15/20. All inmates received PREA training within 1 day of intake and signed their PREA acknowledgement. One inmate's 30-day reassessment was one date late, 9 inmates were either released on date of intake or prior to the 30-day reassessment expiration date. The 30-day reassessment was completed on 13 inmates within 30 days of intake as verified through the electronic screening documentation provided by Agency. PREA Comprehensive Education was verified through acknowledgement documentation signed by both the inmate and classification officer. Sexual Predator/Vulnerability PREA Screening Checklist provided for each inmate verified the PREA screening questions, possible predator factors, sexually vulnerable designation process, scoring designation, sexually predatory designation process and basis for override was completed for each inmate and provided to the auditor for verification that the screening process was completed and meets the PREA Standards.
5. On 10/13/20, Agency provided auditor with photo verification of the PREA poster in the Laundry inmate breakroom

The agency/facility has met the requirements of Standard provisions 115.33(b), 115.33(e) and 115.33(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.33.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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 No NA

115.34 (b)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.34 (c)

- 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 No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.34(a): Policy 5.041 mandates that in addition to general training provided to all employees, the Sheriff's Office shall ensure that investigators receive documented training in sexual abuse investigations in confinement settings. Agency provided training certifications for 43 certified Agency Special Investigators. All have completed the National Institute of Corrections (NIC) Sexual Abuse Investigations in a Confinement Setting Course. Interview with Investigative Staff indicates all investigators assigned to sexual abuse cases have completed Sexual Abuse Investigations in a Confinement Settings Course.
- 115.34(b): Agency provided training certifications for all 8 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course. The curriculum complies with Standard provision 115.34(b). Agency provided training certifications for all 43 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course.
- 115.34(c): The Sheriff's Department maintains training records for all employees, contractors and volunteers. Agency provided training certifications for all 43 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course.
- 115.34(d): N/A Auditor is not required to audit this Standard provision.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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 No NA
- 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 No NA
- 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 No NA
- 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 No NA

115.35 (b)

- 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.) Yes No NA

115.35 (c)

- 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 No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.35(a): Policy 5.041 mandates every employee, contractor and volunteer of the Sheriff's Office who has direct contact with inmates, either within or outside of the facility, but within a custodial setting, shall be trained in the detection of and mandatory reporting processes related to sexual abuse. Agency reports that all 66 medical and mental health practitioners who work regularly at Stanton Correctional Facility has received this training which equates to 100% of Medical and Mental Health staff. Agency provided Auditor with copy of the Solano Medical PowerPoint used for PREA Training. The PPT is PREA Compliant as it is derived from the Moss Group training curriculum. Interview with Medical and Mental Health staff indicate additional training is gained through the State of California continuing Education Units (CEU) for staff with current certificates or licenses. Criteria outlined in Standard provision 115.35(a) is included in the curriculum for CEU. Review of a the PREA Medical/Mental Health Training Roster provided by Agency, comprised of the 70 Medical and Mental Health practitioners who work regularly at Stanton Correctional Facility.

115.35(b): N/A – Agency medical staff do not conduct forensic examinations.

115.35(c): Agency reports that all 66 medical and mental health practitioners who work regularly at Stanton Correctional Facility has received this training. Agency provided Auditor with copy of the Solano Medical power-point used for PREA Training. The PPT is PREA Compliant as it is derived from the Moss Group training curriculum. CFMG PREA sign-in roster and acknowledgement was provided to Auditor for review. Out of a total of 70 practitioners, all have been trained in PREA. Acknowledgement on the signed training rosters indicate that the trainees understand the training they received.

115.35(d): Agency provided Auditor with copy of the Solano Medical power-point used for PREA Training. The PPT is PREA Compliant as it is derived from the Moss Group training curriculum. This curriculum is in addition to the PREA Comprehensive Training mandated for employees and contractors.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- 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 No
- 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 No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.41 (d)

- 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 No
- 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 No
- 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 No
- 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 No

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No

115.41 (e)

- 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 No
- 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 No
- 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 No

115.41 (f)

- 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 No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No

- Does the facility reassess an inmate’s risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate’s risk level when warranted due to an incident of sexual abuse? Yes No
- 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 No

115.41 (h)

- 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 No

115.41 (i)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.41(a): Policy 18.001 mandates 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 for being sexually abusive toward other inmates. Interview with Staff responsible for risk screening indicates inmates are provided intake screening and upon transfer to another facility for risk of being sexually abused by other inmates or abusive towards other inmates. The PREA screening process did not begin until 5/31/17. Interview of Random Sample of 24 inmates selected from facility housing roster indicates only 20 inmates admitted to receiving initial screening at intake. Review of 22 randomly selected screening files from facility housing roster indicated that 22 received initial screening within 72 hours of intake and signed statement of acknowledgement for PREA Education.

115.41(b): Policy #18-001 Classification mandates 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 for being sexually abusive towards inmates. All inmates shall be screened within 24 hours of arrival for potential vulnerabilities to become victimized or tendencies of acting out with sexually aggressive behavior.

Policy 17.002 mandates all inmates shall be provided an orientation within 72 hours after arrival. The orientation is meant to transition the inmate into the facility. Policy #17.002 Reception and Orientation mandates that all inmates shall be provided an orientation within 72 hours after arrival. Inmates shall be provided with information on how to ensure their safety, including sexual safety. Inmate orientation will be provided upon initial housing and continued education information videos (PREA), will be shown in each housing module/unit. In addition to the videos, inmates will receive a copy of the Inmate Rules and Regulations rule Book available in English, Spanish and Braille. PAQ indicates that 1467 inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. The PREA screening process did not begin until 5/31/17. Interview of Random Sample of 22 inmates selected from facility housing roster indicates 20 inmates admitted to receiving initial screening at intake. Review of 22 randomly selected screening files from facility housing roster indicated that all received initial screening within 72 hours of intake and signed statement of acknowledgement for their PREA Education.

115.41(c): Agency provided Auditor with PREA Classification Objective Screening form and the PREA Comprehensive Education form. The screening instrument includes 9 of the 10 PREA mandated minimum screening criteria questions. Item 10 has been removed as Agency/facility does not house inmates solely for immigration purposes. The instrument is weighted, scored and provides area for override explanation by Classification reviewer. The PREA Comprehensive Education form is an acknowledgement signed by inmate and classification officer to verify that the inmate viewed the PREA video, understands zero-tolerance policy, understand sexual abuse/harassment definitions, right to report sexual abuse through multiple channels and get help from trained medical and mental health care professionals, understanding that sexual activity between a staff member and inmate can never be consensual and is against the law, that the inmate has the right to be protected from sexual abuse, receipt of the End the Silence Brochure and Inmate Rule Book, and acknowledges that the Classification officer has answered PREA related questions posed by the inmate. Form is signed and dated both by inmate and Classification officer.

115.41(d): Policy #18.001 mandates that all inmates shall be screened within 24 hours of arrival for potential vulnerabilities to become victimized or tendencies of acting out with sexually aggressive behavior. Additionally, the following criteria shall be used to assess an inmate's risk of sexual victimization:

- a. Mental, physical or developmental disabilities
- b. Age
- c. Physical stature
- d. Previous incarceration
- e. Nonviolent criminal history
- f. Prior convictions for sex offenses
- g. If the inmate is perceived to be, **or admits to being** gay, lesbian, bisexual, transgender, intersex or gender nonconforming

- h. Previous sexual victimization
- i. The inmate's perception of vulnerability
- j. An inmate's request to be segregated

Policies #18.001 and #17.002 does not include required criteria for Standard provision 115.41(d) which mandates Agency consider whether the inmate is detained solely for civil immigration purposes as Agency/facility does not house inmates solely for immigration purposes PREA Screening Supplemental Questionnaire does not provide response or answer the question if inmate is detained solely for civil immigration purposes. The current PREA Screening Supplemental Questionnaire form includes all 10 criteria as outlined in Standard provision 114.41(d). Interview with staff responsible for risk screening indicate the inmate responds to a number of PREA questions on the Sexual Predator/Vulnerability PREA Screening Checklist and the screening staff completes the form with their observations. There is scoring designation and Predator over-ride area on the form. The screening officer has the opportunity to include an explanation for each question that has a "YES" answer.

- 115.41(e): Policy #18.001 mandates that all inmates shall be screened within 24 hours of arrival for potential vulnerabilities to become victimized or tendencies of acting out with sexually aggressive behavior. Additionally, the following criteria shall be used to assess an inmate's risk of sexual victimization:
- a. Mental, physical or developmental disabilities
 - b. Age
 - c. Physical stature
 - d. Previous incarceration
 - e. Nonviolent criminal history
 - f. Prior convictions for sex offenses
 - g. If the inmate is perceived to be, **or admits to being** gay, lesbian, bisexual, transgender, intersex or gender nonconforming
 - h. Previous sexual victimization
 - i. The inmate's perception of vulnerability
 - j. An inmate's request to be segregated

Interview with staff responsible for risk screening indicates 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.

- 115.41(f): Policy 18.001 mandates that within 30 days of arrival, or if any additional information is received that bears on an inmate's risk of sexual victimization or abusiveness, an inmate's risk level for sexual assault or abusiveness shall be reassessed. Agency provided Auditor with the Sexual Predator/Vulnerability PREA Screening Checklist, PREA Comprehensive Education acknowledgement form and 30-day Jail Management System (JMS)Classification Review history sheets for 11 inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility between 11/28/19 and 12/10/19. All inmates received their 30-day reassessment within 22 days of their intake date except for 2 inmates. Interview with staff responsible for risk screening indicates the new PREA screening procedure was not implemented until 5/31/17. All inmates selected for document review had an intake date between June 2017 and March 2020. Interview with a random sample of

21 inmates and review of 21 screening files verifies that only 13 inmates recall receiving any type of a 30-day reassessment as inmates are interviewed for the reassessments if there was additional information that was discovered or the Classification officer needs additional information.

