

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

Interim Final

Date of Report 3/6/2020

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 94510-0732
Telephone: (707) 333-8303	Date of Facility Visit: 7/8/19 – 7/12/19

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Solano County Sheriff's Office		N/A	
Physical Address: 500 Union Avenue		City, State, Zip: Fairfield, CA 94533	
Mailing Address: 500 Union Avenue		City, State, Zip: Fairfield, CA 94533	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: http://www.solanocounty.com/depts/sheriff/prea.asp			

Agency Chief Executive Officer

Name: Tom Ferrara	
Email: tferrara@solanocounty.com	Telephone: : (707) 784-7030

Agency-Wide PREA Coordinator

Name: Bill Elbert	
Email: belbert@solanocounty.com	Telephone: (707) 784-7025
PREA Coordinator Reports to: Captain Bill Hornbrook & Sheriff Ferrara	Number of Compliance Managers who report to the PREA Coordinator 3

Facility Information

Name of Facility: Justice Center Detention Facility

Physical Address: 500 Union Avenue

City, State, Zip: Fairfield, CA 94533

Mailing Address (if different from above):
SAME

City, State, Zip: SAME

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://www.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: BSCC

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
N/A

Warden/Jail Administrator/Sheriff/Director

Name: Bill Hornbrook

Email: wshornbrook@solanocounty.com

Telephone: (707) 784-7087

Facility PREA Compliance Manager

Name: Mitch Mashburn

Email: mhmarshburn@solanocounty.com

Telephone: (707) 784-7182

Facility Health Service Administrator N/A

Name: George Bernardino

Email: gbernardino@solanocounty.com

Telephone: (707) 784-7130

Facility Characteristics

Designated Facility Capacity:	712	
Current Population of Facility:	727 as of 5/9/19	
Average daily population for the past 12 months:	14,627	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18 - 65	
Average length of stay or time under supervision:	2018=18.3 days. / 2019=19.8 days.	
Facility security levels/inmate custody levels:	MIN, MED, PC, MAX, A-SEP	
Number of inmates admitted to facility during the past 12 months:	14,627	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	3,234	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	578	
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	
<p>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):</p>	<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 checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input checked="" 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:	190	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	13
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	9
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	9
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	10
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>	10
Number of single cell housing units:	10
Number of multiple occupancy cell housing units:	26
Number of open bay/dorm housing units:	26
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	64
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
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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:	5
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 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?	100
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 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

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 Justice Center (SCJC) in Fairfield California. The onsite audit occurred from 7/8/19 to 7/12/19 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. This was the third PREA audit for the Solano County Jail Sheriff's Department. The second PREA onsite audit was conducted in 2018 at the Solano County Claybank facility.

On 6/1/17 the Solano County Sheriff's Office and auditor signed an original PREA audit agreement to conduct PREA audits for each of its three correctional facilities. Term of the contract is from 6/1/17 to 6/30/19. On 7/1/19 the Solano County Sheriff's office amended the original contract to extend the expiration date to 6/30/2020.

On 5/3/19 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 on 5/12/19 for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review.

On 5/13/19, the auditor provided agency with Notice of Auditor poster language in both English and Spanish. Instructions on posting, date of posting deadline of 5/20/17 and proof of posting verification to be provided to the auditor accompanied with the Notice of Auditor posting language. Agency provided verification of posting by the deadline of 5/17/19, 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 - attorney booths, male and female inmate housing units, medical unit, visiting, booking and employee entrance to JCDF. On 5/29/19, the auditor contacted Just Detention International (JDI) Operations Director to inquire if inmates from the Solano County Sheriff's Office Justice Center contacted JDI to report sexual abuse or sexual harassment that occurred in the facility, or requested emotional support over the past 12 months. The Operations Director indicated that there was no report of sexual misconduct or request for emotional support to JDI over that past 12 months.

On 6/16/19, auditor provided Agency with specific requests for document review listings. Agency provided requested lists for document review on 6/26/19 Auditor made selections based upon hire date, gender, job positions and shifts. Auditor presented agency with random selections for document review on 6/25/19 Auditor also requested investigation records, grievances, training records and personnel records pulled from the selections made by auditor. The agency provided the documents by 7/11/19 for auditor to complete the document review worksheets for verification of compliance.

During the course of the Audit, the team 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
- 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. (42 investigations to be reviewed),
- All hotline calls made during the 12 months preceding the audit
- 28 Staff & 10 Contractor Personnel and Training Files were reviewed
- 20 Contractors & Volunteer Personnel and Training files were reviewed
- 28 Inmate screening files were reviewed.

The facility completed the Pre-Audit Questionnaire (PAQ) on 6/26/19. Facility staff provided the auditor with a number of documents including schematics, policies, logs and other resources to the PAQ. Mail process of correspondence between inmate and auditor was also discussed.

The PAQ noted that no internal or external audits except for the American Correctional Association accreditations and BSCC for the Justice facility. 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.

Auditor received two correspondence letters from Justice inmates. This inmates were included in the interview list for the onsite audit. Two weeks 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 5 staff members per shift for a total of 28 staff. 20 contractors and volunteers were selected at random based upon their job titles. Inmates were selected based upon gender and housing unit, where the female inmates were oversampled. Auditor selected one inmate per page to a total of 28 randomly selected inmates. Auditor provided agency with a completed interview listing on 3 days before the onsite audit.

The on-site review began on 7/8/19 with an entry briefing. Attendees included: the PREA Facility Commander, the Undersheriff, Classification, PREA Coordinator, PREA Compliance Manager, Classification and ancillary staff, followed by the physical plant review. 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 by the PREA Coordinator, PREA Compliance Manager, Jail Commander and shift staff. Solano County Jail Justice Facility is one building 10 single celled housing units, 26 multiple occupancy housing units, 26 open bay/dorm housing units, 64 segregation cells, Administration, Maintenance, medical clinic and others as noted in the following summary. Inmate population at time of the onsite review was 295.

The physical plant review was conducted as follows:

HOUSING UNIT: M MODULE – MALES & FEMALES

This module is the Jail Based Competency Treatment housing units. The unit serves to work with mentally challenged inmates to get them ready for trial. PREA and Notice of Auditor posters provided in each housing unit. Announcement is made when entering the gender designated areas, “Female on the floor” or “Male coming in.” there are 3 phones in each day-room. Direct supervision is 1 staff to 10 inmates. Maximum inmate capacity is 32 inmates. The M-05 unit recreation yard toilet is non-compliant during toileting. There is a Zero-tolerance poster in the housing unit day rooms. There is a Zero-Tolerance and Notice of Auditor posted in the day-room.

HOUSING UNIT: N MODULE – ALL CLASSIFICATIONS MEDICAL UNIT – MALES & FEMALES

Medical unit contains 9 cells. PREA and Notice of Auditor posters available in the unit. There is opposite viewing observed during the review. Cameras placed in the N-Unit Hallway under direct supervision of the Officer’s Station. Upon entry into the Unit, staff made an announcement “Officer on Deck”. Supervision staff to inmate ratio is 1-16. In order for inmate to obtain a grievance and submit a grievance, he/she must interact with staff to accomplish this. Single showers in unit for privacy. Recreation yard needs frosting in corner of windows to dissuade cross-gender viewing during toileting in housing units G, H, I and N1.

HOUSING UNIT: Z MODULE LEVEL 2 – AD SEP – MALES

No PREA information posted – need posting near phones for inmate information. Notice of Auditor posting available inside the unit available to inmates. There is opposite sex viewing by the shower. Announcement made by staff when entering the housing unit. Informal interview with housing officer indicates that grievances are obtained from housing officer and given to housing officer for processing. There is 1 phone in housing unit, staff to inmate ratio is 1 – 5. Frosting is required for shower area where officers can view inmates’ during showering at officer station windows.

HOUSING UNIT: MODULE LEVEL 2 – UNITS ABCD – RECEPTION UNIT MALES ONLY

PREA information and Notice of Auditor posters available in unit to which inmates have access. There is not opposite sex viewing in the unit. Cameras are visible in all 4 corners of the housing unit general area which is viewed by the control officer. General discussion with staff indicates that medical staff conduct their own announcements when entering the housing unit. There are 3 phones per housing unit for inmate use. Supervision is 1 Control officer, 1 Floor Officer and 1 Rover for ABCD. 1 control officer and 1 rover for EF. Non-contract visiting booths are located on second floor for all housing units.

HOUSING UNIT: MODULE LEVEL 2 – UNITS EF – PROTECTIVE CUSTODY MALES ONLY

PREA and Notice of Auditor notices posted in each housing units. No opposite sex viewing in housing unit. 1 stationary camera over control area. 3 phones in each housing unit. Grievance process is same as all housing units where staff provides grievance forms and inmates must submit the completed forms to staff for processing. 2 showers available in each housing unit and requires window frosting to dissuade cross-gender viewing during showering. Toilets are in cells. Toilets available in the Recreation Yard that allows for cross-gender viewing. Windows to units from Recreation Yard needs frosting to dissuade cross-gender viewing.

HOUSING UNIT: MODULE LEVEL 4 – UNITS Z – PROTECTIVE CUSTODY MALES ONLY

No PREA information posted – need posting near phones for inmate information. Notice of Auditor posting available inside the unit available to inmates. There is opposite sex viewing by the shower. Announcement made by staff when entering the housing unit. Informal interview with housing officer indicates that grievances are obtained from housing officer and given to housing officer for processing. There is 1 phone in housing unit, staff to inmate ratio is 1 – 5. Frosting is required for shower area where officers can view inmates' during showering at officer station windows.

HOUSING UNIT: MODULE LEVEL 4 – UNITS G/H/I – OVERFLOW FOR 50 INMATES

PREA information and Notice of Auditor posters are available in the unit for inmate viewing. Opposite sex viewing from Recreation Yard. 1 camera over the control area. 3 phones in each housing unit. Grievance issue is same as Module 4 Unit Z. Supervision staff to inmate is 1-96. 1 floor officer, 1 tower officer and 1 rover. Compliant showers in unit, toilet in cells. Announcement made when entering housing units. Toilets located in Recreation allows for cross-gender viewing during toileting. Recreation yard needs window frosting to dissuade cross-gender viewing of inmates during toileting. Toilets in cells are compliant

HOUSING UNIT: MODULE LEVEL 4 – UNITS J/K/L – CLOSED FOR RENOVATION

PREA information and Auditor Notice posters available in each housing unit. Opposite sex viewing in recreation yard. Needs frosting on viewing windows towards the Recreation yard toilet. 1 camera in each unit.

HOUSING UNIT: MODULE LEVEL 4 – UNITS A/B/C – AD-SEP MAX – MALE INMATES

PREA postings and Notice of Auditor posters available within the housing unit. Opposite sex viewing through the recreation yard windows facing the housing unit control area. 1 housing unit camera over the control desk that views each housing unit. There are 3 phones, one in each housing unit. Grievance issue is same as Module 4 Unit Z. Supervision staff to inmate ratio is 1 – 96 with 1 rover and 1 in the tower. Recreation yard needs window frosting to dissuade cross-gender viewing of inmates during toileting. Toilets in cells are compliant

HOUSING UNIT: MODULE LEVEL 4 – UNITS D/E/F – FEMALE INMATES

PREA postings and Notice of Auditor posters available within the housing unit. Opposite sex viewing through the recreation yard windows facing the housing unit control area. 1 housing unit camera over the control desk that views each housing unit. There are 3 phones, one in each housing unit. Grievance issue is same as Module 4 Unit Z. Supervision staff to inmate ratio is 1 – 96 with 1 rover and 1 in the tower. Recreation yard needs window frosting to dissuade cross-gender viewing of inmates during toileting. Toilets in cells are compliant

COURT TUNNEL

Notice of Auditor and Zero Tolerance posters are available in the Court Tunnel. ADA Compliant court holding cell #8 is non-compliant due to cross-gender viewing during toileting.

PROPERTY

Staff to inmate ratio 1 – 5 working in property room

RECEIVING AND DISCHARGE (INTAKE)

5 holding cells for female inmates – 10 holding cells for male inmates. Cameras in entry sallyport. Medical screening room has camera and supervised by 2 deputies. Total of 16 cameras throughout intake and receiving area. PREA posters and Notice of Auditor posters throughout Intake. 12 phones on intake male side & 10 phones on female intake side. Inmate breakroom with phone and PREA poster– locked when not in use. Property officer conducts regular checks on inmates in addition to officers assigned to inmate work stations.

CLASSIFICATION

Holding cells are in booking area. Cameras are part of the original 16 cameras throughout the Intake/booking and classification area. 3 classification cells. Inmates meet classification officers 1 at a time for private interviews.

VISITATION

Attorney visitation is located in the Booking area in intake. Strip-searches are conducted in the housing unit. Notice of Auditor and Zero Tolerance posters available in visiting. 3rd Party posters available in visiting. 1 camera in hallway leading to visiting.

BACK LOADING DOCK

Multi-purpose room off loading dock area. Staff to inmate ratio 1-5, inmates are always escorted and supervised. 3 cameras in the loading dock area.

FACILITIES MECHANICAL SERVICES/TRADE SHOP

Inmates have no access. Shop locked when staff are not working there. 3 cameras in loading dock.

KITCHEN – FOOD SERVICE

No dining rooms, inmates eat in their housing units. Kitchen has been closed for 2 years pending renovation. Food is prepared at the Claybank Facility and trucked to Solano Main Jail. No inmates are allowed in the kitchen. Freezers are always locked with new cameras placed throughout the kitchen. There are 3 in-kitchen cameras. Supervised cleanup crew work in the kitchen periodically. Male inmates only. Supervision staff to inmate is 1 – 4. No isolated areas.

HEALTH SERVICES

Camera in exam room area. Holding cell M1 needs window frosting to dissuade cross-gender viewing during toileting. PREA signage and Notice of Auditor posting available. There are exam rooms in each housing unit. 1 dental office in Health Services, no observation or infirmary rooms, no suicide watch rooms. Ancillary areas are Medical Records, Storage, Office Space and staff bathroom.

Formal interviews were conducted on 7/1/19. 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 295.

A total of inmate interviews were conducted: 34

- Random inmates – 21
- Youthful Inmates - 0

- Physically disabled, blind, deaf, and/or hard of hearing inmates – 2
- Cognitively disabled inmates – 2
- Limited English Proficient - 1
- Gay and/or bisexual inmates – 2
- Transgender or intersex inmates – 2
- Inmates in segregation for risk of victimization - 0
- Inmates who reported sexual abuse – 2
- Inmates who disclosed victimization during a risk assessment - 2

A total of staff interviews was conducted: 43

- Random staff – 15
- 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 - 2
- Human resources staff - 1
- SAFE/SANE hospital staff - 1
- Volunteers-2
- Contractors - 2
- Volunteer Coordinator-0
- Investigators -4
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 1
- Incident review team members - 1
- Staff charged with retaliation monitoring - 1
- Intake staff - 2
- First Responders –Security - 1
- First Responders-non-security - 1
- Victim Advocacy – 1
- Kitchen staff – 1

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

The onsite audit was completed on 7/12/19 with a closeout briefing with administrative staff. Attendees were the Sheriff, PREA Coordinator, Facility Commander, PREA Compliance Manager and the Main Jail, Classification Sergeant. 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 has 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 Solano County Jail Justice 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.

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 Justice Facility is located at 500 Union Avenue Fairfield, CA 94533. The facility was built and made operational in 1989, designed as the hub for law enforcement in Solano County, and has several important functions that impact all of Solano County: •Intake and booking for all city police department arrests •Processing for Sheriff's Office arrests •California Highway Patrol and other agencies' arrests •Holding area for pre-arraignment arrestees •Housing of on-trial inmates •Underground passageway to allow inmates to be transported to the courtrooms without public exposure •Processes the release of inmates.

