

PREA AUDIT: AUDITOR'S FINAL SUMMARY

REPORT PRISONS & JAILS



Name of facility: SANTA CLARA COUNTY MAIN JAIL FACILITY

Physical address: 180 WEST HEDDING ST. SAN JOSE, CA 95110

Date report submitted: JUNE 18, 2016

Auditor Information

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Telephone number: (707) 333-8303

Date of facility visit: 11/19/15 – 11/22/15

Facility Information

Facility mailing address: *(if different from above)*

Telephone number: (408) 808-3673

The facility is:	COUNTY	

Facility Type:	JAIL	Other:
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Name of Facility Head: BLANCA HOYT	Title: CAPTAIN
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Name of PREA Compliance Manager (if applicable): ADRIENNE SIGNORINO	Title: DEPUTY
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Agency Information

Name of agency: SANTA CLARA COUNTY SHERIFF'S DEPARTMENT

Governing authority or parent agency: *(if applicable)*

Physical address: 22 YOUNGER ST. SAN JOSE, CA 95110

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Agency Chief Executive Officer

Name: JOHN HIROKAWA	Title: CAPTAIN
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Agency-Wide PREA Coordinator		
Name: KEVIN HEILMAN	Title: CAPTAIN	
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AUDIT FINDINGS

NARRATIVE:

On October 19, 2015, the PREA Audit Site Review was conducted at the Santa Clara County Main Jail complex. The Main Jail complex consists of two towers, the North Tower and the South Tower, which had a combined population of 1283 inmates on date of the review. The Administration Training Officer and PREA Compliance Manager for the Main Jail accompanied the auditor during the Site Review of the complex. The Site Review began with the South Tower at the male & female Intake, Booking & Classification area. Direct supervision, cameras throughout the area, Zero-Tolerance posters in English, Spanish & Vietnamese were observed. Inmate handbooks and Sexual Assault Awareness pamphlets were provided to inmates at the Intake desks. In the Female holding cell areas, male deputies conduct welfare checks, which provides opportunity for cross-gender viewing during toileting due to open windows in the doors. Mental health referral interviews are conducted in the hallways, which fails to provide confidentiality between mental health and the inmate during the interview. Classification can conduct up to 4 inmate screenings simultaneously. The classification screening area is not conducive to confidentiality due to the close proximity between inmates during the screening process. No PREA signage observed in the Classification area. The following holding areas provide opportunity to cross gender viewing during toileting: B50, B63 thru B74, 83 thru 87 and B107 thru B117. Mirrors available in hallway for monitoring. No PREA signage in hallway access to this area. No PREA Signage in the tunnel entrance to the South Jail Facility. Holding tank #6 provides for cross-gender viewing during toileting. Mirrors available in South Control/Booking area "Pink Room".

SOUTH TOWER –

Upon completion of booking & classification, inmates are send up 3 flights of stairs to the 2nd West Housing Unit, unescorted. Elevator is only used for disabled inmates. No cameras in stairwell. No PREA signage in stairwell. F-Dorm holding area provides opportunity for cross-gender viewing during toileting.

2nd West Housing Unit: 6600 Dorm, PREA signage is observed. Cross-gender announcement observed by auditor. Dorms 2-5 thru 2-17 provides PREA compliant showers as privacy sheets are erected by inmates. Toilet areas PREA compliant. PREA signage on windows observed. **BLIND SPOT** in back area safety cells. No camera or monitoring around the storage utility closets that used to be safety cells. **BLIND SPOT CHECK 1XHOURLY**. No PREA signage in dining area. Dorms 2-3 provides opportunity for cross-gender viewing during toileting. PREA signage on windows, sun-deck has cameras.

3rd West Housing Unit: Cross-gender announcement observed. Mirrors available on access hallway. Showers PREA compliant with privacy screens. Dorms 2-18 thru 2-21 provides opportunity for cross-gender viewing during toileting. E-Dorm, cross-gender announcement observed. PREA signage on rollaway phone. Showers & toilets provide for cross-gender viewing. Tier cells 239 thru 245 PREA signage observed. No cross-gender announcement. Showers & toileting PREA compliant with privacy shield provided. **BLIND SPOT** in area around 14 thru 24. **BLIND SPOT**, back hallway area rear of tier, no mirror or camera available.

2-East Max Tier: No cross-gender announcement. Cross-gender viewing opportunity during toileting and shower. PREA signage on opposite wall between cells. Mirrors available for supervision.

3-East Tier Special Management: PREA signage in hallway. No cross-gender announcement. Cross-gender viewing opportunity during toileting in cells 339 thru 347. All other cells PREA compliant with privacy screens for toileting. **BLIND SPOT** back hallway, no mirror or camera.

3-East Max: PREA signage observed. No cross-gender announcement. Cross-gender viewing opportunity during toileting.