- 115.41(g): Policy 18.001 mandates within 30 days of arrival, or if any additional information is received that bears on an inmate's risk of sexual victimization or abusiveness, an inmate's risk level for sexual assault or abusiveness shall be reassessed. Interview with staff responsible for risk screening indicates the new PREA screening procedure was not implemented until 5/31/17. Interview with a random sample of 21 inmates and review of 21 screening files verifies that only 13 inmates recall receiving a 30-day reassessment. Review of 22 screening files determined that 2 inmates were reassessed outside of the 30-day from intake date per the Standard and Agency did not possess 30-day reassessment documentation to verify compliance with the Standard
- 115.41(h): Policy 18.000 mandates if, during the interview process, an inmate refuses to answer questions, including those which may pertain to a disability, sexual orientation, past victimization, or their own perception of vulnerability for abuse, he or she shall not be subject to any discipline for failing or refusing to answer. Interview with staff responsible for risk screening indicates inmates are not disciplined for refusing to respond to PREA questions.
- 115.41(i): Policy 18.000 mandates the Classification Officer shall interview each new inmate in an area suitable for a confidential interview. The Classification Officer shall utilize all necessary information using the interview questionnaire, Automated Tracking and Inmate Management System (ATIMS), CLETS, ARIES and other pertinent information to classify an individual. Policy 18.001 mandates Any information provided by the inmate is confidential and will be released on a need-to-know basis. Interview with PREA Coordinator and Staff Responsible for Risk Screening indicates screening data limited to Classification officers, Division and Facility Commanders. Access to files are under supervision of Classification Officers only on a need to know basis.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.41(f) and 115.41(g). Corrective action is required.

Corrective Action Recommendation:

1. Agency to provide auditor with list of inmates who entered the facility and were housed at least 30 days or more between 8/2/20 to 11/2/20.
2. Auditor will conduct random selection of 20 inmates and conduct document review of intake records.
3. To ensure PREA compliance for **each** intake conducted, Agency to provide auditor with copies of:
 - a) Automated Tracking and Inmate Management System (ATIMS) electronic Classification Review printout which indicates both intake and 30-day Reassessment narratives and includes the dates of both entries.

Auditor will conduct a 90-day status review on 11/7/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 2/5/21.

Corrective Action Completion 10/13/20:

1. Agency provided auditor with list of inmates who entered the facility and were housed at least 30-days or more between 8/2/20 and 11/2/20
2. Auditor selected 24 inmates who entered Solano County Sheriff's Custody between 8/13/20 and 9/15/20
3. On 10/13/20, Agency provided auditor with copy of the PREA Inmate Worksheet and supporting screening documentation for 24 randomly selected inmates who completed intake screening, PREA training and reassessment between 8/13/20 to 9/15/20. All inmates received PREA training within 1 day of intake and signed their PREA acknowledgement. One inmate's 30-day reassessment was one day late, 10 inmates were either released on date of intake or prior to the 30-day reassessment expiration date. The 30-day reassessment was completed on the remaining 13 inmates within 30 days of intake as verified through the ATIMS electronic screening documentation provided by Agency. PREA Comprehensive Education was verified through acknowledgement documentation signed by both the inmate and classification officer. Sexual Predator/Vulnerability PREA Screening Checklist provided for each inmate verified the PREA screening questions, possible predator factors, sexually vulnerable designation process, scoring designation, sexually predatory designation process and basis for override was completed for each inmate and provided to the auditor for verification that the screening process was completed and meets the PREA Standards.

The agency/facility has met the requirements of Standard provision(s) 115.41(f) & 115.41(g) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.41.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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 No

- 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 No
- 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 No
- 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 No
- 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 No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? Yes No

115.42 (c)

- 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 No
- 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 No

115.42 (d)

- 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 No

115.42 (e)

- 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 No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? Yes No

115.42 (g)

- 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 No NA
- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.42(a): Classification Intake Policy 1800 section III. E.1. which mandates that as part of the

classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies to act out with sexually aggressive behavior. Housing assignments, work assignments, and programming/education assignments are made accordingly. Inmates identified as at-risk for sexual victimization, or with tendencies to act out with sexually aggressive behavior, will be assessed by Mental Health personnel. PREA Compliance Manager and Staff Responsible for Risk Screening indicate the screening process was not initiated until 5/31/17.

- 115.42(b): Classification Intake Policy 1800 section III. E.1. which mandates that as part of the classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies to act out with sexually aggressive behavior. Interview with Staff Responsible for Risk Screening indicate each determination is based upon individualized assessment to keep inmates' safe from risk of sexual abuse and harassment.
- 115.42(c): Policy 18.000 mandates inmates who identify as lesbian, gay, bisexual, transgender or intersex shall not be housed based solely on such identification. An inmate's personal views shall also be taken into consideration when deciding where they shall be housed. Interview with PREA Compliance Manager indicates Classification decides on housing and programming assignments for transgender and intersex inmates on an individual basis.
- 115.42(d): Policy 18.001 mandates housing assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threat to safety experienced by the inmate. Consideration shall be given to the inmate's own views with respect to his/her own safety when making housing assignments. Interview with PREA Compliance Manager and Staff Responsible for Risk Screening indicates PREA screening was not initiated until 5/31/17. There are no transgender or intersex inmates assigned to the Stanton Correctional Facility, therefore there were no records to review with regards to this Standard provision.
- 115.42(e): Policy 18.001 mandates consideration shall be given to the inmate's own views with respect to his/her own safety when making housing assignments. Interview with PREA Compliance Manager and Staff Responsible for Risk Screening indicates should a transgender or intersex inmate be housed at the Stanton Correctional Facility, the inmate's own views with respect to his/her own safety when making housing assignments will be taken into consideration, however, it is up to classification to make the call.
- 115.42(f): Policy 18.000 mandates Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Interview with PREA Compliance Manager and Staff Responsible for Risk Screening indicates transgender and intersex inmates are provided the opportunity to shower separately from other inmates as verified via Auditor's physical plant review. Showers are provided with doors and are individually separated, upstairs and downstairs, in each housing unit as verified by auditor during the physical plant review. Cameras coupled with direct supervision of custody staff views the entry to showers.
- 115.42(g): Physical plant review to include interviews with PREA Coordinator and PREA Compliance Manager verify that Solano County Jail facilities do not possess dedicated facilities or wings for LGBTI inmates.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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 No
- 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 No

115.43 (b)

- 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 No
- 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 No
- 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 No
- 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 No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- 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 No
- Does such an assignment not ordinarily exceed a period of 30 days? Yes No

115.43 (d)

- 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 No
- 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 No

115.43 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.43(a): Policy 18.001 mandates 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. PAQ indicates that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Interview with Facility Commander indicates placing inmates in involuntary housing is the last resort to provide inmate with a safe environment. Inmates placed in involuntary segregated housing for risk of sexual abuse shall not be housed there for more than 24 hours before alternative housing is made available.

115.43(b): Policy 18.001 mandates inmates placed in segregated housing for their safety shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to the preceding is limited, the following shall be documented in JMS:

- a. The opportunities limited
- b. The duration of the limitation
- c. The reasons for the limitations

Interview with Staff who Supervise Inmates in Segregated Housing indicate inmates are provided education classes in administrative separation unit. Programs are limited in Stanton. They have less recreation time but privileges are not limited and they have access to full commissary privileges. There were no inmates housed in segregated housing who is at risk for sexual victimization.

115.43(c): PAQ indicates that no inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement, over the past 12 months. Interview with Warden or Designee indicates any inmate housed in administrative separation for risk of sexual victimization or alleging sexual abuse is housed there for a very short period of and status review conducted by Classification regularly. Reviews are documented in the Classification Notes. California Code Title 15 mandates inmates held in administrative segregation be reviewed within 30 days to determine and document if continued placement is required. Interview with Staff who Supervise Inmates in Segregated Housing indicate inmates are reviewed every 7 days which **exceeds** PREA Standards. There were no inmates housed in segregated housing who is at risk for sexual victimization.

115.43(d): PAQ indicates that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months,

115.43(e): Policy 18.001 mandates placement into involuntary segregation shall include the following documentation in the Jail Management System (JMS):

- a. The reason pertaining to the concern for the inmate's safety
- b. Why there are no alternatives

Every 30 days, a review to determine a continuing need for separation from general population will be conducted and documented in JMS. For inmates who are housed over 30 days on an involuntary basis, the following shall be documented in JMS:

- a. The concern for the inmate's safety
- b. The reason for no alternative means of separation

Every 30 days, a review for the continuing need for separation shall be performed and documented in JMS. Interview with Staff who Supervise Inmates in Segregated Housing indicate inmates are reviewed every 7 days which **exceeds** PREA Standards. There were no inmates housed in segregated housing who is at risk for sexual victimization.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? Yes No
- 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 No
- 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 No

115.51 (b)

- 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 No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- 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) Yes No NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.51(a): Policy GO #5.041 mandates an inmate may report sexual abuse, sexual misconduct, 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 an incident of sexual abuse by any employee, volunteer or contractor. Reports may be made in numerous ways, to include one way for inmates to report abuse or harassment to a public or private entity or office not part of this agency:

1. In person to any staff member, including medical and/or mental health professionals;
2. Third party reporters, such as a friend or family member, may report on behalf of the inmate. Information on reporting methods shall be distributed on the Solano County Sheriff's Office web site;
3. In writing in the form of an emergency grievance, inmate request or medical request;
4. In writing to the Solano County Sheriff's Office Investigations Bureau or Administrative Investigations Unit; or
5. By contacting the Rape, Abuse and Incest National Network (RAINN) at 1-800-656-HOPE, or other toll-free Rape Hotline or Victim Advocate.