Modern PDAs have been installed and are being utilized at the Justice Center. PDAs give corrections officers complete control over all mechanical and electronic operations within the buildings, as well as control of the sallyport inmate transportation area. Corrections officers can maintain order and discipline and are able to immediately respond to individual inmate needs and requests.

Design capacity of the facility is 712. The facility is a 6-story building that houses both female and male inmates. There is a total 26 multiple occupancy cell housing units, 26 open bay/dorm housing units (2 ABCD, EF, GHI, JKL, MN – 4 ABC, DEF, GHI, JKL) and 64 single cells.

Restrooms are either located in each cell and in the recreation yards. No modesty opportunities for toilets in the recreation yard. There is one to two toilets located in each recreation yard. Each toilet has a partial privacy partition but requires privacy film on adjacent yard windows to dissuade cross-gender viewing. To ensure adequate safety of inmates, video surveillance is used to monitor all activity in the dayrooms and majority of the locations inmates have access to. The dayrooms in each section is monitored via staff line-of-sight and video monitoring which provides views of dayroom common areas. For privacy, there is no video monitoring inside inmate cells.

1 - 3 officers are assigned to monitor inmate housing units in this facility on each shift. A reduced number of officers are assigned on grave shift. The officers have a workstation located outside of the inmate housing units. Two – three housing units, house female inmates.

Justice facility has a total of 111 cameras throughout the facility. There are no outbuildings as maintenance is in-house. Inmates are prohibited entry in the Maintenance unit. Only county maintenance workers have access to that unit which is monitored by cameras. Inmates are assigned to work in the laundry and custodial duties which is also monitored by cameras and custody staff. Inmates are not assigned to food service as the kitchen is closed to inmates except for cleaning crews.

Justice facility is pending a full upgrade of its facilities which includes electronic monitoring and plumbing. Upgrades should begin in 2020.

INMATE PROGRAMS & SERVICES AT SOLANO COUNTY JAIL:

Existing Contractors (through Sheriff's Department Funding)

1. **Healthright 360 Substance Abuse Treatment:** Healthright 360 provides comprehensive substance use disorder treatment including: assessment, treatment planning, and a range of Substance Abuse Treatment, Cognitive Behavior Therapy and Re-entry Planning activities to inmates involved in their program
2. **Chaplain Services:** Provides religious programs in the jail. In cooperation with local religious leaders and chaplain volunteers, weekly Bible studies and religious faith group rites and prayers are offered to housing units. The Chaplain also coordinates distribution of religious reading materials, provides personal counseling services and spearheads special events and activities.
3. **Five Keys Charter School:** For male and female inmates without a high school diploma. Five Keys provides GED preparation and credits towards a high school diploma. They provide classroom based instruction, independent study and special education. Five Keys provides educational services at all three Solano County Jails.
4. **Inmate Library Service:** Legal reference services are being provided by Legal Research Associates, (LRA), an external service. Educational, self-help, and recreational books are available in-house. Lists of programs by county are also available by writing to the library.
5. **PEAK Parenting Program:** A collaboration with Child Haven. A Parenting Skills Class is delivered to male inmates with children ages 0-5. Services start in jail and follow the participant into the community.
6. **Employment Readiness Skills/ Employment Re-entry Case Management/Job Placement:** Provided by Leaders in Community Alternatives through a collaborative contract between the Sheriff's Office and Probation. LCA offers Employment Skills and Life Skills Classes to male and female inmates. Inmates who participate in the in-custody program are eligible to transition to the LCA program in the community to continue employment readiness work and job placement.
7. **Mentally Ill Offender Crime Reduction (MIOCR) Programs:** Referrals for in-custody and re-entry programs through CFMG.
 - In-custody Treatment Program for male inmates run by CFMG
 - Re-entry/Aftercare Program begins with referral and assessment in jail and case managers follow individual into the community to provide on-going case management for up to six months.
8. **In-Custody Case Management Services:** Healthright 360 delivers Case Management services across all jails. Case Managers are responsible for the administration of the LSCMI, development of an initial Case Plan associated with the LSCMI and referral of inmates to programs within the jail. They will also develop reentry plans with inmates and follow inmates who are not assigned to programs with re-entry components into the community, for 30-60 days.

9. Women's Reentry Achievement Program (WRAP): WRAP case managers provide pre-release services in the jail prior to a woman's release. Services include individual reentry planning, trauma and empowerment groups, and Reading Legacies (a program helping incarcerated women stay connected with their children). Intensive case management services are provided after release.

10. Thinking for a Change (T4C) and Controlling Anger and Learning to Manage (CALM): (T4C) and CALM are integrated, cognitive behavioral change programs for offenders which include cognitive restructuring, social skills development, and development of problem solving skills.

Existing Collaborations (with other Solano County or Government Departments and/or CBP)

1. **Veterans Justice Outreach Program:** VA social worker, Veteran's Court and Solano County Veteran's Services come to the jail every other Wednesday to help inmates who are veterans access VA and community resources. Assists in establishing eligibility, discharge and transition planning, health and housing services, etc.

Community Volunteer Services: Group work facilitated by community volunteers such as AA, NA, Bridging the Gap, Religious Services.

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: NONE
List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 28

Standards Not Met

Number of Standards Not Met: 17
List of Standards Not Met: 115.13, 115.15, 115.16, 115.17, 115.31, 115.32, 115.33, 115.35, 115.41, 115.43, 115.52, 115.54, 115.61, 115.66, 115.81, 115.86, 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: NONE

List of Standards Exceeded: 0

Standards Met

Number of Standards Met: 45

Standards Not Met

Number of Standards Not Met: NONE

List of Standards Not Met: 0

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 at the 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. He interacts with all 3 Compliance Managers 20 times per week on average.

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 Justice 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 279.1, and the average daily number of inmates on which the staffing plan is predicated upon is 379. Review of the DRAFT 4/2/19 Justice Center Detention Facility (JCDF) Staffing Plan includes 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.

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 5.041 PREA mandates that annually, 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.

Interview with the PREA Coordinator indicates that he is consulted regarding any assessments of, or adjustments to the staffing plan for all facilities. He also provides the drafts for approval.

115.13(d): Policy 5.041 PREA mandates that The Sheriff's Office shall have an intermediate-level supervisor or manager conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This policy shall be implemented for night shifts as well as day shifts. Staff shall not alert other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. Agency provided auditor with copy of the Unannounced Rounds Log which verifies upper level supervisors conducts unannounced rounds from 5/1/18 to 5/1/19 on both day and night shifts. The rounds are documented in this log.

Interview with Intermediate staff (Shift Supervisor), indicates that unannounced rounds are conducted every shift he works on and they are documented in Sharepoint database. In order to prevent staff from alerting other staff that he is conducting said rounds, he varies the times and facilities that he monitors.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.13(a) and corrective action is required.

Corrective Action Recommended:

Review of the DRAFT 4/2/19 Justice Center Detention Facility (JCDF) includes 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.

1. Agency to provide auditor with copy of the approved Final 4/2/19 JCDF Staffing Plan.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completion 4/20/19:

1. On 4/20/19, the PREA Coordinator provided the auditor with a copy of the JCDF Final Staffing Plan for 2019. The completed Staffing Plan meets requirements of Standard provision 115.13(a)

The agency/facility has met the requirements of Standard provision(s) 115.13(a) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies 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

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.

115.14(a): N/A – Standard provisions 115.14(a) through 115.14(c) as the PAQ indicates there are no youthful inmates housed in any of the Solano County Jail facilities. This is verified through auditor's physical plant review and interviews with inmates and staff throughout the onsite audit phase.

115.14(b): N/A – Standard provisions 115.14(a) through 115.14(c) as the PAQ indicates there are no youthful inmates housed in any of the Solano County Jail facilities. This is verified through auditor's physical plant review and interviews with inmates and staff throughout the onsite audit phase.

115.14(c): N/A – Standard provisions 115.14(a) through 115.14(c) as the PAQ indicates there are no youthful inmates housed in any of the Solano County Jail facilities. This is verified through auditor's physical plant review and interviews with inmates and staff throughout the onsite audit phase.

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

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.

115.15(a): Policy 9.008 Custody Procedures mandates that officers of the same sex as the inmate shall perform the strip search absent exigent circumstances. Policy 5.041 PREA mandates that the Sheriff's Office does not conduct cross-gender or cavity searches. 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. PAQ indicates that in the past 12 months, there have been no cross-gender strip or cross-gender visual body cavity searches of inmates.

115.15(b): Policy 9.008 Custody Procedures mandates that officers of the same sex as the inmate shall perform the strip search absent exigent circumstances. Policy 5.041 PREA mandates that the Sheriff's Office does not conduct cross-gender or cavity searches. 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. PAQ indicates that in the past 12 months, there have been no cross-gender strip or cross-gender visual body cavity searches of inmates (male or female).

Interview with random sample of 15 staff and random sample of 7 female inmates indicates that no cross-gender strip or cross-gender visual body cavity searches of inmates (male or female).

115.15(c): Policy 9.008 Custody Procedures mandates that officers of the same sex as the inmate shall perform the strip search absent exigent circumstances. Policy 5.041 PREA mandates that the Sheriff's Office does not conduct cross-gender or cavity searches. 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. PAQ indicates that in the past 12 months, there have been no cross-gender strip or cross-gender visual body cavity searches of inmates (male or female).

Policy 3.013 Custody Procedure mandates that searches of female inmates shall be conducted only by female custody staff, except in emergency or exigent circumstances, such as those that require an immediate search of a female inmate to avoid the threat of death, escape or great bodily injury to inmates, staff or visitors, and only until sufficient numbers of female correctional staff are available to assume critical body search duties.

115.15(d): Policy 3.013 Custody Procedure mandates that the presence of opposite gender staff or visitors in all housing units shall be announced to the inmates, prior to staff entry. Announcements shall consist of "male on the floor" in a female housing unit and "female on the floor" in a male housing unit. 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. Custody staff may perform observation log checks on inmates of the opposite gender; however, the previously mentioned announcement must be made. Auditor observed continual cross-gender announcements of staff as they entered each housing unit. Interview with random sample of 26 staff indicate they announce their presence upon entering each cross-gender housing unit. Interview with random sample of 21 inmates indicate they can hear announcements when cross-gender staff enter the housing units to include medical staff. During the onsite physical plant review, auditor noticed that the majority of housing unit inmate recreation yards had windows which allowed for cross-gender viewing during toileting. The recreation yards in need of frosting on windows is: M05, N MOD, MOD 4 - Unit #2, MOD 4 - Units G/H/I, MOD 4 - Units J/K/L, MOD 4 - Units ABC, MOD 4 – Units D/E/F. In addition, the Z Mod housing unit shower area is in need of additional frosting to dissuade cross-gender viewing during showering as staff comes down the stairs or from the control area. Health Services M1 Holding Cell also requires window frosting to dissuade cross-gender viewing during toileting.

115.15(e): Policy 5.041 PREA mandates that 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 persons sex, such as reviewing arrest history, available databases, available medical records, or by speaking with the individual.

Policy 9.008 Custody Procedure mandates that:

1. Searches of transgender and intersex inmates shall be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
2. In exigent circumstances, staff of either gender may conduct an immediate clothed pat down search of such inmates.
3. Staff shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a medical examination conducted in private by health services staff. Custody staff shall ask the inmate what gender they identify with.
4. Transgender/Intersex inmates will be given the opportunity to choose the gender of custody staff performing the search. However, the Receiving Sergeant on duty shall make the final decision as to who will perform the pat search. This decision shall be based upon all factors related to the expressed interest of the inmate, availability of staff, and the overall safety of all parties involved. These searches shall be documented in JMS and a copy forwarded to the PREA Coordinator.

Interview with random sample of 15 staff indicates that policy prohibits staff from searching for physical examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status that they asked the inmate which gender paper for research staff on scene to determine the inmates' genital status if you make does not wish to incorporate.

Interview with 3 transgender inmates determined that did not been put in a housing area only for trans gender and sex inmates they were never strip-searched for the sole person determining the general status.

115.15(f): Agency indicates in the PAQ that 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Agency provided auditor with copy of the PREA

Pat Search Training power-point and Guidance on Cross-Gender and Transgender Pat Search facilitator guide. Training curriculum is PREA Compliant. Agency provided auditor with signed verification of training logs and understanding document for 32 CDF staff who received this training in 7/25/18. Agency also provided copies of custody staff SROVT completion form PREA Cross-Gender Pat Search training which includes statement of training understanding for 130 custody staff who received this training in 2017 and 2018.

Interview with a random sample of 15 staff indicates that they have all received cross-gender pat-down search training and training on searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.15(d) and corrective action is required.

Corrective Action Recommended:

During the onsite physical plant review, auditor noticed that the majority of housing unit inmate recreation yards had windows which allowed for cross-gender viewing during toileting and showering in one of the housing units.

1. The recreation yards in need of frosting on windows is: M05, N MOD, MOD 4 - Unit #2, MOD 4 - Units G/H/I, MOD 4 - Units J/K/L, MOD 4 - Units ABC, MOD 4 – Units D/E/F.
2. In addition, the Z Mod housing unit shower area needs additional frosting to dissuade cross-gender viewing during showering as staff comes down the stairs or from the control area.
3. Health Services M1 Holding Cell also requires window frosting to dissuade cross-gender viewing during toileting.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completion 10/31/19:

1 thru 3: On 10/31/19, the PREA Coordinator provided auditor with photo verification of frosted windows in order to dissuade cross-gender viewing in all housing unit shower areas, recreation yard windows and Health Services holding cells. Announcement placards were also included to remind cross-gender staff to conduct an announcement prior to entering a housing unit.

The agency/facility has met the requirements of Standard provision(s) 115.15(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.15.

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

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.

115.16(a): Policy 13.015 Custody Procedure mandates that the following forms of information systems is available for disabled inmates to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment:

- TTY/TDD device for the hearing impaired available for use by attorney's volunteers, program providers, and public upon request. All housing areas have access to a TDD phone for hearing impaired-inmates to use.
- Rulebook in Braille to be made available by custody staff for inmates with limited reading skills and for those who are visually impaired

- Point Book 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. Point-Book is maintained in all officer's stations and at intake. Agency provided auditor with copy of the Point-Book.

Interview with the Agency Head designee indicates that the agency established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such procedures include rulebooks offered in multiple languages, Language Line, pool officers who speak other languages, Point Books, and braille.

115.16(b): Agency uses Language Line Solutions for inmates who are Limited English Proficient, which includes language interpreters for a multitude of languages. Agency has provided auditor with an **unsigned** agreement to secure the services of Language Line Solutions which includes the over the phone interpreter pricing and Client Contact Information.

115.16(c): Policy 13.015 Americans with Disability Accommodations 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 1st Response duties, or the investigation of the inmate's allegations. Interview with random sample of 15 staff indicates that agency prohibits the use of inmate interpreters to assist inmates with disabilities or inmates who are limited English proficient (LEP), when making an allegation of sexual abuse or sexual harassment. Staff are to use bi-lingual staff, or medical staff to get both inmate and staff in touch with Language Line for interpretation services. Interview with LEP inmate indicated that Classification utilized bi-lingual staff to translate during classification interview

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.16(b) and corrective action is required.

Corrective Action Recommended:

Agency has provided auditor with an **unsigned** agreement to secure the services of Language Line Solutions which includes the over the phone interpreter pricing and Client Contact Information.