Policy #13.016 Sexual assaults in Custody mandates inmates who believe they are victims, may report sexual abuse or sexual harassment in the following ways:

1. To any custody staff member.
2. To any civilian staff member, including medical staff, mental health staff, clergy, program staff, contractor, volunteer etc.
3. To any third party, including, but not limited to, an agency not affiliated with the Solano County Sheriff's Office, such as the SafeQuest Sexual Assault Crisis line, which any inmate can access by dialing #93 on any inmate telephone available 24 hours a day. These lines are not recorded and reports are confidential at the

inmate's request. Signage shall be posted advising inmates that such calls are not monitored. Inmates may also call SafeQuest Sexual Assault Hotline (707) 422-7345. Inmates who have been assaulted may request anonymity at any time. Trained crisis line workers will answer the calls and have the capability to arrange three-party conference calls with a translator or social worker.

4. Inmates may also report sexual harassment or abuse via inmate request card and/or inmate medical request card, grievance, letter or any other medium.
5. Staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous.
6. Staff members reporting sexual abuse, assault, or harassment, by another staff member, should report it to their immediate supervisor and may do so privately if necessary.
7. If an inmate calls the Sexual Assault Crisis number on an inmate telephone, the representative from the crisis center will notify the facility commander. The representative will advise if the report is anonymous or not. Anonymous reports will only have limited information, which shall be documented in an Incident Report and forwarded to the PREA manager at the facility.

8. Mental Health professionals assigned within Solano County jail facilities may also perform some of the above services for the inmate, if the inmate does not wish to contact the Sexual Assault Center. If an inmate reports an assault to mental health, as a mandated reporter, the staff member is required to report the assault to the Sheriff's Office. An appropriate investigation will immediately commence. The on-site Mental Health staff will handle all necessary follow-up care at the facility.
9. Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided.
10. Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Agency provided Auditor with copy of the inmate rulebook which includes PREA related narrative which provides numerous methods of reporting sexual abuse/harassment/retaliation, inmate rights, confidentiality, counseling and how to avoid sexual abuse. Interview with 20 randomly selected sample of staff indicate inmates have multiple methods for inmates to privately report allegations of sexual abuse & sexual harassment through SAFEQUEST, 3rd Party, Medical, Mental Health practitioners and calling local law enforcement. Interview with 24 randomly selected sample of Inmates indicated 2 did not know how or who to privately report to. The remaining 22 all indicated the Hotline, 3rd Party, and other numbers identified in the PREA Zero Tolerance posters are methods available to them for private reporting.

115.51(b): Policy 13.016 mandates inmates who believe they are victims, may report sexual abuse or sexual harassment in the following ways:

1. To any custody staff member.
2. To any civilian staff member, including medical staff, mental health staff, clergy, program staff, contractor, volunteer etc.
3. To any third party, including, but not limited to, an agency not affiliated with the Solano County Sheriff's Office, such as the SafeQuest Sexual Assault Crisis line, which any inmate can access by dialing #93 on any inmate telephone available 24 hours a day. These lines are not recorded and reports are confidential at the inmate's request. Signage shall be posted advising inmates that such calls are not monitored. Inmates may also call SafeQuest Sexual Assault Hotline (707) 422-7345. Inmates who have been assaulted may request anonymity at any time. Trained crisis line workers will answer the calls and have the capability to arrange three-party conference calls with a translator or social worker.
4. Inmates may also report sexual harassment or abuse via inmate request card and/or inmate medical request card, grievance, letter or any other medium.
5. Staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous.
6. Staff members reporting sexual abuse, assault, or harassment, by another staff member, should report it to their immediate supervisor and may do so privately if necessary.
7. If an inmate calls the Sexual Assault Crisis number on an inmate telephone, the representative from the crisis center will notify the facility commander. The representative will advise if the report is anonymous or not. Anonymous reports will only have limited information, which shall be documented in an Incident Report and forwarded to the PREA manager at the facility.

8. Mental Health professionals assigned within Solano County jail facilities may also perform some of the above services for the inmate, if the inmate does not wish to contact the Sexual Assault Center. If an inmate reports an assault to mental health, as a mandated reporter, the staff member is required to report the assault to the Sheriff's Office. An appropriate investigation will immediately commence. The on-site Mental Health staff will handle all necessary follow-up care at the facility.
9. Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided.

Agency reports they do not possess a policy or procedure requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The Zero Tolerance pamphlet contains narrative that states SAFEQUEST sexual assault hotline is for any inmate to use and their criminal charges or immigration status will not affect the level of service.

Solano County Sheriff's Office does not honor immigration holds without a crime charged. Immigration Policy 17.009 and Policy 14.008 Foreign National, Consulate Notification was provided to auditor which mandates that inmates who are eligible from release from custody shall not be held, pursuant to an immigration hold beyond the time they would otherwise be released unless certain conditions apply such as inmate being charged for serious violent felonies, held for felony punishable by incarceration in state prison, misdemeanor convictions over the last 5 years that could have also been charged as a felony, (wobblers) or federal crimes. If none of the condition mentioned are satisfied, the inmate shall not be detained on the basis of an immigration hold after the individual becomes eligible for release from custody. Agency provided auditor with a list of consulates in San Francisco. This same list has been included in the inmate Rule Book. Immigration hold (detainer) protocol is "When an inmate in no longer being held on a local case and has a detainer (that is being honored pursuant to policy), staff will contact immigration and advise that the inmate must be picked up within 48 hours (as indicted on the detainer). This notification is annotated in the JMS (Jail Management System) and staff apply an expiration (2 days) to the detainer in the JMS. If the inmate is not released from custody on the day the detainer expires, the inmate record automatically moves to a pending release queue for processing/release." Agency provided auditor with a copy of Department of Homeland Security Immigration Detainer – Notice of Action. The notice specifically states that the agency will maintain custody of the alien for a period not to exceed 48 hours beyond the time that he/she would otherwise have been released from our custody to allow DHS to assume custody. In the event contact numbers to consular officials are requested by ICE inmates, agency has secured copy of all consulates located in San Francisco and contact numbers will be made available to the inmates upon request. On 12/14/17, PREA Coordinator provided the auditor with Quick Reference Cards for all custody and non-custody staff which outlines the 1st Responder protocol. 10/17/17 directive to custody sergeants and lieutenants requiring staff to have card on their persons during their shift was also provided to auditor. Agency also provided the Coordinated Response Protocol which applies to all three facilities. The Coordinated Response includes the 1st Responder Protocol for both custody and non-custody staff, notifications for PREA Coordinator, facility PREA Compliance Manager, supervisor, SAFE/SANE, advocacy, hospital utilized for forensic examinations and which investigative entity conducts the investigations for both criminal and non-criminal sexual abuse cases. Interview with PREA Compliance Manager indicates SAFEQUEST Rape Crisis is the external private reporting venue that is available via hotline.

Interview with 24 randomly selected sample of Inmates indicated 2 did not know how or who to privately report to. The remaining 22 all indicated the Hotline, 3rd Party, and other numbers identified in the PREA Zero Tolerance posters are methods available to them for private reporting.

- 115.51(c): Policy 5.041 mandates an inmate may report sexual abuse, sexual misconduct, 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 an incident of sexual abuse by any employee, volunteer or contractor. Reports may be made in numerous ways, to include one way for inmates to report abuse or harassment to a public or private entity or office not part of this agency:
1. In person to any staff member, including medical and/or mental health professionals;
 2. Third party reporters, such as a friend or family member, may report on behalf of the inmate. Information on reporting methods shall be distributed on the Solano County Sheriff's Office web site;
 3. In writing in the form of an emergency grievance, inmate request or medical request;
 4. In writing to the Solano County Sheriff's Office Investigations Bureau or Administrative Investigations Unit; or
 5. By contacting the Rape, Abuse and Incest National Network (RAINN) at 1-800-656-HOPE, or other toll-free Rape Hotline or Victim Advocate.
- 115.51(d): Policy 13.016 mandates staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Furthermore, all staff shall immediately report any knowledge, suspicion, or information regarding retaliation against inmates or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Failure to do so is akin to committing the act and subjects the staff member with knowledge of the act to discipline. Staff may report these acts in the following ways:
1. Verbally to a supervisor or facility commander.
 2. In writing via memorandum to Internal Affairs.
 3. Verbally via telephone, to Internal Affairs.

Agency has not provided Auditor with method in which staff are informed of the above procedures. Interview with 24 randomly selected sample of Inmates indicated 2 did not know how or who to privately report to. The remaining 22 all indicated the Hotline, 3rd Party, and other numbers identified.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- 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 No

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No 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.) Yes No 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.) Yes No NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies

relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)

Yes No 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.) Yes No 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.) Yes No NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No 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.) Yes No NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.52(a): Policy 14.005 mandates grievance procedures applicable to grievances relating to sexual assault abuse or harassment.