1. Please provide auditor with a signed Language Line Solution agreement which identifies the services Language Line Solutions provides to include the start and expiration date of the agreement.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20

Corrective Action Completion 8/21/19:

1. On 8/21/19, the PREA Coordinator provided auditor with a copy of the Language Line Services Inc. master services agreement with the Solano County Sheriff's Office signed on 8/7/18 for a term of 5 years. Language Line Solutions agrees to provides over the phone interpreter services for the following languages:

Spanish, Chinese (Mandarin and Cantonese), Japanese, Polish, Russian, Vietnamese, Armenian, Cambodian, German, Haitian Creole, Italian, Korean, Portuguese, Farsi, Tagalog, Thai, Urdu and all other languages. Language line services are provided 24/7.

The agency/facility has met the requirements of Standard provision(s) 115.16(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies 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 (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 USC 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 item 2 above.

115.17(b): Policy GO 5.041 mandates that 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) staff indicates that the Facility considers prior incidents of sexual harassment when determining whether a higher or promote anyone or to enlist the services of any contractor who may have contact with inmates. Agency has not provided auditor with documented verification that contractors or employees are asked the 3 required questions as required by 115.17(a).

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 has not provided auditor with written verification to contact or attempt 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. PAQ indicates that in the past 12 months, 13 people (100%) have been hired who may have contact with inmates who have completed criminal background checks. Agency to provide auditor with documented verification that 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.

Interview with HR staff indicates that criminal background checks are initiated for all applications for employees, staff, contractors and volunteers. Once background is clear (FBI & State), completion of mandated PREA training to anyone who has access to the facility via issuance of access card.

115.17(d): 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. This policy applies to all staff and personnel of the Sheriff's Office including employees, volunteers, and independent contractors, hereafter referred to as employees. PAQ

indicates that in the past 12 months, 9 contracts (100%) for services where criminal background record checks were conducted on staff covered in the contract who may have contact with inmates. Interview with HR staff indicates that criminal background checks are initiated for all applications for employees, staff, contractors and volunteers. Once background is clear (FBI & State), completion of mandated PREA training to anyone who has access to the facility via issuance of access card is conducted.

115.17(e): Policy GO 5.041 mandates that the policy applies to all inmates and personnel of the Sheriff's Office including employees, volunteers, and independent contractors, hereafter referred to as employees. Policy continues to mandate that for current employees, the agency is notified by DOJ any time the employee is fingerprinted as the result of an arrest. Agency does not specify if it is State or Federal DOJ who notifies the Sheriff's office of current employees and contractors of an out of state arrest. 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. Auditor discovered that the DOJ only provides notification for arrests inside California. Only the FBI provides information and notification of arrests that occur nationally and places notification of the arrest in the FBI rap sheet. . Agency does not specify if it is State or Federal DOJ who notifies the Sheriff's office of current employees and contractors of an out of state arrest.

115.17(f): Policy GO 5.041 PREA mandates that 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 misconduct. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.

Interview with HR staff indicates that facility asks all applicants and employees who may have contact with inmates through written applications for hiring or promotions and in any interviews or written self-evaluations as part of reviews of current employees. Promotions include the 3 required questions as part of the promotional package. Facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

115.17(g): Policy GO 5.023 Standards for Pre-Employment Background Investigations mandates that any applicant for employment with the office who knowingly and deliberately makes false statements or omissions of material fact on any application document submitted to the office shall be denied appointment. False statements include but are not limited to deliberately being non-responsive to answers and knowingly providing evasive statements of any type. Any knowing or deliberately false statements or omissions of material fact discovered on any application document at any time following appointment with the office shall be immediately investigated and, where substantiated, shall be grounds for dismissal and/or removal from office. Policy GO 5.041 PREA mandates that Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.

115.17(h): Policy GO 5.041 mandates that 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 staff indicates that when a former employee applies work and another institution, upon request from an institution. This information is released only upon receipt of a written release of information from the employee.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.17(b), 115.17(c) and 115.17(e). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with documented verification that contractors or employees are asked the 3 required questions as required by 115.17(a).
2. Agency to provide auditor with documented verification that 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.
3. Agency to provide written documentation as to which agency (State or Federal DOJ) and the process of notification to the Sheriff's office of current contractors of an out of state arrest.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20

Corrective Action Completion 1/30/20 :

1. On 11/7/19, the PREA Coordinator provided the auditor with copies of the signed 3 required questions for 4 contractors prior to hire, 3 staff prior to promotion and 1 staff prior to hire. Agency began asking and documenting the 3 required questions in 2018 for all initial custody and contractor hires to include promotions prior to the hire dates. This documentation verifies agency's compliance with standard provision 115.17(b).
2. On 1/30/20, the PREA Coordinator provided the auditor with the 3 required questionnaires and contact letters submitted to previous agencies who employed the 3 Correctional Officers who were hired in 10/21/19. All 11 potential custody staff hire questionnaire's and letters sent to the institutional employers were submitted 3 to 4 months prior to the hire dates.
3. The Agency has implemented a LiveScan policy where all contractors/volunteers must have their fingerprints scanned into the federal database for hits on out of state arrests every three years.
Currently, it is not financially feasible to LiveScan sworn and custody employees due to the fiscal impact it would cause. Based on the lack of information sharing between State and Federal DOJ, the Agency is currently relying on the existing practice of out of state law enforcement agencies to inform the Agency of employee arrests out of state. Agency representatives have spoken to State DOJ about this lack of information between these two state and federal entities. State DOJ believes they will have a solution to the lack of information sharing with in one to two years and this reliance on out of state agency transparency will resolve itself.

The agency/facility has met the requirements of Standard provision(s) 115.17(b), 115.17(c) and 115.17(e) 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 PAQ indicates that the agency/facility has not acquired any new facilities or made any substantial expansions or modifications of existing facilities since August 20, 2012. Interview with Agency Head designee and Facility Commander indicates that Agency is pending modifications for Solano justice facility. They are currently looking at measures to protect inmates. ADA issues, cell design, etc. We include the PREA coordinator and get him involved for best practice with inmate safety in mind.

115.18(b): The PAQ indicates that the agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. Interview with Agency Head designee and Facility Commander indicates that they are pending upgrades of cameras in building redesign. We are initially using tablets with reporting features and PREA education for inmates.

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): The agency provided auditor with a copy of the 2018 Coordinated Response Protocol which states that the protocol is to provide guidance for all employees, contractors, and volunteers, of the steps required when responding to any inmate sexual abuse call within our correctional facilities. This protocol has been developed using the Solano County Sheriff's Office policies and procedures as well as the National Protocol for Sexual Assault Medical Forensic Examinations from the U.S. Dept. of Justice, April 2013. Agency also provided auditor with a copy of the PREA Quick Reference Pocket Card as a reference guide to all custody and non-custody staff as a response to sexual abuse.

Interview with a random sample of 21 inmates indicate that they are allowed to make a report without having to give their name. One inmate reported sexual harassment through the grievance system and another made a report verbally to staff. Both cases were investigated and were determined to be unfounded based upon auditor document review.

115.21(b): Agency provided auditor with Policy GO 5.041, Revised 1/6/20 which mandates that "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, 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 (28 CFR 115.21).

115.21(c): Policy 13.016 Custody Division Procedure mandates that inmate shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SAFE). The facility documents efforts to provide SANE/SAFE examiners. In the past 12 months, agency indicates that no forensic medical exams have been conducted.

Interview conducted with the SAFE/SANE Director indicated the forensic team is available 24/7 and utilizes a dedicated area within the North Bay Medical Center (NBMC) Hospital Emergency Room. The assigned nurse calls for Advocacy if none arrives with the inmate. Advocate for emotional support during the forensic exam is allowed with inmate approval. SAFE/SANE provide all necessary medical treatment in the forensic exam to include treatment for Plan B pregnancy, prophylaxis, STD etc.

115.21(d): The agency provided auditor with signed MOU with Safequest with term from 11/1/16 to 6/30/18. Agency provided auditor with the signed, renewed MOU with term from 9/1/18 to 6/30/21. Terms of the MOU is for Safequest to provide emotional support and hospital accompaniment for current inmates at the North Bay Medical Center, provide a toll-free telephone number for inmates to contact Safequest. Maintain confidentiality as required by state standards for certified crisis counselors and NBMC policies and procedures. Provide necessary follow-up appointments for counseling requested by inmates.

115.21(e): Per GO 5.041, the 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.

Interview with the PREA Compliance Manager indicates that the MOU with SafeQuest verifies they meet the victim advocate services outlined in the MOU.

Interview with the 1 inmate who reported sexual abuse indicated that there was no penetration during the attempted assault and forensic exam was not required.

115.21(f): The agency/facility is responsible for both administrative and criminal investigations.

115.21(g): N/A – Auditor is not required to audit this standard provision per DOJ

115.21(h): N/A - Auditor is not required to audit this standard provision per DOJ as agency and Forensic examiner makes SafeQuest advocate available during forensic examination with inmates' approval.

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 that 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. 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.

Policy 13.016 Custody Division Procedure mandates that 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.

Agency reports via PAQ that over the past 12 months agency received 42 allegations of sexual abuse and sexual harassment. This equates to 38 administrative investigations and 4 criminal investigations that were referred to the District Attorney (DA). The DA declined to prosecute all 4 case referrals. Upon auditor review all investigations had been completed.

Interview with Agency Head designee indicates that once reported, the PREA Coordinator gets involved and moves the case up to the Division Commander level. Safety of both staff and inmate is assured by moving the inmate to a safe environment and, in the case of staff, placed in a safe area or moved to a different work station. If staff is involved, we look to determine if staff is moved to a different work station or put on administrative leave. Investigators pull any available video, conducts interviews to substantiate the allegation and conduct formal reviews for decision and action. If substantiated and unsubstantiated cases involve the DA review.

115.22(b): Policy GO 5.041 mandates that 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. 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.

Policy 13.016 Custody Division Procedure mandates that 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.

Interview with investigative staff indicates that the Agency requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

115.22(c): N/A – Auditor not required to audit this standard provision per DOJ

115.22(d): N/A - Auditor not required to audit this standard provision per DOJ

115.22(e): N/A - Auditor not required to audit this standard provision per DOJ

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

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 PREA mandates that every employee required to conduct searches of inmates shall receive training in cross-gender pat searches that includes techniques for searches of transgender and intersex persons. 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 following:

1. The zero-tolerance policy for sexual abuse, sexual misconduct and sexual harassment;
2. The right of inmates and employees to be free from sexual abuse, sexual misconduct and sexual harassment;
3. The right of inmates and employees to be free from retaliation for good faith reporting of sexual abuse, sexual misconduct and sexual harassment;
4. How an employee can fulfill the responsibilities under this policy;
5. The dynamics of sexual abuse, sexual misconduct and sexual harassment in confinement;
6. The common reactions to sexual abuse, sexual misconduct and sexual harassment in confinement settings;
7. How to detect and respond to signs of threatened and actual sexual abuse, sexual misconduct and sexual harassment;
8. How to avoid inappropriate relationships with inmates;
9. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender or intersex inmates.

10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interview with a random sample of 15 staff indicates that recent hires all had comprehensive initial training in 2018 or 2019. All other staff had refresher training in 2018 or 2019. Review of training logs verify compliance.

115.31(b): Agency PAQ indicates that training is tailored to the gender of the inmates at the facility. Agency has 3 facilities, only one of them house male inmates only. Despite this, the training received is tailored to the gender of inmates housed at all facilities.

Review of a random sample of 24 staff training records verifies the agency PAQ statement.

115.31(c): PAQ indicates that the 100% of staff employed by the facility, who may have contact with inmates, who were trained or retrained on the PREA requirements is 190.

Policy 5.041 PREA mandates that all employees shall receive required training:

1. Existing employees shall complete training within one year of policy implementation.
2. New employees shall receive training during new employee orientation.
3. Refresher training shall be provided to all employees at least every two years to ensure awareness of current agency policy and procedures.

Policy was initially issued on 5/18/16 and revised 2/4/19.

Review of a random sample of 24 staff training records indicates that timely verification of this training was not provided to the auditor for compliance determination

115.31(d): Policy 5.041 PREA mandates that the Sheriff's Office shall 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.

Review of a random sample of 24 staff training records indicates that documentation required by this standard provision was not provided to the auditor for compliance verification.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.31(c) & 115.31(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with documented verification of completed training or retraining for randomly selected staff, contractors and volunteers.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completed 2/6/20:

1. On 2/6/20, the PREA Coordinator provided auditor with 20 employee PREA training acknowledgements for new hires conducted by a National Curriculum and Training Institute, Inc (NCTI) certified PREA facilitator. As part of the training each class is encouraged to ask questions and urged to spark discussion and "what-if" scenarios. Training classes for new hires were conducted between 1/18/19 and 12/5/19 as verified by the signed acknowledgements.

Auditor was also provided a copy of the power-point used in the training which provides and discusses the topics as outlined in Standard provision 115.31(a). The agency/facility has met the requirements of Standard provision(s) 115.31(c) & 115.31(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.31.

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 GO 5.041 mandates that 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 following:

1. The zero-tolerance policy for sexual abuse, sexual misconduct and sexual harassment;
2. The right of inmates and employees to be free from sexual abuse, sexual misconduct and sexual harassment;
3. The right of inmates and employees to be free from retaliation for good faith reporting of sexual abuse, sexual misconduct and sexual harassment;
4. How an employee can fulfill the responsibilities under this policy;
5. The dynamics of sexual abuse, sexual misconduct and sexual harassment in confinement;
6. The common reactions to sexual abuse, sexual misconduct and sexual harassment in confinement settings;
7. How to detect and respond to signs of threatened and actual sexual abuse, sexual misconduct and sexual harassment;
8. How to avoid inappropriate relationships with inmates;
9. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender or intersex inmates.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Agency PAQ indicates that 58 volunteers and contractors (100%) have been trained on their PREA responsibilities.

Interview with 2 volunteers indicates that they both received refresher training in 2018 and had their initial PREA training prior to entry into the facilities.

Agency has not provided auditor with verification of training for random sample of 10 contractors and 10 volunteers.

115.32(b): Agency PAQ indicates that 58 volunteers and contractors (100%) have been trained on their PREA responsibilities. Agency provided auditor with a blank copy of the PREA Training handout for Contractors and Volunteers to include the Training Acknowledgement which is a part of the handout. The handout topics includes:

Objective – Zero tolerance

Origination of PREA

PREA definitions of sexual abuse

Undue familiarity

Red Flags

Duty to report and how/who to report to

Agency has not provided auditor with verification of training for random sample of 10 contractors and 10 volunteers.

115.32(c): Agency has not provided auditor with verification of training for random sample of 10 contractors and 10 volunteers.

Based upon the analysis of evidence, the auditor finds 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:

Agency PAQ indicates that 58 volunteers and contractors (100%) have been trained on their PREA responsibilities.

Interview with 2 volunteers indicates that they both received refresher training in 2018 and had their initial PREA training prior to entry into the facilities.

Agency has not provided auditor with verification of training for random sample of 10 contractors and 10 volunteers.

1. Agency to provide auditor with PREA training verification for random selection sample of 10 contractors and 10 volunteers.
2. Verification to include understanding acknowledgement of the training, narrative to indicate they had the opportunity to ask questions and signature. If agency uses electronic training, the training roster to have the same information to be compliant with the standard.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completion 11/6/19:

1. On 11/6/19, the PREA Coordinator provided auditor with copies of the signed training verification forms for volunteers and contractors hired after the onsite audit.
2. 7-Signed Volunteer Training Acknowledgements for PREA Training which occurred between 8/7/19 and 9/22/19. Sign-in student roster with activity notes which denote understanding of training received also provided for the date of training.
8-Signed Contractor Training Acknowledgements for PREA Training which occurred between 7/22/19 and 9/25/19. Sign-in student roster with activity notes which denote understanding of training received also provided for the date of training.

The agency/facility has met the requirements of Standard provision(s) 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 complies 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 5.041 PREA mandates that during the intake process, an inmate shall receive information explaining the zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment. Written information shall also be provided in the form of the Inmate General Information Custody Division Rules and Disciplinary Penalties for the Solano County Sheriff's Office Detention Facilities. Agency PAQ indicates that during the past 12 months 1237 inmates were admitted to the facility. 100% of inmates received their initial PREA training upon intake.

Review of 28 randomly selected inmate screening files indicate that all but 1 received their intake process within 1 day of intake, PREA training within 72 hours of intake. The 1 inmate who did not receive the intake process was released from custody within 72 hours of intake.

Interview with random sample of 21 inmates indicates that they received the inmate handbook and PREA pamphlet during intake.

Interview with intake staff indicates that inmates receive the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. They receive the End of Silence brochure, scanned questions are conducted and acknowledgement is scanned into the Jail Management System (JMS) as proof of compliance.

115.33(b): Policy 5.041 PREA mandates that 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 by 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 reports that 100% of inmate received their comprehensive training within 30 days.

Interview with random sample of 21 inmates indicates that they are provided information on their inmate rights under PREA to be free from sexual abuse and sexual harassment, how to report sexual abuse

and sexual harassment, their right not to be punished for reporting sexual abuse and sexual harassment.

Interview with intake staff indicates that verification of inmates receiving their rights compliant with PREA is documented and maintained in the Jail Management System for review. Inmates are screened within 24 hours of intake.

115.33(c): Policy 5.041 PREA mandates that refresher PREA information shall be provided to all inmates at least annually and whenever an inmate is transferred to a different facility to ensure that education pertaining to the current policies and procedure has been provided.

Interview with intake staff indicates that signed acknowledgements of inmate training is loaded in the JMS system. If the inmate leaves to another county for court processing, the agency begins a new intake process upon his/her return.

115.33(d): Policy 13.015 Custody Procedure mandates that the following forms of information systems is available for disabled inmates to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment:

- TTY/TDD device for the hearing impaired available for use by attorney's volunteers, program providers, and public upon request. All housing areas have access to a TDD phone for hearing impaired-inmates to use.
- Rulebook in Braille to be made available by custody staff for inmates with limited reading skills and for those who are visually impaired
- Point Book 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. Point-Book is maintained in all officer's stations and at intake. Agency provided auditor with copy of the Point-Book.
- Agency uses Language Line Solutions for inmates who are Limited English Proficient, which provides language interpreters for multitude of languages.

Agency provided auditor with an **unsigned** agreement to secure the services of Language Line Solutions which includes the over the phone interpreter pricing and Client Contact Information

115.33(e): Policy 5.041 PREA mandates that the Sheriff's Office shall maintain documentation of inmate participation in PREA education sessions. Agency provided auditor with 28 inmate screening files which determined compliance with the PREA standard.

115.33(f): Policy GO 5.041 mandates that key information shall be continuously and readily available or visible to inmates through posters, pamphlets or other written materials. PREA Posters, Zero-Tolerance Posters were available to inmates in Intake and throughout the facility to include the housing units. Agency provided auditor with the same information provided to the inmates in booking to include the Inmate Handbook and the PREA brochure.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.33(d), and corrective action is required.

RECOMMENDATION: It is recommended that agency maintain PREA postings near phones, both upstairs and downstairs for continuous inmate education.

Corrective Action Recommended:

Agency uses Language Line Solutions for inmates who are Limited English Proficient, which provides language interpreters for multitude of languages. Agency has provided auditor with an **unsigned** agreement to secure the services of Language Line Solutions which includes the over the phone interpreter pricing and Client Contact Information.

- 1. Agency to provide auditor with a copy of the signed Language Line Solutions agreement

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completed 8/21/19:

- 1. On 8/21/19, the PREA Coordinator provided auditor with a copy of the Language Line Services Inc. master services agreement with the Solano County Sheriff’s Office signed on 8/7/18 for a term of 5 years. Language Line Solutions agrees to provides over the phone interpreter services for the following languages:

Spanish, Chinese (Mandarin and Cantonese), Japanese, Polish, Russian, Vietnamese, Armenian, Cambodian, German, Haitian Creole, Italian, Korean, Portuguese, Farsi, Tagalog, Thai, Urdu and all other languages. Language line services are provided 24/7.

The agency/facility has met the requirements of Standard provision(s) 115.33(d) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.33.

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 PREA 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.

PAQ indicates that the Sheriff's Office employs 8 Special investigators who have been trained in conducting investigations in a confinement setting through the National Institute of Corrections. Agency provided auditor with a total of 13 certificates of the completion of Sexual Abuse Investigation in a Confinement Setting, five of which were the original Special Investigators identified in the PAQ and an

additional 5 additional which include a few investigators from the Investigations Bureau. Agency has recently included over 100 patrol deputies who have completed the NIC training to conduct investigations in a confinement setting as all patrol deputies assigned to field operations have completed the training as they are tasked to respond to sexual abuse allegations that occurred within the Jail.

Interview with investigative staff indicates they have completed the NIC course in investigations of sexual abuse in a confinement setting. The training consisted of Garrity warnings, basis of investigations, obtaining separate statements from victims, abusers and witnesses, liability, responsibility per the Penal Code Sections, etc.

115.34(b): NIC training curriculum includes specialized training techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Agency provided auditor with a total of 13 certificates of the completion of Sexual Abuse Investigation in a Confinement Setting, five of which were the original Special Investigators identified in the PAQ and an additional 5 additional which include a few investigators from the Investigations Bureau. Agency has recently provided auditor with additional NIC certifications for 226 jail and patrol deputies who have completed the NIC training to conduct investigations in a confinement setting as all patrol deputies assigned to field operations have completed the training as they are tasked to respond to sexual abuse allegations that occurred within the Jail.

Interview with investigative staff indicates that the training also consisted of interviewing techniques, proper use of Miranda and Garrity warnings and sexual abuse evidence collection in confinement settings to include forensic SART/SAFE/SANE collection.

115.34(c): Agency provided auditor with a total of 226 certificates as verification of the completion of Sexual Abuse Investigation in a Confinement Setting, five of which were the original Special Investigators identified in the PAQ and an additional 5 additional which include a few investigators from the Investigations Bureau.

115.34(d): N/A – Auditor is not required to audit this standard provision per DOJ.

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 PREA mandates that this policy applies to all Solano County Sheriff's Office employees, contractors, volunteers and inmates. 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 following:

1. The zero-tolerance policy for sexual abuse, sexual misconduct and sexual harassment;
2. The right of inmates and employees to be free from sexual abuse, sexual misconduct and sexual harassment;
3. The right of inmates and employees to be free from retaliation for good faith reporting of sexual abuse, sexual misconduct and sexual harassment;
4. How an employee can fulfill the responsibilities under this policy;
5. The dynamics of sexual abuse, sexual misconduct and sexual harassment in confinement;
6. The common reactions to sexual abuse, sexual misconduct and sexual harassment in confinement settings;
7. How to detect and respond to signs of threatened and actual sexual abuse, sexual misconduct and sexual harassment;
8. How to avoid inappropriate relationships with inmates;
9. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender or intersex inmates.
10. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Interview with medical and mental health staff indicates that they have received additional training through Wellpath/CFMG which includes preservation of physical evidence of sexual abuse, responding effectively and professionally to victims of sexual abuse and sexual harassment and to who to report allegations or suspicions of sexual abuse and sexual harassment.

115.35(b): N/A - Agency medical staff at the facility does not conduct forensic exams as verified through interviews with medical staff.

115.35(c): The agency maintains documentation showing that medical and mental health practitioners have completed the required training. On 5/28/19, agency provided auditor with the Medical PREA Training roster which indicated that out of a total of 85 medical staff, 54 receive PREA training when training was conducted between 2/2/16 and 2/18/19. 31 medical staff had not received PREA training. All but 1 had a start date between 2017 and 2019.

115.35(d): Agency provided auditor with the CFMG PREA Training logs which verify the 2-hour PREA training completed for 65 CFMG staff assigned to the Solano County Jail facilities conducted from 11/28/17 to 1/17/18. On 5/28/19, agency provided auditor with the Medical PREA Training roster which indicated that out of a total of 85 medical staff, 54 receive PREA training when training was conducted between 2/2/16 and 2/18/19. 31 staff had not received PREA training to date. 30 of the 31 staff had a start date between 2017 and 2019.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.35(c) & 115.35(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide auditor with documented verification that all Medical and Mental health practitioners completed the required PREA training prior to their start/hire date.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completion 3/3/2020:

1. On 3/3/2020 the PREA Coordinator provided auditor with remaining signed 30 WELLPATH staff members PREA training acknowledgements. PREA training was conducted between 3/27/19 and 3/3/2020. The documentation verifies 100% of WELLPATH medical staff assigned to the Solano County Jail facilities are PREA trained.

The agency/facility has met the requirements of Standard provision(s) 115.35(c) & 115.35(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.33.

**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 Custody Procedure 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 that they screen inmates upon entry to the facility and transfer to another facility.

Interview with random sample of 21 inmates indicates that they received screening same day as intake, with classification, prior to housing. Agency has not provided auditor with source documents of random selection of inmates to verify inmates received screening within 72 hours of intake.

115.41(b): Policy 17.002 Reception and Orientation mandates that all inmates shall be provided an orientation within 72 hours after arrival. The orientation program also provides inmates with information on how to ensure their safety, including sexual safety.

Policy 18.001 Custody Procedure 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. 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. Agency reports that in the past 12 months, 100% of 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.

Interview with staff responsible for risk screening indicates that inmates are screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of intake.

Interview with random sample of 21 inmates indicates that they received screening same day as intake, with classification, prior to housing.

115.41(c): Agency provided auditor with the PREA classification objective screening form which includes both possible victim factors and possible predator factors to determine and inmate's vulnerability and predatory nature. The form includes a victim and predatory override feature including the scored designation. Attached to the form is a PREA Comprehensive Education form to be signed by both the inmate and classification officer. The form verifies the inmate viewed the 16-minute PREA video, acknowledges understanding of the zero- tolerance policy, definitions of sexual abuse, sexual harassment, voyeurism, and how to report sexual abuse privately, safely and through multiple channels. The form also acknowledges the inmate's understanding of their right to obtain help from trained medical and mental health care professionals and that sexual activity between a staff member and an inmate can never be consensual and is always against the law. The inmate acknowledges that he/she has the right to be protected from sexual abuse and the fact that they have received a brochure titled "END THE SILENCE" and the inmate rule book with PREA information as well as outside reporting telephone numbers (located in pages 27-29 in the inmate rule book). There is also a statement which verifies that the Classification Officer has answered the inmates' PREA related questions, prior to the inmate signing the form.

115.41(d): Policy 18.001 Custody Procedure 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

Review of the intake screening instrument includes 9 of the 10 criteria outlined in standard provision 115.41(d). Policy 14.08 Inmate Rights mandates that in accordance with federal law and the provisions of PC834c, upon arrest and booking, or detention for more than two hours, of a known or suspected foreign national, booking authorities shall advise the foreign national that he or she has a right to communicate with an official from the consulate of his or her country. If the foreign national chooses to exercise that right, the booking authority shall ensure that his or her consulate is notified.

Interview with staff responsible for risk screening indicates that the initial screening involves responses regarding age, history of incarceration, physical nature, victimization, etc. Agency does not Ad Sep inmates unless requested by that inmate. Inmates are placed in housing conducive to the inmates' safety. The objective of the PREA screening instrument is questions to obtain information in enduring inmate's safety during incarceration, education and acknowledgement of rights.

115.41(e): Policy 18.001 Custody Procedure 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 that the initial screening involves responses regarding age, history of incarceration, physical nature, victimization, etc. Agency does not Ad Sep inmates unless requested by that inmate. Inmates are placed in housing conducive to the inmates' safety. The objective of the PREA screening instrument is questions to obtain information in enduring inmate's safety during incarceration, education and acknowledgement of rights.

115.41(f): Policy 18.001 Custody Procedure mandates that Victimization Risk - 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 indicated that 100% of 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 based upon any additional, relevant information received since intake.

Interview with staff responsible for risk screening indicates that inmates' risk levels are reassessed within 30 days. Ad-Sep within 7-days, General Pop within 30-days. JMS system flags classification 48 hours prior to the 30-day deadline.

Interview with random sample of 21 inmates indicates the majority does not recall any form of reassessment from classification.

Agency has not provided auditor with source documents of random selection of inmates to verify inmates received rescreening within 30 days of intake.

115.41(g): Policy 18.001 Custody Procedure mandates that Victimization Risk - 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 that inmates' risk levels are reassessed within 30 days. Ad-Sep within 7-days, General Pop within 30-days. JMS system flags classification 48 hours prior to the 30-day deadline.

Interview with random sample of 21 inmates indicates the majority does not recall any form of reassessment from classification.

Agency has not provided auditor with source documents of random selection of inmates to verify inmates received rescreening within 30 days of intake.

115.41(h): Policy 18.000 Custody Procedure mandates that 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.

Refusals: In the event the inmate refuses to be interviewed, the Classification Officer shall explain the need for the information. If the inmate still refuses, the inmate shall be placed in the Booking/Intake holding area. After the inmate has been given the opportunity to reconsider his/her decision and still

refuses to participate in the interview, the inmate will be assigned to Administrative Separation (ADSEP) pending further classification review.

The Classification Sergeant will be notified of this refusal and will ensure follow-up interviews are conducted. In all cases, the incident will be documented by the Classification Officer by Informational Report entered into Jail Management System (JMS.)

Interview with staff responsible for risk screening indicates that inmates are not disciplined in any way for refusal to respond to the PREA questions. Classification does follow-up for unanswered questions.

115.41(i): Policy 18.001 Custody Procedure 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. Any information provided by the inmate is confidential and will be released on a need-to-know basis.

Interview with staff responsible for risk screening indicates that Classification, the Gang Unit and Administration has access to the JMS classification system.

Interview with the PREA Coordinator indicates that only the PREA Compliance Manager, Facility Manager and classification has access to the inmate's risk assessment within the facility in order to protect sensitive information from exploitation.

Interview with the PREA Compliance Manager indicates that access to the risk screening assessment is 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(a), 115.41(f) and 115.41(g). Corrective action is required.

Corrective Action Recommended:

Interview with random sample of 21 inmates indicates that they received screening same day as intake, with classification, prior to housing. Agency has not provided auditor with source documents of random selection of inmates to verify inmates received screening within 72 hours of intake.

Agency has not provided auditor with source documents of random selection of inmates to verify inmates received rescreening within 30 days of intake.

Agency has not provided auditor with source documents of random selection of inmates to verify inmates received rescreening within 30 days of intake.

1. Agency to provide auditor with source documents of random selection of inmates to verify inmates received screening within 72 hours of intake.
2. Agency to provide auditor with source documents of random selection of inmates to verify inmates received rescreening within 30 days of intake.
3. Agency to provide auditor with source documents of random selection of inmates to verify inmates received rescreening within 30 days of intake.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completion 1/3/20:

1 – 3. On 1/3/20, the PREA Coordinator provided auditor with 11 random selection of inmate intake cases which occurred in December 2019. 10 of the cases were compliant regarding the 72-hour intake process, PREA education and 30-day reassessment. 1 case was found to be 6 days late regarding the 30-day reassessment. On 2/11/20, Agency provided auditor with an additional 10 inmate intake cases to verify 30-day reassessments were institutionalized as part of the intake screening process, which occurred during the month of February 2020.