115.52(b): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- a. When receiving an emergency grievance, the officer receiving the grievance shall take immediate action to ensure the inmate's safety, which may include temporarily isolating the inmate from others.
- b. If the grievance is against the officer who receives it, he/she shall notify his/her supervisor immediately. It shall be the responsibility of the supervisor to contact the Facility Commander to determine further immediate action. An investigation will begin immediately.
- c. There shall be no time limit imposed on when an inmate may submit a grievance regarding an allegation of any kind of sexual abuse.
- d. Inmates are not required to resolve these types of complaints informally.

115.52(c): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- Inmates are not required to resolve these types of complaints informally.
- Inmates are not required to submit grievances to staff members who may be the subject of the complaint or be referred to them in any manner.

This mandate is included in the inmate rule book under submitting procedures for submitting an emergency grievance. Interview with inmates and staff indicate inmates may obtain a grievance from an officer and submit grievances from an officer, however, there are grievance boxes in each housing unit where inmates may obtain and submit grievances without accessing same through staff. This procedure allows for inmates to anonymously obtain or submit grievances. Supervisory staff empties the lock-box each shift to process grievances.

115.52(d): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.

- Extensions to grievances pertaining to sexual assault / harassment may be granted for up to 70 days after the initial 90 days.

The inmate will be provided a memorandum of extension to include notice of the date by which a decision will be made. Agency reports that no grievances alleging sexual abuse have been submitted over the past 12 months.

115.52(e): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- Inmates filing grievances for sexual abuse of any kind may seek the assistance of any third party, including having the third-party file the grievance on their behalf. However, the inmate must agree to have the request filed on their behalf and must personally pursue subsequent steps in the process. If the inmate refuses to have the grievance filed on his/her behalf, it shall be documented in a memorandum to the PREA Coordinator.
- As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
- Extensions to grievances pertaining to sexual assault / harassment may be granted for up to 70 days after the initial 90 days.

Agency provided auditor with three grievances submitted in 2019 and one in 2020. One grievance alleged sexual abuse and three sexual harassment filed by inmates. Three were referred for investigation and one was determined to be unfounded. All four grievances were responded to within three days of initial submission of the allegation. In the past 12 months there is no record that any inmate declined third-party assistance.

115.52(f): Policy 14.005 mandates if the complaint is criminal in nature (**sexual assault, an attempted assault or threats of sexual assault**) and is recent:

- The officer receiving the grievance must take immediate action to secure the scene, protect the victim and existing evidence, and isolate the suspect.
- The supervisor and Facility Commander shall be notified and shall initiate the appropriate notifications to Solano Dispatch and the Investigations Bureau.
- The grievance shall be entered into JMS. The supervisor shall contact Solano Dispatch to request a detective from the Investigations Bureau respond and an official investigation begin immediately.
 - If the grievance is non-criminal and **against another inmate**, custody staff shall:
 - Enter the grievance into JMS and immediately notify the supervisor to conduct a thorough investigation. This shall minimally include speaking with other inmates and the suspect. Upon completion of the investigation, if it is determined the inmate is at risk, the supervisor shall contact the Classification Unit for reclassification of the suspect.
 - The grievance shall be entered into JMS and the PREA Coordinator notified.
 - The PREA Coordinator and/or the PREA Compliance Manager shall be notified and provide an initial response within 72 hours, and shall issue a final decision within 7 days.

The initial response and final decision timeframes are non-compliant with Standard provision 115.52(f), which mandates Agency to 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.

Agency reports there has been one grievance alleging sexual abuse filed by inmates in the past 12 months.

115.52(g): Policy 14.005 mandates Inmates who falsely file grievances or make false reports of sexual abuse of any kind shall be subject to disciplinary action. Evidence that the inmate acted in bad faith shall be fully documented in a disciplinary, incident or criminal report. In the past 12 months, Stanton Correctional Facility has not received any inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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 No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

- 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 No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.53(a): Policy 5.041 mandates a victim of sexual assault has the right to a victim advocate or victim support person for both the medical examination the investigatory process, unless the presence of the advocate or support person would be detrimental to the examination or interview, and the reason for exclusion can be properly articulated and documented. Agency provided Auditor with 2017 inmate Rule Book, PREA Brochure and PREA Zero Tolerance poster which provide access contact for outside victim advocate services to SafeQuest Dual Domestic Violence and Sexual Assault Agency for advocacy support and reporting for sexual abuse/harassment. Agency has provided Auditor with End the Silence brochure, which is provided to inmates during intake and booking for PREA education. The brochure provides telephone numbers (including toll-free hotline numbers where available) for SafeQuest Sexual Assault Hotline. Inmate criminal charges or immigration status does not affect the level of services. Agency does not hold inmates solely on immigration holds per Policy 17.009. inmates who are eligible from release from custody shall not be held, pursuant to an immigration hold beyond the time they would otherwise be released unless certain conditions apply such as inmate being charged for serious violent felonies, held for felony punishable by incarceration in state prison, misdemeanor convictions over the last 5 years that could have also been charged as a felony, (wobblers) or federal crimes. If none of the conditions mentioned are satisfied, the inmate shall not be detained on the basis of an immigration hold after the individual becomes eligible for release from custody. In the event contact numbers to consular officials are requested by ICE inmates, agency has secured copy of all consulates located in San Francisco and contact numbers will be made available to the inmates upon request. List and contact information for Consulates in San Francisco and Immigrant services agencies for inmates detained solely for civil immigration purposes. This information is not provided in the inmate Rule Book, PREA Brochure or PREA Zero Tolerance poster. Interview with 24 Random Sample of Inmates indicates their understanding of available outside victim advocates for emotional support services related to sexual abuse. All inmates stated the services outside Agencies afforded to them is available through the inmate telephone hotline to SAFEQUEST. Hotline number is provided in the Zero-Tolerance Pamphlet and Rule Book. There was no inmate housed during the onsite audit who reported sexual abuse in the past 12 months.

- 115.53(b): The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law and that the contact is not monitored by the Agency. This information is provided in the inmate rule book and on the Zero-Tolerance posters located throughout the facility and in every housing unit across from the phones with access by all inmates and staff. Interview with 24 Random Sample of Inmates indicate all are aware of outside reporting Agency. All indicate call is toll-free, confidential and not monitored as indicated in the PREA poster in each housing unit.
- 115.53(c): Agency provided Auditor with copy of SafeQuest MOU which serves Napa, Solano and Marin Counties. SafeQuest MOU remains in effect until 6/30/2021. Auditor interviewed SAFEQUEST director who indicated SAFEQUEST serves Napa, Solano and Marin Counties for reporting allegations of sexual abuse and providing advocacy for forensic exams, investigations, court and aftercare related to sexual abuse.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.53.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.54(a): Policy 13.016 mandates inmates who believe they are victims, may report sexual abuse or sexual harassment in the following ways:

To any custody staff member.

1. To any civilian staff member, including medical staff, mental health staff, clergy, program staff, contractor, volunteer etc.
2. To any third party, including, but not limited to, an agency not affiliated with the Solano County Sheriff's Office, such as the SafeQuest Sexual Assault Crisis line, which any inmate can access by dialing #93 on any inmate telephone available 24 hours a day. These lines are not recorded and reports are confidential at the inmate's request. Signage shall be posted advising inmates that such calls are not monitored. Inmates may also call SafeQuest Sexual Assault Hotline (707) 422-7345.
3. Inmates who have been assaulted may request anonymity at any time. Trained crisis line workers will answer the calls and have the capability to arrange three-party conference calls with a translator or social worker.
4. Inmates may also report sexual harassment or abuse via inmate request card and/or inmate medical request card, grievance, letter or any other medium.
5. Staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous.
6. Staff members reporting sexual abuse, assault, or harassment, by another staff member, should report it to their immediate supervisor and may do so privately if necessary.
7. If an inmate calls the Sexual Assault Crisis number on an inmate telephone, the representative from the crisis center will notify the facility commander. The representative will advise if the report is anonymous or not. Anonymous reports will only have limited information, which shall be documented in an Incident Report and forwarded to the PREA manager at the facility.
8. Mental Health professionals assigned within Solano County jail facilities may also perform some of the services for the inmate, if the inmate does not wish to contact the sexual assault center. If an inmate reports an assault to mental health, as a mandated reporter, the staff member is required to report the assault to the Sheriff's Office. An appropriate investigations will immediately commence. The on-site Mental Health staff will handle all necessary follow-up care at the facility.
9. Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided.

Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Agency provided auditor with copy of the inmate rulebook which includes PREA related narrative which provides numerous methods of reporting sexual abuse/harassment/retaliation, inmate rights, confidentiality, counseling and how to avoid sexual abuse. 3rd party reporting information is provided on the Agency website. Review of Zero-Tolerance pamphlet indicates narrative specific to 3rd party reporting also.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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 No
- 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 No
- 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 No

115.61 (b)

- 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 No

115.61 (c)

- 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 No
- 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 No

115.61 (d)

- 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 No

115.61 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.61(a): Policy 13.016 mandates Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Furthermore, all staff shall immediately report any knowledge, suspicion, or information regarding retaliation against inmates or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Failure to do so is akin to committing the act and subjects the staff member with knowledge of the act to discipline. Interview with 21 Random Sample of Staff indicates staff education, knowledge, understanding and responsibilities relating to the Mandatory Reporting Law of California and their 1st Responder responsibilities as mandated reporters.
- 115.61(b): Policy 5.041 mandates every employee shall immediately report information that indicates an inmate is being or has been sexually abused or sexually harassed, or that an incident of sexual misconduct has occurred, to the appropriate supervisor. Reporting of information shall be completed in a confidential manner. Interview with 21 Random Sample of Staff indicates their knowledge that all sexual misconduct information is confidential and imparted to Supervisory staff and others on a need-to-know basis.
- 115.61(c): Policy 5.041 mandates medical and mental health staff are considered mandatory reporters. Subsequently, they shall, as required by law, report all disclosures made by inmates related the threats to kill or injure themselves or others, and any threat of sexual violence toward another.
Policy 13.016 mandates that an inmate may notify a civilian staff member if a sexual assault or harassment has occurred. If this occurs, the following guidelines are to be followed:

1. If an inmate claims to have been sexually abused or harassed, contact custody staff or sergeant immediately. It is important that all contacts with the inmate be professional and nonjudgmental.
2. Ascertain the inmate's immediate physical well-being and contact medical staff as needed. Keep the inmate under observation until custody staff arrives. While maintaining observation of the inmate, communicate to the inmate the necessity to avoid the following activities until the deputy arrives (this is vital in the event physical evidence is still present):
 - a. Changing clothes
 - b. Using the toilet
 - c. Washing/Showering
 - d. Eating/Drinking
3. Ensure the inmate's safety and notify the nearest custody staff member.

Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided. Medical and Mental Health Staff indicate their knowledge and training with regards to non-custody 1st Responder responsibilities. Inmates are required to sign the California Forensic Medical Group (CFMG) form at intake during meeting with Medical practitioner which explains practitioner's limits of confidentiality. Agency provided Auditor with California Forensic Medical Group form which acknowledges Medical staff Mandatory Reporting obligation and provides authorization WELLPATH Medical/Mental Health care staff to release relevant information to all essential personnel to investigate, treat and manage an inmate's care for the sexual assault that happened to them.

- 115.61(d): Agency indicates if alleged victim is under 81 or considered a vulnerable adult, Agency shall report the allegation to the designated or local services agency under the applicable mandatory reporting laws (CPS, Elder Abuse, etc). Interview with facility Commander and PREA Coordinator indicate investigation is initiated immediately. In the case of victim under the age of 18, California Protection Services is notified. In the case of a vulnerable adult, local Elder abuse or ADA Agencies are notified.
- 115.61(e): Policy 13.016 mandates Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Custody Staff will work in support of Sheriff's Office Investigations personnel to protect the victim and to preserve the scene and potential evidence associated with all PREA incidents. Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim.

Policy 5.014 mandates reports may be made in numerous ways, to include one way for inmates to report abuse or harassment to a public or private entity or office not part of this agency:

1. In person to any staff member, including medical and/or mental health professionals;
2. Third party reporters, such as a friend or family member, may report on behalf of the inmate. Information on reporting methods shall be distributed on the Solano County Sheriff's Office web site.

Interview with facility Commander indicates facility staff is trained and mandated to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to their immediate supervisors and the facility's designated investigators.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.61.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.62(a): Policy 13.016 Sexual Assaults in Custody mandates that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Agency reports that over the past 12 months, there are no reports of an inmate being subject to substantial risk of imminent sexual abuse. Interview with the Agency Head, Facility Commander and Random Sample of 22 Staff indicate immediate action is taken to protect an inmate at substantial risk of imminent sexual abuse but removing him/her from the threat, putting them in a safe environment, contact the Supervisor. Supervisory staff will contact Classification and investigation. Victim or perpetrator, based upon initial investigation, will be rehoused pending full investigation in the matter.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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 No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.63 (c)

- Does the agency document that it has provided such notification? Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.63(a): Policy 5.041 mandates that if an inmate reports having been sexually abused at a facility other than a Solano County Detention Facility, or by an employee of an agency other than the Solano County Sheriff's Office, the head of the facility (facility commander) that received the alleged abuse report shall notify the head of the facility or appropriate office where the alleged abuse occurred.

1. The facility head shall provide such notification as soon as possible, and not later than

- 72 hours after receiving the allegation.
2. The agency shall document that the notification was completed.

While on-site, Auditor found that Agency has not has not received any allegations that an inmate was abused while confined at another facility over the past 12 months.

- 115.63(b): Policy 5.041 mandates that the facility head shall provide notification as soon as possible to the head of the facility where the alleged abuse occurred, no later that 72 hours. The agency shall document that the notification was completed.
- 115.63(c): Policy 5.041 mandates that the facility head shall provide notification as soon as possible to the head of the facility where the alleged abuse occurred, no later that 72 hours from receipt of the information.
- 115.63(d): Policy 5.041 mandates that if an inmate reports having being sexually abused at a facility other than a Solano County Detention Facility, or by an employee of an agency other than Solano County Sheriff's Office, the head of the facility (facility Commander) that received the alleged abuse report shall notify the head of the facility or appropriate office where the alleged abuse occurred:
1. The facility head shall provide such notification as soon as possible, and not later that 72 hours after receiving the allegation.
 2. The agency shall document the notification was completed.

Allegations received of incidents that allegedly occurred in a confinement facility under the jurisdiction of Solano County Sheriff's Office from other facilities or agencies are to be investigated in accordance with PREA standards.

Interview with Agency Head and Facility Commander indicate the PREA Coordinator is the point of contact and initiates an investigation with the Internal Affairs Unit. Agency reports that in the past 12 months, there have been no allegations of sexual abuse the facility received from other facilities.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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 No

- 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 No
- 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 No
- 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 No

115.64 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.64(a): Policy 13.016 Sexual Assaults in Custody mandates custody staff will work in support of Sheriff's Office Investigations personnel to protect the victim and to preserve the scene and potential evidence associated with all PREA incidents. Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim. It is important that all contact with sexual assault inmates be professional and nonjudgmental.
1. 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.

2. Identify and separate the suspect and victims. Notify your immediate supervisor. Secure the crime scene and ask for assistance.
3. The sergeant will assign custody staff to protect the crime scene, gather witnesses and keep them separate until they can be interviewed by the Sheriff's Office Investigations personnel.

4. Identify and isolate the assailant(s) and any other duties related to the crime.
5. Identify and place the inmate/victim in a secure protective area with no access to running water, until he/she can be seen by medical staff and/or transport to the hospital. Request Medical staff to respond immediately.
6. If the assault occurred within a time period that still allows for the collection of physical evidence, explain to the inmate he/she is not to shower, wash, drink, eat, or defecate until he/she has been examined by Medical staff and/or transported to the hospital. The inmate should be asked if he/she has partaken in any of these activities prior to reporting. This information shall be communicated to responding investigative personnel and medical staff.
7. After a preliminary investigation has been conducted and documented, regardless if the inmate has made a decision to press charges or requests anonymity, the on-duty sergeant will notify Solano Dispatch to request a detective.
8. Request in-house medical staff to respond and/or escort the inmate to a medical examination room, as directed, for a medical evaluation. Medical staff may require the inmate be transported to the hospital for a forensic sexual assault examination, if appropriate. The inmate shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam.
 - a. The inmate may not want to report the name of the assailant(s) or cooperate with the investigation, but he/she is, nevertheless, entitled to protection, as well as medical and mental health treatment and support services, at no cost to him/her.
 - b. The inmate shall be offered the services of a victim advocate and if the inmate does request a victim's advocate, the advocate is to be permitted to be with the inmate throughout the investigatory process. Access to the inmate shall be made available upon return to the facility as well. The advocate's role during this process is to provide emotional support, crisis intervention, information, and referrals.
 - c. As with any other criminal investigation, information related to cases of sexual assault or harassment is confidential and shall only be discussed with those involved in the case.

Agency reports that over the last 12 months, there has been three allegation of sexual abuse at Stanton Correctional Facility. Agency provided auditor with all 3 sexual abuse allegations for document review. Interview with 14 Security Staff and 3 Non-Security Staff First Responders indicate all are aware of the 1st Responder protocols. Security staff members recalled the 1st Responder protocols as identified in Policy 13.016. There were no inmates who reported a sexual abuse housed at the Stanton Correctional Facility during the onsite audit.

- 115.64(b): Policy 13.016 mandates Civilian Staff Intervention: An inmate may notify a civilian staff member if a sexual assault or harassment has occurred. If this occurs, the following guidelines are to be followed:

1. If an inmate claims to have been sexually abused or harassed, contact custody staff or sergeant immediately. It is important that all contacts with the inmate be professional and nonjudgmental.
2. Ascertain the inmate's immediate physical well-being and contact medical staff as needed. Keep the inmate under observation until custody staff arrives. While maintaining observation of the inmate, communicate to the inmate the necessity to avoid the following activities until the deputy arrives (this is vital in the event physical evidence is still present):
 - a. Changing clothes
 - b. Using the toilet
 - c. Washing/Showering
 - d. Eating/Drinking
3. Ensure the inmate's safety and notify the nearest custody staff member.

Agency reports that over the last 12 months, there has been three allegation of sexual abuse at Stanton Correctional Facility. Agency provided auditor with all 3 sexual abuse allegations for document review. Interview with Security Staff and Non-Security Staff First Responders and Random Sample of 12 selected custody staff and 3 non-custody staff members indicate their knowledge and responsibilities as 1st responders to preserve usable physical evidence.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.65(a): Agency reports the facility has developed 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. Agency has provided auditor with a copy of the Solano County Sheriff's Office PREA Coordinated Response and Evidence Protocol. The Coordinated Response includes the 1st Responder Protocol for both custody and non-custody staff, notifications for PREA Coordinator, facility PREA Compliance Manager, supervisor, SAFE/SANE, advocacy, hospital utilized for forensic examinations and which investigative entity conducts the investigations for both criminal and non-criminal sexual abuse cases. The protocol complies with Standard provision 115.65(a) and applies to all three Solano County Sheriff's correctional facilities. Interview with Facility Commander indicates the Stanton Correctional Facility possesses a Coordinated Response Protocol in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership as verified through auditor's review of the Coordinated Response Protocol.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 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? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.66(a): Agency provided auditor with Unit #13 Correctional Officers MOU represented by the Solano County Sheriff's Custody Association 12/3/19 to 10/21/22. Agency also provided a copy of the Unit 14 MOU contract for Sergeants & Lieutenants MOU 1/7/2020 to 10/21/2022. Neither MOU 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. Interview with Agency Head indicates Correctional Officer MOU to include Sgt & Lt MOU does not restrict Agency from removing alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and what extent discipline is warranted.