The agency/facility has met the requirements of Standard provision(s) 115.41(a), 115.41(f) and 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): Policy 18.000 Custody Procedure mandates that the Classification Officer will select the appropriate housing location and shall document in the Jail Management System (JMS). All pertinent and alert codes shall be included on the movement card. Once the housing assignment has been determined, the inmate shall be escorted to their respective housing module or unit. 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 will be 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. Male and female inmates will be housed in separate housing areas. Their sleeping quarters will be separated both visually and acoustically. Interview with PREA Compliance Manager indicates that risk screening information is used to keep inmates safe. Interview with Risk Screening Staff indicates that information from risk screening is used for housing and programming. Classification level may inhibit certain program participation

115.42(b): Policy 18.000 Custody Procedure mandates that this procedure will provide guidance in the proper assignment of inmates to housing units and activities according to specific categories/criteria and to ensure the safety and security of inmates and institutional security. Interview with Risk Screening Staff indicates that information from risk screening is used for housing and programming. Classification level may inhibit certain program participation

115.42(c): Policy 18.000 Custody Procedure mandates that 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 that housing and program assignments for LGBTI is determined by risk assessment and criminal history and addressing concerns. Interview with Transgender/Intersex Inmates indicate that programming is based upon classification level. All state they have access to school (5-keys charter school), bible study and NA.

115.42(d): Policy 18001 Custody Procedure mandates that 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 risk screening staff indicates that Transgender or intersex inmate placement and programming assignments are reassessed to review any threats to safety experience by the inmate (AD-SEP every 7 days – Gen Pop every 30 days).

115.42(e): Policy 18001 Custody Procedure mandates that 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 the PREA Compliance Manager indicates that transgender or intersex inmates' views with respect to his or her own safety is given serious consideration in placement and programming assignments.

Interview with the Staff Responsible for Risk Screening indicates that transgender and intersex inmates are given the opportunity to shower separately from other inmates. Views of his or her safety is given serious consideration in placement and programming assignments.

Interview with Transgender/Intersex Inmates indicate that programming is based upon classification level. All state they have access to school (5-keys charter school), bible study and NA.

115.42(f): During the onsite audit physical plant review, auditor observed only separate showers in all housing units. Shower stalls are situated in view of the staff control area. Inmates are, therefore, provided with the opportunity to shower separately from other inmates.

Interview with the Staff Responsible for Risk Screening and PREA Compliance Manager indicates that transgender and intersex inmates are given the opportunity to shower separately from other inmates.

Views of his or her safety is given serious consideration in placement and programming assignments.

Interview with Transgender/Intersex Inmates indicate that programming is based upon classification level. All state they have access to school (5-keys charter school), bible study and NA.

115.42(g): Transgender inmates shall be treated the same as other inmates and provided the same opportunities for programs within the facility. Information gathered during the intake process shall be used to assist the Classification officer in deciding as to where to house the inmate. The decision will take into consideration the inmate's health and safety, as well as management and/or security issues. All decisions shall be made on a case-by-case basis. 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 Coordinator indicates that there are no dedicated wings throughout Solano CJ for the LGBTQI community.

Interview with PREA Compliance Manager indicates that there are no dedicated wings throughout Solano CJ for the LGBTQI community.

Interview with Transgender/Intersex/Gay/Lesbian Inmates indicates they do not believe they were ever strip-searched for the sole purpose of determining their genital status, nor have they ever been housed in an area solely for transgender or intersex inmates. Transgender inmates are allowed to shower because of the single showers provided in the housing units.

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 Custody Procedure mandates that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

Policy does not include language which states that "If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment."

Agency PAQ indicates that no inmates at risk of sexual victimization who 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 that the agency has a policy prohibiting the placement of 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. This is allowed only on limited scope not to exceed 30 days.

115.43(b): Policy 18.001 Custody Procedure mandates that 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 Jail Management System (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 indicates that inmates placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse have access to programs, privileges, education and work opportunities. If for any reason programs are restricted reasons for doing so, duration of limitations and reasons for limitations are always documented in the JMS system. There have been no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

115.43(c): Agency PAQ indicates that over the past 12 months, no inmates at risk of sexual victimization were assigned to involuntary segregation housing in the past 12 months for longer than 30 days while awaiting alternative placement.

Interview with Facility Commander indicates that inmates at risk for sexual victimization or who have alleged sexual abuse are placed in involuntary housing for more than 24 hours until alternative means of separation from likely abusers can be arranged.

Interview with Staff who Supervise Inmates in Segregated Housing indicates that inmates may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be found. There have been no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

115.43(d): Policy 18.001 Custody Procedure mandates that placement into involuntary segregation shall include the following documentation in JMS:

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

Agency PAQ indicates that over the past 12 months, no inmates at risk of sexual victimization were assigned to involuntary segregation housing in the past 12 months for longer than 30 days while awaiting alternative placement.

115.43(e): Policy 18.001 Custody Procedure mandates that every 30 days, a review to determine a continuing need for separation from general population will be conducted and documented in JMS. Interview with Staff who Supervise Inmates in Segregated Housing indicates that inmates assigned to involuntary segregated housing are evaluated every 7-days and information placed in the JMS system by classification. This is a continuing action as long as the inmate remains in Segregated Housing for their safety. There have been no inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse)

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.43(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 18.001 Custody Procedure to include language which states that "If a facility cannot conduct such an assessment immediately, the facility may hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment."

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20

Corrective Action Completed 1/22/20:

On 1/22/10, Agency provided auditor with Policy 18.001 Classification, Revised 1/16/20, which mandates that “Inmates at high risk for sexual victimization shall not be placed in involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. Inmates may be held in involuntary protective custody for less than 24 hours while an assessment is completed.”

The agency/facility has met the requirements of Standard provision(s) 115.43(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies 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 PREA mandates that 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 numerous ways 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.

Interview with Random Sample of 15 Staff indicates that inmates can privately report sexual abuse, sexual harassment and retaliation through SafeQuest hotline, tell an officer or tell medical staff. Interview with Random Sample of 21 Inmates indicated inmates can report sexual abuse and sexual harassment through SafeQuest hotline, call button in cell, grievance or speak to floor officer.

115.51(b): Policy GO 5.041 PREA mandates that an inmate may report sexual abuse, sexual misconduct, and sexual harassment, retaliation to either SafeQuest via the hotline or the Rape, Abuse and Incest National Network (RAINN) toll-free number. Foreign Nationals can contact the Foreign National, Consulate or the Immigration and Customs Enforcement.

Policy 14.08 Inmate Rights mandates that in accordance with federal law and the provisions of PC834c, upon arrest and booking, or detention for more than two hours, of a known or suspected foreign national, booking authorities shall advise the foreign national that he or she has a right to communicate with an official from the consulate of his or her country. If the foreign national chooses to exercise that right, the booking authority shall ensure that his or her consulate is notified. Interview with PREA Compliance Manager indicates that inmates can report sexual abuse or harassment to SafeQuest hotline at #93 or the staff that they know.

Interview with Random Sample of 15 Staff indicates that inmates can privately report sexual abuse, sexual harassment and retaliation through SafeQuest hotline, tell an officer or tell medical staff. Interview with Random Sample of 21 Inmates indicated inmates can report sexual abuse and sexual harassment through SafeQuest hotline, call button in cell, grievance or speak to floor officer. Inmates can provide reporting anonymously, in writing, verbally or through 3rd parties.

115.51(c): Policy GO 5.041 PREA mandates that every employee has a responsibility to protect the inmates in the custody of the Sheriff's Office. As such, detection of the signs of possible sexual abuse, sexual misconduct and sexual harassment is a necessary part of the care and custody process. 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.

1. Reports may be initiated based on employee observations, by the alleged victim inmate, by third party inmates or by other third-party persons, including anonymous reports.
2. Every employee shall accept reports made verbally or in writing. Verbal reports shall be promptly documented by the employee receiving the report.

Interview with Random Sample of 15 Staff indicates that an inmate may report sexual abuse or sexual harassment verbally, in writing, anonymously and through 3rd parties. Interview with Random Sample of Inmates indicates that inmates can report in writing, anonymously, verbally and through 3rd parties.

115.51(d): Policy GO 5.041 PREA mandates that every employee is encouraged to follow the direct chain of command when reporting sexual abuse, sexual misconduct or sexual harassment, although minor deviations are acceptable when the employee is more comfortable reporting the allegation to another supervisor.

Interview with Random Sample of 15 Staff indicate that staff can privately report sexual abuse and sexual harassment through the SafeQuest Hotline, PREA Coordinator, Investigations Unit, Patrol Deputy.

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 Custody Procedure outlines the Emergency Grievance for Sexual Assault (PREA).

1. 115.52(b): The following only 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

- e. 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.
 - f. 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.
 - g. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the staff member shall immediately forward the grievance to the custody supervisor, who shall take immediate corrective action, provide an initial response within 48 hours, and issue a final agency decision within five (5) calendar days.
 - h. As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
 - i. Extensions to grievances pertaining to sexual assault /harassment may be granted for up to 70 days after the initial 90 days.
 - j. 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.
 - k. Under no circumstances shall a grievance of this nature be resolved informally.
2. If the complaint is criminal in nature (sexual assault, an attempted assault or threats of sexual assault) and is recent:
- a. a. The officer receiving the grievance must take immediate action to secure the scene, protect the victim and existing evidence, and isolate the suspect.
 - b. b. The supervisor and Facility Commander shall be notified and shall initiate the appropriate notifications to Solano Dispatch and the Investigations Bureau.
 - c. c. 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.
3. If the grievance is non-criminal and against another inmate, the custody staff shall:
- a. 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.
 - b. The grievance shall be entered into JMS and the PREA Coordinator notified.
 - c. 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.
 - d. A copy of the final decision shall be forwarded to the facility PREA Manager as soon as possible.
4. If the complaint is non-criminal in nature (sexual harassment), but against a staff member:
- a. The inmate is not required to submit the complaint to the staff member who is the subject of the complaint and the inmate shall not be referred to the staff member who is named in the grievance.
 - b. The officer receiving these types of grievances shall:

- 1) Enter the grievance into JMS.
- 2) Immediately notify his/her supervisor, who shall immediately notify the Facility Commander to initiate the appropriate investigative action.
- 3) The Investigations Bureau will be contacted to initiate an investigation and follow-up by memorandum to the Facility Commander and Internal Affairs.
- 4) The involved staff member shall be reassigned to another housing unit until the conclusion of the investigation.

Grievance procedures are included in the inmate handbook on page 27 as verified by auditor review.

115.52(c): Policy 14.005 Inmate Grievance - Emergency Grievance for Sexual Assault (PREA) mandates that 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. Informal interview with staff and inmates indicates that inmates must obtain and submit grievances to staff for processing. Inmates should be provided the opportunity to obtain and submit a grievance without having to obtain or submit a grievance to staff members who may be the subject of the complaint or said grievance to be referred to them in any manner.

115.52(d): Policy 14.005 Inmate Grievance - Emergency Grievance for Sexual Assault (PREA) mandates that 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. Over the past 12 months, agency reports that 7 grievances were filed alleging sexual abuse. Interview with inmates who reported sexual abuse indicated that they did not know that agency/facility is required to notify the inmate as to the outcome of the investigation. They were told in writing regarding the decision made regarding the outcome of the investigation. They received a response within 30 days of the investigation.

115.52(e): Policy 14.005 Inmate Grievance - Emergency Grievance for Sexual Assault (PREA) mandates that 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. Agency reports there has been no refusal to have a grievance filled out on an inmates' behalf.

115.52(f): Policy 14.005 Inmate Grievance - Emergency Grievance for Sexual Assault (PREA) mandates that After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the staff member shall immediately forward the grievance to the custody supervisor, who shall take immediate corrective action, provide an initial response within 48 hours, and issue a final agency decision within five (5) calendar days. There is no record of any inmate grievance alleging substantial risk of imminent sexual abuse filed in the past 12 months.

115.52(g): Policy 14.005 Inmate Grievance - Emergency Grievance for Sexual Assault (PREA) mandates that 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.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.52(c) and corrective action is required.

Corrective Action Recommended:

Policy 14.005 Inmate Grievance - Emergency Grievance for Sexual Assault (PREA) mandates that 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. Informal interview with staff and inmates indicates that inmates must obtain and submit grievances to staff for processing. Inmates should be provided the opportunity to obtain and submit a grievance without having to obtain or submit a grievance to staff members who may be the subject of the complaint or said grievance to be referred to them in any manner.

1. Agency to provide auditor with plan to meet this standard requirement and have this resolved prior to the 180-day Corrective Action deadline.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20

Corrective Action Completion 2/14/20:

1. On 3/14/19, PREA Coordinator provided auditor with photo verification of grievance lock boxes located in every housing unit near the phones in each day room. Boxes are opened each shift by shift sergeant and contents removed. There is an issue regarding obtaining the grievance as they are not available for inmates to obtain anonymously. Policy 14.005, addresses the issue we discussed (Officers do not discuss the sexual abuse complaint with the inmate). Specifically see highlighted areas on page 2:Section IV A 1 through 5. This is the order of events Solano County Jail officers work under when handling grievances. Upon request they provide the grievance slip, then ask if there is anything they can do to help resolve it. Then in #5 the officer is prohibited from resolving grievances related to sexual abuse.

Policy 14.005 Inmate Grievance mandates the following for Emergency Grievance for Sexual Assault (PREA). The following only 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.
- e. 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.
- f. 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.

- g. After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the staff member shall immediately forward the grievance to the custody supervisor, who shall take immediate corrective action, provide an initial response within 48 hours, and issue a final agency decision within five (5) calendar days.
- h. As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
- i. Extensions to grievances pertaining to sexual assault / harassment may be granted for up to 70 days after the initial 90 days.
- j. 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.
- k. Under no circumstances shall a grievance of this nature be resolved informally.

The agency/facility has met the requirements of Standard provision(s) 115.52(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies 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 PREA mandates that a victim of sexual assault has the right to a victim advocate or victim support person for both the medical examination and the investigatory process. The inmate rule book page 28 provides for counseling by informing inmates that they may seek counseling and/or advice from a psychologist or chaplain. Crisis counseling, coping skills, suicide prevention, and mental health counseling are all available to you. Most people need help to recover from the emotional effects of sexual abuse. If you have been the victim of sexual abuse, recently or in the past, counseling services are available free of charge. The inmate PREA End the Silence brochure and Zero-Tolerance posters provide inmates with external contact with the SafeQuest sexual assault hotline for emotional support advocacy. Agency provides contact numbers and information to Consulates in San Francisco posted throughout the facility to include intake holding tanks.

Agency provided auditor with copies of the 2017 Rule book which outlines the process identified in Policy 5.041, brochure titled Consulates in San Francisco which provides contact numbers of the Consulates, End of Silence PREA brochure with contact numbers and reporting information. Interview with 21 Random Sample of Inmates indicates that other than SafeQuest, inmates are unaware of any other outside sources for reporting. They understand they can report sexual abuse and request for advocacy services through SafeQuest. Inmates understand that information imparted to SafeQuest is toll-free, confidential, not monitored and inmates can report anonymously.