115.66(b): Auditor is not required to audit this Standard provision.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.65.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.67 (b)

- 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 No

115.67 (c)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
 Yes No

115.67 (e)

- 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 No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.67(a): Policy 5.015 mandates retaliation against any employee or inmate for reporting or cooperating with a sexual abuse investigation is a form of employee misconduct and is strictly prohibited. Such actions are a separate violation of this policy. The facility commander shall ensure that the conduct and treatment of inmates or staff who report sexual abuse or cooperate with an investigation is monitored for signs of retaliation for at least ninety (90) days following the report or cooperation.
1. If necessary, the facility commander shall investigate and act promptly to remedy any such retaliation.
 2. Monitoring shall include review of inmate disciplinary reports, housing, or program changes, or negative staff performance reviews, or reassignment of staff. Monitoring shall continue if initial monitoring indicates a continued need.
 3. The facility commander shall forward copies of all reports of retaliation to the PREA Coordinator who shall also maintain records of the event.
- Agency designated the PREA Compliance Manager as the staff member who monitors retaliation. Policy 18.001 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.

- 115.67(b): Policy 18.001 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. Interview with Facility Commander indicates he mandates face-to-face contact when monitoring for retaliation, investigation of all allegations of retaliation, pending retaliation investigations may involve rehousing of victim or perpetrator, transfers and monitoring. Interview with facility PREA Compliance Manager indicates her responsibility is to ensure staff follows the PREA Policy, monitor and manage sexual abuse and sexual harassment response and monitoring for retaliation.
- 115.67(c): Policy 18.001 mandates for inmates who report or cooperate with investigations pertaining to sexual abuse/harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. Interview with Facility Commander and PREA Compliance Manager indicate inmates who reported sexual abuse are monitored for 90-days and longer should the need arise. No inmates housed in Segregation for reporting sexual abuse or retaliation. Agency reported there has been no incident of retaliation in the past 12 months.
- 115.67(d): Policy 18.001 mandates monitoring to include periodic face-to-face discussions with the inmate. PREA Compliance Manager, charged with monitoring retaliation indicates monitoring includes periodic face-to-face checks.
- 115.67(e): Agency does not have policy language that complies with Standard provision 115.67(e) which mandates 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. Interview with Agency Head and Facility Commander indicates should 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.
- 115.67(f): N/A - Auditor not required to audit this Standard provision.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.67.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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 No

Auditor Overall Compliance Determination

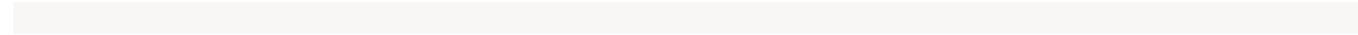
- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.68(a): Policy 18.001 mandates 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. Agency reports no inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment or assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. Interview with Facility Commander and Staff who Supervise Inmates in Segregated Housing indicates inmates placed in segregated housing to protect an inmate who is alleged to have suffered sexual abuse are moved within 24 hours. During onsite audit there were no inmates housed in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.68.



INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- 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 No NA

- 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 No NA

115.71 (b)

- 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 No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- 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 No

115.71 (e)

- 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 No
- 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 No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- 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 No

115.71 (g)

- 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 No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- 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 No

115.71 (j)

- 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 No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- 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).) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.71(a): Policy 5.001 mandates that in order to enhance public trust and confidence in Sheriff's Office services and to protect employees from unwarranted allegations of misconduct, complaints against personnel shall be received promptly and courteously and investigated in a thorough, timely, confidential and impartial manner. Policy 6.001 mandates that whenever an incident occurs in the jail that appears criminal in nature, correctional staff will request that the Sheriff's Dispatch Center send a sheriff patrol unit. A deputy sheriff shall be dispatched as soon as possible to the scene to investigate the matter. All cases shall be subject to a comprehensive investigation. All cases deemed criminal will be subject to the District Attorney's Office through normal processing procedure. Investigative Staff indicates patrol investigators are called and immediately begin the investigative process. Investigations are conducted in accordance with 1040 & 1042 of the Penal Code and as mandated by NIC Training for Sexual Abuse Investigations in a Confinement Setting.

115.71(b): Agency provided training certifications for all 8 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course. Interview with Investigative Staff indicates all investigators assigned to sexual abuse cases have completed Sexual Abuse Investigations in a Confinement Settings Course. Policy 5.041 mandates in addition to general training provided to all employees, the Sheriff's Office shall ensure that investigators receive documented training in sexual abuse investigations in confinement settings. Policy 13.016 mandates Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim.

115.71(c): Policy 5.041 mandates the criminal investigation, and all necessary processes required to collect evidence, will be under the direction of the assigned criminal investigator. Policy 6.001 mandates the investigating deputy sheriff duty and responsibility to:

- A. Conduct a preliminary investigation to determine if a crime has been committed.
- B. If a crime has been committed, obtain a case number.
- C. Collect all evidence.
- D. Interview employees and inmates who have witnessed the incident as soon as possible.
- E. Obtain and attach copy of correctional Officer's reports to the crime report

Interview with Investigative Staff indicates investigators are trained to gather and preserve direct and circumstantial evidence which may range from video tapes, witness and victim interviews, DNA evidence from forensic examinations and any evidence from clothing or the crime scene.

115.71(d): Policy GO #5.041 PREA mandates 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. Interview with Investigative Staff indicates investigators will not conduct compelled interviews without consulting prosecutors so as not to taint the criminal case.

115.71(e): Policy 13.016 mandates 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. Interview with Investigative Staff indicates the credibility of an alleged victim is determined through the investigative process. No polygraph or truth-telling device is used as a condition for proceeding with the investigation of a sexual abuse allegation.

115.71(f): Agency investigative procedures includes investigative staff to determine whether staff actions or failures to act contributed to the abuse. Administrative and criminal investigations shall be documented in written reports that include witness accounts, inmate statements, physical evidence and informational reports to be included in the crime report. Interview with Internal Affairs Investigative Staff indicates the effort to determine whether staff actions or failures to act contributed to the abuse focuses on inaction or conduct of the staff member involved. Investigators look for negligence on staff's part or liability on part of the Agency. Both Administrative and Criminal Investigations are documented.

115.71(g): Policy 6.001 mandates the investigating deputy sheriff duty and responsibility to:

- A. Conduct a preliminary investigation to determine if a crime has been committed.
- B. If a crime has been committed, obtain a case number.
- C. Collect all evidence.
- D. Interview employees and inmates who have witnessed the incident as soon as possible.
- E. Obtain and attach copy of correctional Officer's reports to the crime report

Interview with Investigative Staff indicates both Administrative and Criminal Investigations are documented with testimonial, description of physical evidence attached.

115.71(h): Policy GO #5.041 PREA mandates that all allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint. At the conclusion of the criminal investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Agency reports one substantiated allegations of conduct that appear to be criminal was referred for prosecution since last PREA audit, which occurred in 2019. The DA failed to respond to Agency investigator's numerous inquiries regarding the status of the charging decision. Agency closed the case after the Incident Review Board review. Interview with Investigative Staff indicates substantiated and unsubstantiated allegations of conduct that appears to be criminal shall be referred for prosecution. This **exceeds** the minimum Standards of compliance.

115.71(i): Policy GO #5.041 PREA mandates that copies of all administrative and criminal investigation reports shall be retained for as long as the alleged abuser is incarcerated or employed, plus 5 years. Agency provided Auditor with 3 sexual abuse/harassment investigations, all of which occurred in the Stanton Correctional Facility.

115.71(j): Policy GO #5.041 PREA mandates in the event that the suspected abuser leaves the employment of the agency, or the inmate has been released, the investigation shall continue. Interview with Investigative Staff indicates the departure of the alleged abuser, staff or inmate, from the employment or control of the facility or agency shall not provide a basis for terminated an investigation.

115.71(k): N/A – Auditor not required to audit this Standard provision

115.71(l): N/A – Standard provision 115.71(l) does not apply as Agency conducts both administrative and criminal investigations.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.72(a): Policy GO #5.041 PREA mandates that all allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint. At the conclusion of the criminal investigation and/or administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All substantiated allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint. Interview with Investigative Staff indicates preponderance of the evidence is the standard imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.72.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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 No

115.73 (b)

- 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.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever:

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- 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 No
- 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 No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.73(a): Policy GO #5.041 PREA mandates that all allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint. At the conclusion of the criminal investigation and/or administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All substantiated allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District

Attorney's Office for consideration of criminal complaint. PAQ indicates that over the past 12 months 5 criminal and/or administrative investigations of alleged inmate sexual abuse were completed by the agency/facility. Per review of the investigative cases, the alleged sexual abuse investigations that were completed, two inmates were notified in writing as to the results of the investigation. The remaining 3 inmates who suffered sexual abuse were released from custody prior to the completion of the investigation and were not provided said notification per the Standard.