Interview with 2 Inmates who Reported a Sexual Abuse indicates that the facility provides inmates with mailing addresses and telephone numbers for outside support services. Information is provided in the inmate handbook, PREA posters and the SafeQuest hotline. Inmates can use the hotline, which is not monitored, during out-of-cell time or if they inform staff of an emergency during lockup.

115.53(b): The End the Silence brochure indicates that the inmate may make a report to SafeQuest Sexual Assault Hotline at (707) 422-7345 or #93 from an inmate phone. This resource is located

outside the Solano County Jail, and you can remain anonymous upon request. These calls are free and are not recorded. Their mailing address is 1049 Union Ave, Fairfield, CA 94533.

The PREA Poster informs inmates that they can refer to the inmate handbook which provides information on anonymous reporting and limits of confidentiality for emotional support services.

Review of the inmate handbook indicates personnel are instructed to keep the reported information confidential, and only discuss it with the appropriate officials on a need to know basis.

Interview with Random Sample of 21 Inmates indicates that other than SafeQuest, inmates are unaware of any other outside sources for reporting. They understand they can report sexual abuse and request for advocacy services through SafeQuest. Inmates understand that information imparted to SafeQuest is toll-free, confidential, not monitored and inmates can report anonymously.

Interview with 2 Inmates who Reported a Sexual Abuse indicates that the facility provides inmates with mailing addresses and telephone numbers for outside support services. Information is provided in the inmate handbook, PREA posters and the SafeQuest hotline. Inmates can use the hotline, which is not monitored, during out-of-cell time or if they inform staff of an emergency during lockup.

115.53(c): Agency provided auditor with a copy of the signed SafeQuest MOU, which has a starting period of 11/1/16 to 6/30/18. Interview with SafeQuest victim advocate indicated she was aware of the MOU between Solano County Jail and SafeQuest but was unaware that it had expired. Agency provided auditor with a copy of the renewed MOU which term is from 9/1/18 to 6/30/21. This MOU renewal was ratified on 9/27/18 and signed by the Solano County Sheriff and SafeQuest Executive Director.

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): Agency provides for 3rd Party reporting in the PREA Narrative posted on the Agency website which states that "Inmates experiencing sexual abuse or. Harassment may report the behavior to any correctional officer, deputy or civilian staff at their facility, or to a 3rd party, such as a friend or family member, attorney or advocate, who may make the report for them, or by calling the sexual assault hotline at SafeQuest Solano at (707) 422-7345. Inmates can also call SafeQuest toll-free by dialing #93 from any inmate phone.

Similar information is provided via the PREA Zero-Tolerance Poster provided throughout the facility and in housing units.

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 GO 5.041 PREA mandates that every employee has a responsibility to protect the inmates in the custody of the Sheriff's Office. As such, detection of the signs of possible sexual abuse, sexual misconduct and sexual harassment is a necessary part of the care and custody process. 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.

Policy 13.016 Medical and Health Care Services mandates that 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.

Interview with a Random Sample of 15 Staff indicates that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive

regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are to report to their supervisor or immediate supervisor.

115.61(b): Policy GO 5.041 PREA mandates that every employee has a responsibility to protect the inmates in the custody of the Sheriff's Office. As such, detection of the signs of possible sexual abuse, sexual misconduct and sexual harassment is a necessary part of the care and custody process. 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.

Reported allegations shall be treated with discretion. Employees shall not reveal any information related to a report to anyone other than those who need to know, as specified in this policy, for purposes of treatment, investigation and other security or administrative decisions.

Interview with a Random Sample of 15 Staff indicates that the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Staff are to report to their supervisor or immediate supervisor.

115.61(c): Policy GO 5.041 PREA mandates that medical and mental health staff members 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.

Interview with Medical and Mental Health Staff indicates that prior to the initiation of services, medical and mental health discloses the limitations of confidentiality and the duty to report. The disclosure is outlined in the Intake Health Inventory in the physical exam and PREA questions category. Staff provided auditor with a copy of the form.

115.61(d): Neither Policy GO 5.041 PREA nor PAQ mention or mandate that If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interview with Facility Commander indicates that with response to victim under the age of 18 years who reports allegation of sexual abuse – there is no contact visiting in the adult facilities, only legal visits. With regards to vulnerable adults, we utilize the same investigative process and call Adult Protective Services in addition to the normal investigative process.

Interview with the PREA Coordinator indicates that response to an allegation of sexual abuse or sexual harassment by someone under the age of 18 is moot as no juveniles are housed in the facility and the agency mandates no-contact visiting. With regards to sexual abuse of a vulnerable adult, normal investigative measures are initiated and Adult Protective Services is contacted and informed of the situation.

115.61(e): Policy GO 5.041 PREA mandates that 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. 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.

Policy 13.016 Custody Division Procedure mandates that 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.

Interview with Facility Commander indicates that all allegations of sexual abuse and sexual harassment, including ones from 3rd Party and anonymous sources, are reported directly to designated facility investigators.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.61(d) and corrective action is required.

Corrective Action Recommended:

1. Agency to amend either Policy GO 5.041 PREA or Policy 13.016 Sexual Assaults in Custody to mandate that if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completed 1/22/20:

1. On 1/22/20, Agency provided auditor with Policy GO 5.041, Revised 1/6/20 which mandates that, "If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated social services agency as required (28 CFR 115.61)."

The agency/facility has met the requirements of Standard provision(s) 115.61(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.61.

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 Custody Division Procedure mandates that when the agency learns that an inmate is in substantial risk of imminent sexual abuse, the agency shall take immediate action to protect the inmate. In the past 12 months, there have been 2 instances where the agency or facility determined received reports that an inmate was subject to substantial risk of imminent sexual abuse. The agency took immediate action in both instances to protect the inmates from imminent sexual abuse by initiating the sexual abuse protocol.

Interview with Agency Head designee indicates that the inmate is moved and an investigation is initiated. If staff is part of the issue, the staff member is moved or placed on administrative leave pending the outcome of the investigation.

Interview with Facility Commander indicates that when it is learned that an inmate is subject to a substantial risk of imminent sexual abuse, immediate action is taken such as moving the suspect inmate until the investigation is over.

Interview with random sample of 21 inmates indicates that SafeQuest provides emotional support for inmates at the facility should they require that type of support.

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 GO 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 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.

In the past 12 months, 2 allegations of sexual abuse were received at the facility which reported that an inmate was abused while confined at another facility. The facility head provided notification to the other facility head where the incident allegedly occurred within 72 hours after receiving the allegation. The receiving facility initiated an investigation.

115.63(b): Policy GO 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. The facility head shall provide such notification as soon as possible, and not later than 72 hours after receiving the allegation.

115.63(c): Policy GO 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. The facility head shall provide such notification as soon as possible, and not later than 72 hours after receiving the allegation. The agency shall document the notification was complete.

115.63(d): Policy GO 5.041 mandates that 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. Agency indicates that in the past 12 months, there have been 2 allegations of sexual abuse the facility received from other facilities. Review of the 42 allegations of sexual abuse and sexual harassment provided by the Agency, auditor found the 2 inmates who, when housed at Napa State Hospital, alleged sexual abuse by Solano CJ staff and inmates. Both cases were immediately investigated and was determined to be unfounded claims.

Interview with the Agency Head designee indicates that If another agency refers allegation of sexual abuse or sexual harassment that occurred in one of our facilities, the PREA Coordinator is our point of contact. Once this information is received, an investigation is initiated immediately. There has been 2 such allegations received from another facility within the past 12 months. These cases were immediately investigated.

Interview with the Facility Commander indicates that once this information is received, an investigation is initiated immediately. There has been 2 such allegations received from another facility within the past 12 months. These cases were immediately investigated.

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): The agency provided auditor with a copy of the 2018 Coordinated Response Protocol which states that the protocol is to provide guidance for all employees, contractors, and volunteers, of the steps required when responding to any inmate sexual abuse call within our correctional facilities. The protocol outlines the custody and non-custody staff 1st responder actions to be taken upon learning of an allegation that an inmate was sexually abused. This protocol has been developed using the Solano County Sheriff's Office policies and procedures as well as the National Protocol for Sexual Assault Medical Forensic Examinations from the U.S. Dept. of Justice, April 2013. Agency also provided auditor with a copy of the PREA Quick Reference Pocket Card as a reference guide to all custody and non-custody staff as a response to sexual abuse.

Policy 13.016 Custody Division Procedure also provides actions taken by 1st Responder custody and non-custody staff.

Agency indicates that out of the 42 allegations of sexual abuse and sexual harassment received in the past 12 months, 8 allegations were received where the inmate alleged sexual abuse. Of these allegations 7 security staff members responded to the report and separated the alleged victim and abuser. None of these allegations occurred where staff was notified within a time period that still allowed for the collection of evidence. Agency reports that over the past 12 months no non-security staff member was a 1st Responder.

Interview with Security Staff First Responders indicate they repeated the 1st Responder protocol and carried their 1st Responder information cards while on duty.

Interview with Inmates who Reported a Sexual Abuse indicates that once they reported sexual abuse, a staff member did not arrive to help them for 2 days. They did not feel that staff did not respond quickly enough. When staff did arrive, they interviewed the inmate, followed by the PREA Coordinator. Auditor reviewed both incidents of claimed sexual abuse which occurred in 2018. In both cases, inmate

submitted a grievance and the cases were investigated within 24 hours of receiving the grievance. One incident involved sexual harassment by staff and the second involved alleged sexual abuse by staff. Both cases were investigated and determined to be unfounded.

115.64(b): The agency provided auditor with a copy of the 2018 Coordinated Response Protocol which states that the protocol is to provide guidance for all employees, contractors, and volunteers, of the steps required when responding to any inmate sexual abuse call within our correctional facilities. The protocol outlines the custody and non-custody staff 1st responder actions to be taken upon learning of an allegation that an inmate was sexually abused. Non-custody staff are mandated to 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):

1. Changing clothes
2. Using the toilet
3. Washing/Showering
4. Eating/Drinking

Staff are also mandated to ensure the inmate's safety and notify the nearest custody staff member. Agency also provided auditor with a copy of the PREA Quick Reference Pocket Card as a reference guide to all custody and non-custody staff as a response to sexual abuse. Agency reports that over the past 12 months no non-security staff member was a 1st Responder.

Interview with Security Staff First Responders indicate they repeated the 1st Responder protocol and carried their 1st Responder information cards while on duty.

Interview with random sample of staff indicates that when faced with an inmate who reports to them that he/she has been sexually abused, the staff initiates the 1st Responder protocol, which they recited to the auditor:

- Separate both victim and abuser
- Place both in an area where there is no access to water such as interview room or multi-purpose room with observation to preserve any usable physical evidence on their person.
- Preserve crime scene by security the area
- Contact Supervisor

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

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.

115.65(a): The agency provided auditor with a copy of the 2018 Coordinated Response Protocol which states that the protocol is to provide guidance for all employees, contractors, and volunteers, of the steps required when responding to any inmate sexual abuse call within our correctional facilities. This protocol has been developed using the Solano County Sheriff's Office policies and procedures as well as the National Protocol for Sexual Assault Medical Forensic Examinations from the U.S. Dept. of Justice, April 2013. Agency also provided auditor with a copy of the PREA Quick Reference Pocket Card as a reference guide to all custody and non-custody staff as a response to sexual abuse.

Standard 115.65 mandates that the facility shall develop an institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The PREA Final Rule for the same standard mandates the Coordinated Response to be Facility Specific. Agency needs to ensure each facility maintains their specific Coordinated Response Plan. Agency provided auditor with a copy of the PREA 2018 Coordinated Response and Evidence Protocol for the Justice Center Detention Facility. This plan identifies the responsibility and actions of 1st Responders (custody and non-custody staff members, medical, patrol, criminal/internal affairs investigations, evidence technicians, supervisors, facility PREA manager, SafeQuest, SANE/SART, shift Sergeant, Facility Commander and the PREA Coordinator. Interview with Facility Commander indicates that the facility has a plan to coordinate actions among staff 1st Responders, medical and mental health practitioners, investigators and facility leadership in response to an incident of sexual abuse

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

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.

115.66(a): Agency provided auditor with copies of MOU for unit 13 Correctional Officers (12/3/17 – 12/2/19) and MOU for Unit 14 Correctional Supervisors (3/8/16 – 9/28/17). Agency needs to update the Unit 14 MOU, which is currently expired.

Neither of the MOU's 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 the Agency Head designee indicates that collective bargaining contracts do not limit the agency's ability to remove alleged staff sexual abusers from contact with inmates pending outcome of an investigation. Contractors and volunteers have their gate clearances suspended pending the outcome of an investigation

115.66(b): N/A – Auditor is not required to audit this standard provision per DOJ

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.66(a) and corrective action is required.

Corrective Action Recommended:

Agency provided auditor with copies of MOU for unit 13 Correctional Officers (12/3/17 – 12/2/19) and MOU for Unit 14 Correctional Supervisors (3/8/16 – 9/28/17).

- 1. Agency to provide auditor with a copy of the renewed or extended UNIT 14 MOU. Original contract expired on 9/28/17.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completion 11/15/19:

- 1. PREA Coordinator provided auditor with a copy of the UNIT 14 MOU Correctional Supervisors, which has an MOU time frame from 7/24/18 to 12/2/19. The MOU does not limit the agency’s ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

The agency/facility has met the requirements of Standard provision(s) 115.66(b) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.66.

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 GO 5.041 PREA mandates that 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.

Policy GO 18.001 PREA Requirements mandates that inmates who report or cooperate with investigations pertaining to sexual abuse or harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. The agency will take appropriate actions to protect anyone who cooperates with a PREA related investigation and expresses fear of retaliation. This will include periodic face-to-face discussions with the inmate. Any indications of retaliation shall be acted upon immediately, with the inmate's safety as a priority. Protective measures shall include, but are not limited to:

- a. Housing unit change for victim or suspect
- b. Assignment to Administrative Separation
- c. Emotional support services provided to the victim

Agency has designated the Facility Commander of each facility to act as the designated retaliation monitor.

115.67(b): Policy GO 18.001 PREA Requirements mandates that inmates who report or cooperate with investigations pertaining to sexual abuse or harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. The agency will take appropriate actions to protect anyone who cooperates with a PREA related investigation and expresses fear of retaliation. This will include periodic face-to-face discussions with the inmate. Any indications of retaliation shall be acted upon immediately, with the inmate's safety as a priority. Protective measures shall include, but are not limited to:

- a. Housing unit change for victim or suspect

- b. Assignment to Administrative Separation
- c. Emotional support services provided to the victim

Interview with Agency Head designee indicates that inmates are protected from retaliation by housing changes, transfers, monitoring, transfers of alleged abusers and emotional support services. Staff is protected with job changes or facility moves, monitoring, job changes of alleged abusers, and Employee Assistance Programs. Interview with Facility Commander indicates that protective measures for staff and inmates include rehousing, remove victim from abusers, review system reports and at least 90-day monitoring.

Interview with Designated Staff Member Charged with Monitoring Retaliation indicates that he ensures staff is aware of the policy and procedures related to retaliation. Inmates are welcome to talk with me during unannounced rounds. All verbal, written and 3rd party retaliation claims including those submitted in grievance forms are submitted to me for action. There are no inmates in segregated housing (for risk of sexual victimization/who allege to have suffered sexual abuse).

Interview with inmates who reported a sexual abuse indicates he feels protected enough against possible revenge from staff or other inmates because he reported what happened to him.