Interview with Facility Commander and Investigative Staff indicates that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Review of the 8 investigative files conducted and provided by the Agency. Five cases were investigated as sexual abuse investigations. Two inmates were notified in writing of the results of the investigation as the other three were out of custody prior to the completion of the investigation. No inmate was housed at the Stanton Correctional Facility during the onsite audit who alleged sexual abuse.

115.73(b): N/A – Standard provision 115.73(b) is not applicable to Agency as they conduct both administrative and criminal investigations.

115.73(c): Policy GO #5.041 PREA mandates where the inmate alleges that a staff member committed sexual abuse, unless the allegation is determined to be unfounded, the inmate shall be informed in writing whenever any of the following occur:

1. The staff member is no longer posted within the inmate's housing unit.
2. The staff member is no longer employed or assigned at the facility.
3. The staff member has been indicted or criminally charged with a crime related to sexual abuse within the facility.
4. The staff member has been convicted on a charge related to sexual abuse within the facility.

Agency reports There has not been any substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. Agency reports there has not been any substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 month.

115.73(d): Policy GO #5.041 PREA mandates that where the inmate alleges that another inmate committed sexual abuse, unless the allegation is determined to be unfounded, the inmate shall be informed in writing whenever any of the following occur:

1. The alleged abuser has been indicted or criminally charges with a crime related to sexual abuse in the facility.
2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

There were no inmates housed at the Stanton Correctional Facility during the onsite audit who had reported sexual abuse.

115.73(e): Policy GO #5.041 PREA mandates that at the conclusion of the criminal investigation, the inmate shall be informed in writing of the investigative outcome related to the alleged

sexual abuse in a Sheriff's Facility. Of the 5 sexual abuse investigations conducted over the past 12 months, 2 documented notifications to inmates were provided pursuant to this Standard. The remaining 3 notifications were not provided to inmates as they had been released from custody prior to the completion of the investigation.

115.73(f): N/A – Auditor not required to audit this Standard provision.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- 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 No

115.76 (d)

- 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 No
- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.76(a): Policy GO #3.003 Misconduct, mandates misconduct violation of any law, Sheriff's Office General Order, County policy, Civil Service rule, Departmental procedures or orders by memorandum; neglect of duty; or any conduct or action which is detrimental to the good order and discipline of the Sheriff's Office and/or which tends to give the community or components of the criminal justice system a negative and/or unfavorable inmate of the Sheriff's Office or County of Solano may result in discipline, up to and including termination.
- 115.76(b): Policy GO #3.003 Misconduct, mandates misconduct violation of any law, Sheriff's Office General Order, County policy, Civil Service rule, Departmental procedures or orders by memorandum; neglect of duty; or any conduct or action which is detrimental to the good order and discipline of the Sheriff's Office and/or which tends to give the community or components of the criminal justice system a negative and/or unfavorable inmate of the Sheriff's Office or County of Solano may result in discipline, up to and including termination. Agency reports that over the past 12 months no staff have violated Agency's sexual abuse or sexual harassment policies.
- 115.76(c): Policy GO #3.003 Misconduct, mandates Definition of Misconduct is the violation of any law, Sheriff's Office General Order, County policy, Civil Service rule, departmental procedures or orders by memorandum; neglect of duty; or any conduct or action which is detrimental to the good order and discipline of the Sheriff's Office. Policy ends with "Any acts found to be a violation of this General Order may result in discipline up to and including termination. Agency reports that in the past 12 months, no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.
- 115.76(d): Policy #60 #5.041 mandates 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Agency conducts both administrative and criminal investigations. Agency reports that in the past 12 months, no staff from the facility has been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or

sexual harassment policies.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.76(d).

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.77(a): Policy GO #5.041 PREA mandates any contractor or volunteer who engages in sexual abuse shall be 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.

PAQ reports that over the past 12 months that no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

115.77(b): Interview with Facility Commander indicates that in the case of a contractor or volunteer being placed under investigation for sexual misconduct, Agency will pull the gate clearance pending outcome of the investigation, reassess clearance reinstatement upon conclusion of the investigation.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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 No

115.78 (b)

- 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 No

115.78 (c)

- 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 No

115.78 (d)

- 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 No

115.78 (e)

- 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 No

115.78 (f)

- 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 No

115.78 (g)

- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.78(a): The California Penal Code deems inmate on inmate sexual abuse as a criminal offense subject to criminal intervention by the District Attorney's Office. The Inmate Rule Book defines sexual abuse as a Major/Criminal Violation which results in a formal disciplinary process which have procedures outlined in the Inmate Rule Book.

Inmates may be subject to both administrative and criminal charges if the violation is of such nature that it warrants both. Acceptable forms of discipline shall consist of, but not be limited to the following:

- a. Loss of Privileges
- b. Disciplinary separation
- c. Reclassification
- d. Removal from work details
- e. Forfeiture of work time credits
- f. Forfeiture of good time credits

Agency reports that over the past 12 months there have been three administrative and five criminal inmate on inmate sexual abuse at the Stanton Correctional Facility. During the

onsite audit there were no inmates housed who had reported sexual abuse in the past 12 months.

- 115.78(b): Disciplinary procedures and sanctions are outlined in the Inmate Rule Book. Policy 15.003 mandate that facilities will establish authority, guidelines, and time schedules for facility disciplinary procedures to provide fair and impartial hearings and corrective dispositions within pre-determined limitations to those found guilty of not conforming to facility rules and regulations. Interview with Facility Commander indicates that disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed. Sanctions are outlined in the Inmate Rule Book.
- 115.78(c): Interview with Facility Commander indicates disciplinary process considers if an inmate's mental disabilities may have contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- 115.78(d): Agency reports that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interview with Medical and Mental Health Staff indicates that Agency may offer therapy for sexual predators on a voluntary basis when available.
- 115.78(e): Agency has not provided Auditor with policy or procedure narrative compliant with Standard provision 115.78(e) which mandates 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.
- 115.78(f): Policy GO #5.041 PREA mandates if it is determined that the inmate's allegations are false, the inmate may be subject to disciplinary and/or criminal action. A charge of making a false report of a crime is appropriate if evidence discovered during the investigation would support that charge. If it is determined that the inmate's allegations are false, the inmate may be subject to disciplinary and/or criminal action. A charge of making a false report of a crime is appropriate if evidence discovered during the investigation would support that charge.
- 115.78(g): Both the Agency and the Penal Code prohibits all sexual activity between inmates. This prohibition is outlined in the Inmate handbook.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 No NA

115.81 (b)

- 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.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- 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 No

115.81 (e)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.81(a)/(c): California Forensic Medical Group (CFMG) Rape & Sexual Assault Policy mandates inmates identified as "at risk" for sexual victimization or abusiveness with no identified immediate medical and/or mental health need, will be referred for medical/mental health screening within 14 days of intake. Custody is responsible for the initial at-risk screening. However; medical and mental health staff should be alert for the presence of at-risk criteria in all ongoing transactions with inmates. PAQ indicates that in the past 12 months, no inmates disclosed prior victimization during screening. Interview with Staff Responsible for Risk Screening indicates that a referral to Mental Health and follow-up interview is provided within 14 days.
- 115.81(b): N/A – Standard provision 115.81(b) does not apply as Stanton Correctional Facility is a jail, not a prison.
- 115.81(d): CFMG Rape & Sexual Assault Policy mandates all information related to sexual victimization and abusiveness that occurred in the institutional setting will be strictly limited to medical and mental health practitioners and other staff as required by Federal, State, or local law, to inform treatment plans and security management decisions, including housing, bed, work, education and programming assignments. Medical and Mental Health records are electronically secured to the practitioners' access code.
- 115.81(e): CFMG Rape & Sexual Assault Policy mandates that Medical and Mental Health practitioners must 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. Agency provided Auditor with a copy of a PREA Acknowledgement of Mandatory Reporting and Consent Form which informs inmates of practitioners mandatory reporting responsibilities under the law and limitations of their confidentiality which must be signed by both Medical/Mental Health Staff and the client to be treated. Auditor was also provided a copy of the Mandatory Reporter Notification form which is completed by each inmate in intake which states "I understand that all Sheriff's Office employees, Volunteers and Contractors (including medical and Mental Health) are mandatory reporters for any Sexual Abuse/Harassment. This form must be signed by both the inmate and Classification staff. Interview with Medical and Mental Health Staff indicates the CFMG form provided at intake includes the informed consent form which must be administered to the inmate at that time. Auditor was provided a copy of the consent form and it is PREA compliant.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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 No

115.82 (b)

- 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 No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- 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 No

115.82 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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- 115.82(a): California Forensic Medical Group (CFMG) Rape & Sexual Assault Policy mandates Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials such as CFMG PREA Call Slip Reports, CFMG Incident Report, etc. Interview with Medical and Mental Health Staff indicates inmates are provided timely and immediate access to medical treatment and crisis intervention services. The nature and scope of these services are according to the practitioner's professional judgement. No inmates who reported sexual abuse were housed at Stanton Correctional Facility during the onsite audit.
- 115.82(b): Interview with Security Staff and Non-Security Staff First Responders indicate they initiate their 1st Responder protocols.
- 115.82(c): CFMG Rape and Sexual Assault Policy mandates inmate victims of sexual abuse while incarcerated 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 through CFMG Medical and Mental Health to include hospital Emergency Department SAFE/SANE staff. Interview with Medical and Mental Health Staff and SART Nurse indicate inmate victims of sexual abuse while incarcerated 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 No inmates who reported sexual abuse were housed at Stanton Correctional Facility during the onsite audit.
- 115.82(d): Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy 13.016 mandates during treatment services, the victim of sexual abuse shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. The inmate may not want to report the name of the assailant(s) or cooperate with the investigation, but he/she is, nevertheless, entitled to protection, as well as medical and mental health treatment and support services, at no cost to him/her.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.82.

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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 No

115.83 (b)

- 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 No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- 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 No NA

115.83 (e)

- 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 No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- 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 No

115.83 (h)

- 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.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.83(a): California Forensic Medical Group (CFMG) Rape and Sexual Assault Policy mandates that victims of in custody sexual assault incidents will have timely access to emergency medical treatment and crisis intervention services through immediate referral to the Medical Center emergency department SART in cases occurring within 72 hours.
- 115.83(b): CFMG Rape and Sexual Assault Policy mandates 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. Interview with Medical and Mental Health Staff indicates evaluation & treatment plans for victims of sexual abuse include working with Classification for re-housing, talking with victim in a confidential area, scheduling a social worker, contacting chaplain, family or friend for follow-up support.
- 115.83(c): CFMG Rape and Sexual Assault Policy mandates the facility shall provide such victims with medical and mental health services consistent with the community level of care. Interview with Medical and Mental Health Staff indicates services are consistent with the community level of care. Practitioners are Board Certified.
- 115.83(d): N/A – Standard provision 115.83(d) does not apply as Stanton Correctional Facility is an all-male inmate facility.

- 115.83(e): N/A – Standard provision 115.83(e) does not apply as Stanton Correctional Facility is an all-male inmate facility.
- 115.83(f): CFMG Rape and Sexual Assault Policy mandates inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- 115.83(g): CFMG Rape and Sexual Assault Policy mandates 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. Policy 13.016 mandates during treatment services, the victim of sexual abuse shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. The inmate may not want to report the name of the assailant(s) or cooperate with the investigation, but he/she is, nevertheless, entitled to protection, as well as medical and mental health treatment and support services, at no cost to him/her.
- 115.83(h): N/A – Standard provision 115.83(h) does not apply as Stanton Correctional Facility is a jail, not a prison.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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 No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- 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 No
- 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 No
- 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 No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- 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 No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.86(a): Policy 5.041 mandates the Sheriff's Office shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. Every effort will be made to ensure the review occurs within 30 days of the conclusion of the investigation. PAQ reports that in the past 12 months, five criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

115.86(b): Policy 5.041 mandates the Sheriff's Office shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. Every effort will be made to ensure the review occurs within 30 days of the conclusion of the investigation. Facility reports that in the past 12 months, five criminal and/or administrative investigations of alleged sexual abuse completed at the facility (3 Unfounded, 1 Substantiated and 1 Unsubstantiated). Auditor reviewed the Incident Review Board results for both the substantiated and unsubstantiated cases.

115.86(c): Policy 5.041 mandates the Incident Review Team identified to conduct the review shall consist of a member at or above the rank of Lieutenant, a supervisor not involved in the investigation, one of the investigators of the case and medical and/or mental health professional. Interview with Facility Captain indicates Incident Review Team is comprised of Facility Commander, Facility Lieutenant, Investigator, Classification representative and any other staff members who are involved in the case. Incident Reviews are conducted monthly.

115.86(d): Policy 5.041 mandates 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, and any recommendations for improvement and submit such report to the Facility Commander and PREA Compliance Manager.

Interview with Facility Commander, PREA Compliance Manager and Incident Review Team member indicates the Incident Review Team considers all 6 criteria outlined in Standard provision 115.86(d).

115.86(e): Policy 5.041 mandates an annual report shall be prepared and submitted to the PREA

Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data, and outlines any corrective actions needed or taken in addressing sexual abuse.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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 No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- 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 No

115.87 (d)

- 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 No

115.87 (e)

- 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.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.87(a)/(c): GO Policy 5.041 mandates copies of reports of the completed investigations shall be forwarded to the PREA Coordinator, who must document the incident to the US Department of Justice using form SSV-1A. A copy of this form must be maintained by the Agency for no less than 10 years. The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and shall aggregate the incident-based sexual abuse at least annually. Agency provided auditor with copy of an SSVIA completed in April 2018 for a substantiated incident of sexual victimization.
- 115.87(b): GO Policy 5.041 mandates an annual report shall be prepared and submitted to the PREA Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data, and outlines any corrective actions needed or taken in addressing sexual abuse. The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions, and shall aggregate the incident-based sexual abuse at least annually.
- 115.87(d): GO Policy 5.041 mandates copies of reports of the completed investigations shall be forwarded to the PREA Coordinator, who must document the incident to the US Department of Justice using form SSV-1A. A copy of this form must be maintained by the Agency for no less than 10 years.
- 115.87(e): N/A – Standard 115.87(e) does not apply as Agency does not contract for the confinement of inmates
- 115.87(f): Agency indicates through the PAQ that Agency provide the DOJ with data from the previous calendar year upon their request.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.87

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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 No
- 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 No
- 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 No

115.88 (b)

- 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 No

115.88 (c)

- 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 No

115.88 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a): GO Policy 5.041 mandates the Agency review all data, collected and compiled in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices and training by:

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

Interview with Agency Head, PREA Coordinator and PREA Compliance Manager indicates Agency reviews all data collected and aggregate pursuant to PREA Standards by identifying problem areas, taking corrective action and preparing an Annual Report of the findings.

115.88(b): GO Policy #5.041 PREA mandates an annual report shall be prepared in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. 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.

115.88(c): Agency provided Auditor with a copy of their 2019 Annual Report made available to the public at least annually through the Agency's website (<http://www.solanocounty.com/depts/sheriff/prea.asp>) Interview with Agency Head designee indicates the Agency Head approves all Annual Reports.

115.88(d): Agency provided Auditor with a copy of their 2019 Annual Report and has made an Annual Report available to the public through its website. Auditor unable to verify compliance with Standard provision 115.88(d) which mandates: The agency redacts material from an annual report for publication the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility and indicate the nature of the material redacted. Interview with PREA Coordinator indicates material redacted from the Annual Reports would be personal identifiers which may be detrimental to the staff, inmates and institution. Annual Report will indicate the nature of the material redacted. Review of the Annual Report determined there was no narrative provided in the Report which explained the personal identifier redactions or the nature of the redacted material in accordance with this Standard provision.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.88(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to include narrative in the Annual Report which indicates that material redacted from the Annual report would be personal identifiers which may be detrimental to the staff, inmates and Agency. The narrative will also indicate the nature of the redacted material.

Auditor will conduct a 90-day status review on 11/7/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 2/5/21.

Corrective Action Completion 8/11/20:

1. Agency provided auditor with revised 2019 PREA Annual Report which is amended to reflect a narrative sentence on page #2 second paragraph which indicates, "All Personal Identifying Information is redacted from the Annual report as publication of this information would present a clear and specific threat to the safety and security of the facility." The 2019 Annual Report has been uploaded to the Agency website: <http://www.solanocounty.com/debts/sheriff/prea.asp>

The agency/facility has met the requirements of Standard provision(s) 115.88(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- 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 No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

- 115.89(a): Interview with PREA Coordinator indicates Agency reports that incident-based and aggregate data are securely retained by the PREA Coordinator.
- 115.89(b): Policy GO #5.041 PREA mandates an annual report shall be prepared and submitted to the PREA Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data and outlines any corrective actions needed to take in addressing sexual abuse
- a) The annual report shall be approved by the agency head and made readily available to the public through the agency website.
 - b) Specific material shall be redacted from the report when publication would present a clear and specific threat to the safety and security of the facility, but the report must indicate the nature of the material being redacted.
 - c) Before making aggregated sexual abuse data publicly available, personal identifiers shall be removed.
- 115.89(c): Agency has not provided Auditor with a copy of their Annual Report and has not made an Annual Report available to the public at least annually through its website. Auditor unable to verify compliance with Standard provision 115.89(c) which mandates: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.
- 115.89(d): Policy GO #5.041 PREA mandates copies of the reports of the completed investigation shall be forwarded to the PREA Coordinator, who must document the incident to the US Department of Justice using form SSV-1A. A copy of this form shall be maintained by the agency for no less than ten years.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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.*) Yes No

115.401 (b)

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

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- 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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the prior three-year audit period, the Agency ensured that all three facilities operated by the agency was audited at least once. This is the first year of the new audit cycle. The auditor was provided access to and the ability to observe all areas of the Stanton Correctional Facility to include Intake at the Solano County Main Jail. Auditor was permitted to conduct private interviews with inmates and staff. Inmates were permitted to send confidential correspondence to the auditor in the same manner as if they were communicating with legal counsel.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor has verified that the 2019 Annual Report is made publicly available on the Agency Website. Agency has not provided the Solano county Jail Justice Facility Final PREA Audit Report to be publicly available on the Agency website.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.403. Corrective action is required.

Corrective Action Recommended:

1. Agency to include the Solano County Jail Justice Facility Final PREA Audit on the Agency website in order to comply with Standard provision 115.403.

Auditor will conduct a 90-day status review on 11/7/2020 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 2/5/21.

Corrective Action Completion 7/28/20:

1. On 7/28/20, Agency added the 2019 JCDF Final PREA Audit Report to the Sheriff's website, accessible to the public.

The agency/facility has met the requirements of Standard provision(s) 115.403, completed during the Post-Audit period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.403.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

ERIC I WOODFORD

11/30/2020

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.