115.67(c): Policy GO 18.001 PREA Requirements mandates that inmates who report or cooperate with investigations pertaining to sexual abuse or harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. The agency will take appropriate actions to protect anyone who cooperates with a PREA related investigation and expresses fear of retaliation. This will include periodic face-to-face discussions with the inmate. Any indications of retaliation shall be acted upon immediately, with the inmate's safety as a priority. Protective measures shall include, but are not limited to:

- a. Housing unit change for victim or suspect
- b. Assignment to Administrative Separation
- c. Emotional support services provided to the victim

Policy GO 5.041 PREA mandates that 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. Agency reports there have been no substantiated incidents of retaliation that occurred in the past 12 months.

Interview with Facility Commander indicates that protective measures for staff and inmates include rehousing, remove victim from abusers, review system reports and at least 90-day monitoring

Interview with Designated Staff Member Charged with Monitoring Retaliation indicates that in order to detect possible retaliation, he monitors for unwarranted moves or unwarranted writeups in the JMS system and disciplinaries. Monitoring continues for a minimum of 90-days and can exceed the 90-day period should continued retaliation be discovered.

115.67(d): Policy GO 18.001 PREA Requirements mandates that inmates who report or cooperate with investigations pertaining to sexual abuse or harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. The agency will take appropriate actions to protect anyone who cooperates with a PREA related investigation and expresses fear of retaliation. This will include periodic face-to-face discussions with the inmate.

Interview with Designated Staff Member Charged with Monitoring Retaliation indicates that in order to detect possible retaliation, he monitors for unwarranted moves or unwarranted writeups in the JMS system and disciplinaries.

115.67(e): Policy GO 18.001 PREA Requirements mandates that inmates who report or cooperate with investigations pertaining to sexual abuse or harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. The agency will take appropriate actions to protect anyone who cooperates with a PREA related investigation and expresses fear of retaliation. This will include periodic face-to-face discussions with the inmate. Interview with Agency Head designee indicates that an individual who cooperates with an investigation expresses fear of retaliation, the protection is job change, movement to another facility, monitoring. Interview with Facility Commander indicates that protective measures for staff and inmates include rehousing, remove victim from abusers, review system reports and at least 90-day monitoring

115.67(f): N/A – Auditor is not required to audit this Standard Provision per DOJ

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

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.

115.68(a): Policy 18.001 Custody Procedure mandates that inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers.

Agency reports there have been no inmates who allege to have suffered sexual abuse, held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. This statement was verified through auditor's review of 42 investigative files. Interview with Facility Commander indicates that agency prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no available alternative means of separation from potential abusers. Inmates may be placed in involuntary segregated housing on a limited scope not to exceed 30-days. Unless there is exigent circumstances, the longest period of time an inmate is housed in involuntary segregated housing until an alternative housing is found is 24-hours. Facility Commander indicates he cannot remember any instance where segregated housing was used to protect an inmate who was alleged to have suffered sexual abuse.

Interview with staff who supervise inmates in segregated housing indicates that inmates placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse still has access to programs, privileges, education and work opportunities. If the facility restricts access to programs, Classification would be the unit which makes that decision. The restriction is documented as to the reason why as inmate is not to be placed in situation for further victimization. Victim is notified in writing and provided options. Inmates are placed in involuntary segregated housing as a means of separation from likely abusers until the completion of the investigation as far as he knows as he is not aware of that happening.

There are no inmates 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

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.

115.71(a): Policy GO 5.001 Citizen's Complaints investigation and disposition of complaints regarding the conduct of sworn and non-sworn Sheriff's Office employees. 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 GO 6.011 Jail Incidents The purpose of this order is to provide a guide for procedure in reporting any jail incident which may occur in the Solano County Jail system. The incident may be either criminal or non-criminal in nature.

Policy GO 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. Interview with Investigative Staff indicates that investigations of sexual abuse or sexual harassment received anonymously and 3rd party allegations are initiated promptly, as soon as notice is received.

115.71(b): Policy GO 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.

Interview with Investigative Staff indicates special investigative training to conduct sexual abuse investigation in a confinement setting was received through the National Institute of Corrections (NIC) to all custody staff assigned to Field Operations, Internal Affairs and the investigative Bureau. The course was in addition to the original PREA training and discussed the basis of investigation, obtaining separate statements, liability, responsibility, penal code sections, etc.

115.71(c): Policy GO 5.041 mandates that "Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator." Interview with Investigative Staff indicates that the first steps in initiating an investigation involves reporting from the victim, activate investigative section and begin initial investigation in a prompt manner. Detective Bureau is available 24/7. The investigative process includes conducting interviews of the victim, suspect, witnesses, any additional participants, nursing staff interviews, video of the crime scene, physical evidence collection, photos and physical evidence. The same process goes for Internal Affairs investigations.

115.71(d): Criminal Incidents

- A. "It is mandatory that all Sheriff's Office personnel witnessing or involved in an incident complete the "Jail Incident report." 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.
- B. It is the supervisors responsibility to make sure that all officers witnessing the incident and/or involved in the incident complete the "Jail Incident Report" All Jail Incident Reports must be completed by the end of shift.
- C. The assigned Deputy Sheriff or Criminal Investigator will interview all employees and inmates witnessing the incident and document their responses.
- D. All cases shall be subject to a comprehensive investigation.
- E. All cases deemed criminal will be submitted to the District Attorney's Office through our normal processing procedure.

2. Non-criminal Incidents

- A. Reports documenting non-criminal incidents shall be completed within a 24-hour period. The report will not be deemed completed unless it includes the names of other members, employees, or inmates known to the reporting officer as having some involvement in the incident, regardless of the extent of their involvement.
- B. Reports shall be clear, concise and factual. The report shall be written from the point of view of the witness. Officers should keep in mind that this incident, however trivial, may be a piece of evidence in a later, more serious, matter. Supervisors or designee will be held responsible

if the report is substantially and materially deficient of information and poor in quality. All reports are subject to review by supervisors and administration, and may become evidence in support of a criminal or court case.

Interview with Investigative Staff indicates that when investigators discover evidence that a prosecutable crime may have taken place, they consult with prosecutors before conducting compelled interviews for both criminal and administrative investigations.

115.71(e): Policy 13.016 Custody Division Procedure and Policy GO 5.041 mandates that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation.

Interview with Investigative Staff indicates that credibility of an alleged victim, suspect or witness is judged on face value, not by the status of the victim suspect or witness'. There are no preconceived notions. Based on circumstantial evidence and totality of circumstances.

115.71(f): Policy GO 5.041 PREA Detection and Reporting Sexual Abuse mandates that 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. Interview with Investigative Staff indicates that determination as to whether staff actions or failures to act contributed to the sexual abuse is a primary consideration of the Internal Affairs investigators. They document administrative investigations in written reports which includes information from the criminal report and initiate the same evidentiary and interview information as if it was a criminal report.

115.71(g): Policy GO 6011 Jail Incidents mandates that the investigative deputy sheriff duty and responsibility is to conduct a preliminary investigation to determine if a crime has been committed.

1. If a crime has been committed, obtain a casenumber.
2. Collect all evidence.
3. Interview employees and inmates who have witnessed the incident as soon as possible.
4. Obtain and attach copy of correctional Officer's reports to the crime report.

Interview with Investigative Staff indicates that criminal investigations are documented. The criminal and Internal Affairs reports contain property information, witness, victim and subject interviews, appropriate attachments, photos, videos, usable physical evidence and forensic evidence.

115.71(h): Policy GO 6011 Jail Incidents mandates that All cases deemed criminal will be submitted to the District Attorney's Office through our normal processing procedure.

Interview with Investigative Staff indicates that cases are referred to the DA when evidence that a crime has been committed has been determined.

115.71(i): Policy GO 5.041 PREA mandates that 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. 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.

115.71(j): PAQ indicates that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall no provide a basis for terminating an investigation. Interview with Investigative Staff indicates that when a victim who alleges sexual abuse or sexual harassment leaves the facility prior to a completed investigation or when a staff member alleged to have committed sexual abuse terminates employment, the investigation continues.

115.71(k): N/A – Auditor is not required to audit this standard provision per DOJ

115.71(l): N/A – Outside agency does not conduct administrative or criminal sexual abuse 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

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.

115.72(a): PAQ indicates that the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

Interview with Investigative staff indicates that the standard of evidence required to substantiate allegations of sexual abuse or sexual harassment is preponderance of the evidence for both criminal and administrative investigations.

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

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.

115.73(a): Policy GO 5.041 PREA mandates that 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. All such notifications shall be documented.

1. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. 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.

In the past 12 months, agency indicated out of the 42 completed investigations 7 inmates were notified in writing of the results of the investigation. Of the remaining cases, the victims who alleged sexual abuse or sexual harassment was released from custody prior to the completion of the investigation. Interview with Facility Commander indicates that the facility notifies inmates who make an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated or

unfounded following an investigation. This statement is corroborated through auditor's review of the 42 PREA investigation which occurred over the past 12 months.

Interview with Investigative Staff indicates that the PREA Manager prepares letters to inmates who make an allegation of sexual abuse to inform him/her as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation. 7 letters have been provided to inmates who alleged sexual abuse as verified through auditor's review of 42 PREA investigations that occurred over the past 12 months.

Interview with inmates who reported a sexual abuse indicates that he was unaware that the facility is required to notify him whether his sex abuse allegation had been substantiated, unsubstantiated or unfounded. He was told in writing of the outcome of the investigation as verified through auditor's review of 42 PREA investigations that occurred over the past 12 months.

115.73(b): N/A - The agency/facility is responsible for conducting administrative and criminal investigations. Agency reports that in the past 12 months, no investigations of alleged sexual abuse in the facility were completed by an outside agency.

115.73(c): Policy GO 5.041 PREA mandates that 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 indicates that 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. Review of all 42 PREA investigations supports Agency's statement.

Interview with inmate who reported a sexual abuse indicates that his case was determined to be unfounded.

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 charged 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.

Interview with inmate who reported a sexual abuse indicates that his case was determined to be unfounded.

115.73(e): Policy GO 5.041 PREA mandates that notifications to inmates are documented. Over the past 12 months 7 notifications to inmate victims of sexual abuse were documented and reviewed by the auditor.

115.73(f): N/A – Auditor is not required to audit this standard provision per DOJ

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 that Any acts found to be a violation of this General Order may result in discipline up to and including termination. GO 5.041 PREA mandates that all sexual abuse allegations shall be thoroughly investigated, and where appropriate, criminal prosecution and/or disciplinary action shall result.

115.76(b): In the past 12 months no staff from the facility who have violated agency sexual abuse or sexual harassment policies. No staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.

115.76(c): Agency reports that in the past 12 months, no staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies

115.76(d): Policy GO 5.041 PREA mandates that all terminations of employment for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, no staff from the facility that have 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.

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 that 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. In the past 12 months, 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): PAQ indicates that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

Interview with the Facility Commander indicates that in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, the remedial measures followed by the facility is initiating an investigation and suspend or eliminate contractor or volunteer access to the facility pending the outcome of the investigation. Pending on the circumstances of the allegation, agency may move them to another facility pending the outcome 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): Policy 15.002 Inmates Rules and Discipline Reporting Rules Violations mandates that an incident report be entered into the Inmate Management System (IMS). The supervisor will review reports for completeness and accuracy prior to posting into the Inmate Management System. If complete, the report will be approved by the appropriate supervisor and the officer shall post the report into the Inmate Management System. A hearing shall be scheduled within 72 hours of report entry, and a copy of the incident report and rights to a hearing will be given to the inmate(s) involved. The 72 hour time frame may be extended depending on the complexity of the issues and the need for more information. A hearing will be conducted by a Classification Officer. The hearing cannot be scheduled until 24 hours have elapsed from the time the inmate receives the report and rights to a hearing. This will be documented in the computer. The inmate has the right to waive the 24-hour preparation period. This must also be documented. The officer will document all minor and major violations handled on a formal basis in the inmate management system.

In the past 12 months, 3 substantiated administrative findings of inmate on inmates sexual abuse that have occurred at the facility, verified through document review of PREA investigations. In the same period of time, no criminal findings of guilt for inmate on inmate sexual abuse have occurred at the facility.

115.78(b): PAQ indicates that the sanctions shall be commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.

Interview with the Facility Commander indicates that disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse can be found in the Inmate Rulebook Custody Division Rules & Disciplinary Penalties. Such penalties include separation from the accuser, administrative separation, minor and major violation sanctions and rehousing.

115.78(c): Policy 15.003 Disciplinary Hearing and Basic Rules mandates that the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed for PREA incidents. Interview with the Facility Commander indicates that disciplinary sanctions inmates are subject to following an administrative or criminal finding that the inmate engaged in inmate-on-inmate sexual abuse can be found in the Inmate Rulebook Custody Division Rules & Disciplinary Penalties. Such

penalties include separation from the accuser, administrative separation, minor and major violation sanctions and rehousing.

115.78(d): The PAQ indicates 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 the facility offers therapy, counseling or other intervention services through the Mental Health department and offers 1 on 1 counseling. When services are provided, inmates are not required participation as a condition of access to programming or other benefits. Services are provided same day as mental health practitioner is informed, within 24 hours.

115.78(e): Policy 15.003 Disciplinary Hearing and Basic Rules mandates that the Sheriff's Office prohibits disciplinary action for a report of sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the allegation.

115.78(f): Policy 15.003 Disciplinary Hearing and Basic Rules mandates that the Sheriff's Office prohibits disciplinary action for a report of sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence to substantiate the allegation.

115.78(g): The PAQ indicates that the agency prohibits all sexual activity between inmates. Sexual activity between inmates was also included in the Inmate Rulebook and is a violation of the California Penal Code.

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): CFMG Rape and Sexual Assault Policy mandates that inmates identified as being "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 outgoing interactions with inmates. The following minimum criteria for risk are provided as general information for health services personnel who have inmate contact.

PAQ indicates that in the past 12 months, number of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was not tracked. During the onsite audit, agency located 3 inmates who met this criteria. Two of the three were interviewed during the audit.

Interview with 2 inmates who disclose sexual victimization at risk screening indicates that when one disclosed sexual victimization at risk screening, it took 2 weeks to see mental health. Since then, he continually receives treatment from mental health. The other indicates he met with mental health same day as intake and declined further treatment.

Interview with staff responsible for risk screening indicates that when an inmate reports experience of sexual victimization during risk screening he/she is immediately referred to mental health. They are seen by mental health within 72 hours.

115.81(b): N/A – Agency is a jail not a prison. Standard provision 115.81(b) does not apply.

115.81(c): CFMG Rape and Sexual Assault Policy mandates that inmates identified as being “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 outgoing interactions with inmates. The following minimum criteria for risk are provided as general information for health services personnel who have inmate contact.

PAQ indicates that in the past 12 months, number of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was not tracked. During the onsite audit, agency located 3 inmates who met this criteria. Two of the three were interviewed during the audit.

Interview with 2 inmates who disclose sexual victimization at risk screening indicates that when one disclosed sexual victimization at risk screening, it took 2 weeks to see mental health. Since then, he continually receives treatment from mental health. The other indicates he met with mental health same day as intake and declined further treatment.

Interview with staff responsible for risk screening indicates that when an inmate reports experience of sexual victimization during risk screening he/she is immediately referred to mental health. They are seen by mental health within 72 hours.

115.81(d): CFMG Rape and Sexual Assault Policy mandates that all information related to sexual victimization or abusiveness that occurred in the institution 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 and managements decisions, including housing, bed, work, education and program assignments. Interview with classification, medical and mental health staff indicate that all information related to sexual victimization or abusiveness that occurred in the institution setting will be strictly limited to classification medical and mental health staff. Medical and mental health staff have their database which restricts access to only them.

115.81(e): Agency provided auditor with a copy of the Correctional Medical Group Companies (CMGC) PREA Acknowledgement of Mandatory Reporting and Consent form. This form outlines the practitioners’ duty to report as the Medical/Mental Health staff are mandated reports and are required to report immediately any knowledge, suspicion, or information pertaining to an incident of sexual abuse or sexual harassment that occurred within the facility and prior victimization.

The Consent form continues to indicate that the reporting of an incident which has occurred within the facility shall be limited to designated supervisors, and to the extent necessary, anyone who makes

treatment, investigative, and management decisions. The Medical/Mental Health staff, with the inmates' consent, will report victimization that occurred in the community. The PREA screening tool accompanies the Mandatory Reporting and Consent form PREA acknowledgement.

CFMG Rape and Sexual Assault Policy mandates that all reports of sexual abuse or abusiveness occurring in the institutional setting shall be reported to custody shift supervisor immediately upon receiving the information. Medical and mental health practitioners must obtain informed consent from the inmates before reporting prior sexual victimization that did not occur in an institutional setting, unless the victim is under 18 years of age. Facility does not house inmates under the age of 18 years. Interview with Medical and Mental Health Staff indicates that they obtain informed consent from inmates before reporting about prior sexual victimization that did not occur in an institutional setting. Medical have informed consent forms that are utilized for this purpose. Auditor was provided a copy of the Correctional Medical Group Companies (CMGC) Acknowledgement of Mandatory Reporting and Consent form which meets the PREA requirements under this standard.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.81(a)/(c) & 115.81(d). Corrective action is required.

Corrective Action Recommended:

PAQ indicates that in the past 12 months, number of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was not tracked. During the onsite audit, agency located 3 inmates who met this criteria.

1. Agency to create a tracking tool between Classification and Mental Health to track inmates who:
 - A. Disclosed prior victimization during intake/risk screening
 - B. Provides date of intake
 - C. Provides date of referral to mental health
 - D. Provides date mental health conducted a follow-up meeting
 - E. Practitioner who conducted the follow-up meeting
 - F. Document nature of the meeting and if inmate declines to meet with mental health, have that documented in the tracking tool
2. Agency to provide tracking tool to auditor 90-days following receipt of Interim Report for compliance verification.
3. Provide auditor with a signed copy of the Correctional Medical Group Companies (CMGC) Acknowledgement of Mandatory Reporting and Consent form for each referral.
4. If referred inmate declines to meet with mental health, please provide written documentation of that declination.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completion 2/3/20:

1 thru 4: On 1/30/20, the PREA Coordinator provided the auditor with the electronic tracking tool which identifies inmates who disclosed prior victimization during intake screening who were offered a follow-up meeting with a medical or mental health practitioner. The tracking tool identified the inmates' name, intake date, booking number, mental health referral date, mental health provider name, date seen by

provider, classification notification, classification officer who received information and notation from practitioner.

Agency also provided auditor with copy of the Inmate Acknowledgement of Mandatory Reporting and Consent Statement which is identified within the PREA Comprehensive Education form. The PREA Comprehensive Education form must be signed by the Classification officer and the inmate. Should the inmate refuse to sign the form, it will be noted on the PREA Comprehensive education form and again on the electronic tracking tool.

On 2/3/20, auditor was provided 25 randomly selected inmate screening checklists with accompanying inmate PREA Comprehensive Education acknowledgements which were completed between January and February 2020. The provided documentation verifies the process for 115.81(a)/(c) and 115.81(d) has been institutionalized.

The agency/facility has met the requirements of Standard provision(s) 115.81(a)/(c) & 115.81(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.81.

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

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.

115.82(a): Correctional Medical Group Companies (CMGC) policy outlines the victims' access to emergency medical and mental health services by stating 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 and Sexual Assault Response Team (SART) in cases occurring within 72 hours. Treatment services are provided free of charge to every victim of sexual abuse, regardless of whether the victim discloses the name of the abuser or fails to cooperate with any investigation arising out of the incident.

The PAQ indicates that inmate victims of sexual abuse shall receive timely unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of which are determined by medical and mental health practitioners according to their professional judgement. Interview with Medical and Mental Health Staff indicates that inmate victims of sexual abuse receive timely (immediate) and unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of these services are determined according to the practitioners' professional judgement

Interview with Inmate who Reported a Sexual Abuse indicates that he was referred to mental health on the same day of the report. Inmate saw the mental health practitioner within 2 weeks after referral. Auditor reviewed the two allegations made by this individual. One case involved verbal sexual taunting by an inmate in a sexual nature, and the other involved alleged inappropriate gestures from staff. Both cases were investigated and determined to be unfounded during the investigation.

115.82(b): PAQ & SART team interview indicates that SART team is available 24/7 and facility medical/mental health practitioners are also available 24/7. Non-security staff 1st Responders provided auditor with the verbal 1st Responder protocol. They both had protocol cards on their person during their shift.

115.82(c): Correctional Medical Group Companies (CMGC) policy indicates that SART services include baseline tests which are offered for:

- Pregnancy if history of vaginal penetration
- HIV
- RPR
- Viral Hepatitis

- Other STD's as deemed appropriate

Interview with SART/SANE director indicates that 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.

Interview with inmates who reported sexual abuse indicated they did not have a forensic exam conducted as the incidents did not include physical contact (skin on skin).

115.82(d): Correctional Medical Group Companies (CMGC) policy indicates that services are provided free of charge to the victim regardless of whether the victim discloses the name of the abuser.

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): Correctional Medical Group Companies (CMGC) policy mandates that victims of an 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 and SART in cases occurring within 72 hours.

115.83(b): Correctional Medical Group Companies (CMGC) policy indicates that SART followup services include:

- a. Repeat pregnancy testing at six weeks
- b. Repeat HIV testing at three, six, nine and 12 months
- c. Repeat RPR at three months
- d. Viral hepatitis testing at six to eight weeks
- e. Other sexually transmitted disease testing after 3 weeks as indicated

Interview with SART/SANE director indicates that 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.

Interview Medical and Mental Health Staff indicates that victims of an 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 and SART in cases occurring within 72 hours.

Interview with Inmate who Reported a Sexual Abuse indicated he did not request nor receive medical treatment as neither incident involved physical contact

115.83(c): Correctional Medical Group Companies (CMGC) policy indicates that continued evaluation and treatment of medical and mental health needs related to sexual abuse will be provided as instructed by the SART examiner / facility; and/or as deemed necessary by a qualified medical and/or mental health practitioner in accordance with the patient's desire for treatment and the community standard of care.

Interview with Medical and Mental Health Staff indicates that medical and mental health services offered consistent with the community level of care.

115.83(d): Correctional Medical Group Companies (CMGC) policy indicates that SART services include baseline tests which are offered for:

- Pregnancy if history of vaginal penetration
- HIV
- RPR
- Viral Hepatitis
- Other STD's as deemed appropriate

Interview with SART/SANE director indicates that 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.

Interview with inmate who reported sexual abuse indicated there was no testing conducted as there was no physical contact between the inmates.

115.83(e): Correctional Medical Group Companies (CMGC) policy indicates that SART services include baseline tests which are offered for:

- Pregnancy if history of vaginal penetration
- HIV
- RPR

- Viral Hepatitis
- Other STD's as deemed appropriate

Interview with SART/SANE director indicates that 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.

Interview with Medical and Mental Health Staff indicates that if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services.

Interview with male inmate who reported sexual abuse indicated there was no testing conducted as there was no physical contact between the inmates.

115.83(f): Correctional Medical Group Companies (CMGC) policy indicates that SART services include baseline tests which are offered for:

- Pregnancy if history of vaginal penetration
- HIV
- RPR
- Viral Hepatitis
- Other STD's as deemed appropriate

Interview with SART/SANE director indicates that 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.

Interview with Inmate who Reported a Sexual Abuse indicates he was not referred to SART services as there was no physical contact in either report of sexual abuse.

115.83(g): Correctional Medical Group Companies (CMGC) policy indicates that services are provided free of charge to the victim regardless of whether the victim discloses the name of the abuser.

115.83(h): N/A – This standard provision does not apply to this agency/facility as it 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 GO 5.041 PREA mandates that 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.

Agency reports that over the past 12 months 7 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

115.86(b): Policy GO 5.041 PREA mandates that 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.

In the past 12 months, 3 criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. Auditor's review of 42 criminal and administrative cases of sexual abuse and sexual harassment, found 5 cases of criminal and/or administrative investigation of alleged sexual abuse completed by the facility which should have had an incident review. Auditor was provided only 2 cases with incident review.

115.86(c): Policy GO 5.041 PREA mandates that 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 the Facility Commander indicates that the facility does possess a Sexual Abuse Incident Review Team.

115.86(d): Policy GO 5.041 PREA mandates that the review team shall consider the following information and complete a report of findings and any recommendation for improvement of handling such cases and submit to the Facility Commander and the PREA Coordinator.

1. Potential changes to policy or practice necessary to better prevent, detect or respond to sexual abuse.
2. Potential motivation of the event by the perpetrator or victim's race, ethnicity, sexual orientation, gang affiliation, or other group dynamics at the facility.
3. Examine the area in the facility where the incident 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.

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 the Facility Commander indicates that the team uses the information from the sexual abuse incident review such as physical plant review, staffing at time of incident, staff training, technology such as video monitoring, etc.

Interview with the PREA Compliance Manager the facility prepares a report of its findings from the incident review, including any determinations made. These determinations are reviewed by the PREA Coordinator and PREA Compliance manager.

Interview with an Incident Review Team member indicates that the team considers gender classification, racial motivations, sexual orientation, physical plant review, blindspots, staffing levels at time of event, and electronic monitoring during review of each case.

115.86(e): Policy GO 5.041 PREA mandates that the review team shall Prepare a report of its findings and any recommendations for improvement and submit such report to the Facility Commander and PREA Compliance Manager.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.86(b) and corrective action is required.

Corrective Action Recommended:

Auditor reviewed the 42 investigative cases which were conducted over the past 12 months and found that 5 substantiated or unsubstantiated sexual abuse cases 3 of the 5 cases did not include an incident review conducted and completed by the Incident Review Team.

1. Agency to provide auditor with the Incident Review Team documentation for all cases investigated over the past 12 months prior to the onsite audit.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20

Corrective Action Completion 1/30/20:

1. On 1/30/20, the PREA Coordinator provided the auditor with 7 Incident Reviews conducted between 7/10/18 and 1/29/20. All reviews were conducted with a review team which consisted of upper-level management officials to include medical staff and supervisors. Reviews considered the recommendations of Standard provision 115.86(b). 5 cases were reviewed within 30 days of investigation completion.

The agency/facility has met the requirements of Standard provision(s) 115.86(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies 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): GO 5.041 PREA mandates that the Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of definitions, and shall aggregate the incident-based sexual abuse at least annually.

115.87(b): GO 5.041 PREA mandates that the Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of

definitions, and shall aggregate the incident-based sexual abuse at least annually.

115.87(c): GO 5.041 PREA mandates that the Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of definitions, and shall aggregate the incident-based sexual abuse at least annually.

115.87(d): GO 5.041 PREA mandates that the Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of definitions, and shall aggregate the incident-based sexual abuse at least annually.

115.87(e): N/A - Agency does not contract for the confinement of its inmates.

115.87(f): The PAQ indicates that the agency provided the Department of Justice with data from the previous calendar year upon request. For each substantiated incident of sexual abuse and sexual harassment, agency has provided the SSV form to the DOJ and forwarded their 2018 Annual report. Both reports were provided to auditor for verification of compliance.

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 5.041 PREA mandates that the agency reviews 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
3. Preparing an annual report of its findings and corrective actions for each facility as well as the agency as a whole.

Interview with the Agency Head designee indicates that incident-based sex abuse data is used to review policies, determine if practices or policies require updating, training may need appropriate modifications to include electronic monitoring

Interview with the PREA Coordinator indicates that the agency ensures that data collected pursuant to standard 115.87 is securely retained through Agency's Sharepoint database. Only the PREA Manager, PREA Coordinator, Investigations and Facility Commander has access. The agency prepares and annual report of findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

Interview with the facility PREA Compliance Manager indicates that if findings of data identifies areas that needs to be properly addressed such as improvement of the effectiveness of the agency's sexual abuse prevention, detection, and response policies and training, the PREA Compliance Manager in coordination with the PREA Coordinator plays a role in the review and in providing corrective action in order to bring the facility into compliance with the PREA mandates. This action is documented in the Annual Report.

115.88(b): GO 5.041 PREA mandates that the 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): GO 5.041 PREA mandates that the annual report shall be approved by the agency head and made readily available to the public through the agency website.

Interview with the Agency Head designee indicates that he approves annual reports written pursuant to standard 115.88. Auditor verified this statement through the review of the 2018 Annual Report posted on the Agency website. <http://www.solanocounty.com/depts/sheriff/prea.asp>

115.88(d): GO 5.041 PREA mandates that specific material may be redacted from the report when publication would present a clear and specific threat to the safety and security of a facility, but the report must indicate the nature of the material redacted. A statement identifying the nature of the redacted material is not provided in the Annual Report Narrative as mandated by standard provision 115.88(d) (<http://www.solanocounty.com/depts/sheriff/prea.asp>).

Interview with the PREA Coordinator indicates that typical redactions from the annual report are personal identifying information.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.88(d) and corrective action is required.

Corrective Action Recommended:

GO 5.041 PREA mandates that specific material may be redacted from the report when publication would present a clear and specific threat to the safety and security of a facility, but the report must indicate the nature of the material redacted. A statement identifying the nature of the redacted material is not provided in the Annual Report Narrative as mandated by standard provision 115.88(d) (<http://www.solanocounty.com/depts/sheriff/prea.asp>).

1. Agency to amend the 2018 Annual report to includes a statement which indicates 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.

Auditor will conduct a 90-day status review on 11/25/19 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: 2/23/20.

Corrective Action Completed 11/13/19:

On 11/13/19, the PREA Coordinator provided auditor with an amended 2018 PREA Annual Report. On page #2, 2nd paragraph, there is a statement which reads, "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. 2018 PREA Annual Report is placed on the Agency website.

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 complies 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): The Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of definitions, and shall aggregate the incident-based sexual abuse at least annually.

Interview with the PREA Coordinator indicates that the agency ensures that data collected pursuant to standard 115.87 is securely retained through Agency's Sharepoint database. Only the PREA Manager, PREA Coordinator, Investigations and Facility Commander has access. The agency prepares and annual report of findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

115.89(b): GO 5.041 PREA mandates that the annual report shall be approved by the agency head and made readily available to the public through the agency website. Agency does not contract for the confinement of its inmates.

115.89(c): GO 5.041 PREA mandates that before making aggregated sexual abuse data publicly available, personal identifiers shall be removed. This has been verified by auditor's review of the 2018 Annual report posted on the agency's website (<http://www.solanocounty.com/depts/sheriff/prea.asp>).

115.89(d): The PAQ indicates that the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

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.

This is the 3rd year of the current cycle. Agency has three facilities and one facility has been audited each of the first two years of the current cycle. Auditor has been provided access to observe all areas of the facility, request and receive copies of relevant documents included electronically stored information and conduct private interviews with inmates and staff. Inmates have the ability to correspond with the auditor in the same manner as if they were communicating with legal counsel. This

arrangement was agreed to during the pre-audit phase of the audit. Interviews with mailroom staff verifies inmate correspondence to auditor is handled as legal mail.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.401.

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.

Review of the agency website indicates the Final Reports for the preceding audits (Stanton Facility which occurred in 2017 and Claybank Facility which occurred in 2018) has been published on the Sheriff's website.

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

3/6/2020 _____

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.