3-West Housing Unit: No cross-gender announcement. PREA signage in cells. Privacy shield erected for showering. Cross-gender opportunity during toileting in cells 332 thru 336. **BLIND SPOT** in back area of housing.

3-West Max South: Single cells. No PREA signage. No cross-gender announcement. Cross-gender viewing opportunity during toileting. Back area doors controlled by main control room.

3-West Max North: PREA signage observed. No cross-gender announcement. No PREA signage. Cross-gender viewing opportunity during toileting & showering. Inmates shower one at a time.

3-West B/C Dorm: B-side & C-side. PREA signage observed in Day-Room. Privacy shield for showering. Inmates scratched off painted privacy shield for toilet area & **BLIND SPOT** observed in C-side shower as window is totally covered with soap by inmates. PREA Compliance Manager will order repair.

NORTH TOWER –

2nd Floor Medical: Camera overlooks Control area & direct supervision of hallways leading to all PODs B & C. Log book reviewed by auditor & found consistency in the log book entries as it relates to unannounced rounds conducted by intermediate or higher level supervisors on each shift. 2B POD Ambulatory Unit - No cross-gender announcement. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones which are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. No cameras in the Sun-Deck. No PREA signage in the multi-purpose room. PREA signage observed in the open general area of the POD. ½ of Showers are PREA compliant to discourage cross-gender viewing. Inmates shower one at a time. ½ of shower is not PREA compliant & privacy screen is needed for that section of shower to become compliant. Cell Doors S12 thru S15 are not PREA compliant & provides opportunity for cross-gender viewing. All other doors are PREA compliant. Main Hallway – Waiting rooms #1 & #4 PREA compliant regarding cross-gender viewing during toileting. 2C POD Infirmary - Medical staff is on duty 24/7. Female inmates can be housed on this floor. Recreation yard provided. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones which are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. Cells M13 thru <19 are not PREA compliant & provides opportunity for cross-gender viewing during toileting. Showers are PREA compliant. Cell M-12 is PREA compliant. M11 (10 bed ward) is PREA compliant. M1 and M10 is PREA compliant. M2 thru M9 is not PREA compliant as it provides opportunity for cross-gender viewing during toileting. Female inmates are provided privacy screens for toileting and showering.

4th Floor Housing: Camera overlooks Control area & direct supervision of hallways leading to all PODs A thru C. Log book reviewed by auditor & found consistency in the log book entries as it relates to unannounced rounds conducted by intermediate or higher level supervisors on each shift. 4A POD - No cross-gender announcement. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones which are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. No cameras in the Sun-Deck. No PREA signage in the multi-purpose room. PREA video played every Wednesday on a loop (1 hour) on television in each POD in the facility. No PREA signage in the open general area of the POD. Cells and showers are PREA compliant to discourage cross-gender viewing. 4B & 4C PODs (high security) – No cross-gender announcement. Phone by front door not used by inmates and is shut off. No cameras in Sun-Deck. 2 officers on deck during inmate programming. Inmates are released from cell every-other day for programming. Multi-purpose room not used by inmates. No PREA signage observed.

5th Floor Program Dorm Housing: Camera overlooks Control area & direct supervision of hallways leading to all PODs A thru C. Log book reviewed by auditor & found consistency in the log book entries as it relates to unannounced rounds conducted by intermediate or higher level supervisors on each shift. 5A, 5B & 5C PODs - No cross-gender announcement. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones which are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. No cameras in the Sun-Deck. No PREA signage in the multi-purpose room. PREA video played every Wednesday on a loop (1 hour) on television in each POD in the facility. No PREA signage in the open general area of the POD. Cells and showers are PREA compliant to discourage cross-gender viewing.

6th Floor Protective Custody Housing: Camera overlooks Control area & direct supervision of hallways leading to all PODs A thru C. Log book reviewed by auditor & found inconsistency in the log book entries as it relates to

unannounced rounds conducted by intermediate or higher level supervisors on each shift. Auditor noticed a number of shifts were absent of unannounced rounds. Some unannounced rounds were conducted by both a Sergeant and a Lieutenant or twice by the Sergeant on each shift. 6A, 6B & 6C PODs - No cross-gender announcement. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones which, are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. No cameras in the Sun-Deck. No PREA signage in the multi-purpose room. PREA video played every Wednesday on a loop (1 hour) on television in each POD in the facility. No PREA signage in the open general area of the POD. Doors on cells provide cross-gender opportunity for viewing inmates during toileting. Windows are located in middle of door and again in bottom of door, which allows central POD control deputy to view buttocks as inmates are toileting. Showers are PREA compliant to discourage cross-gender viewing.

7th Floor General Population Housing: Camera overlooks Control area & direct supervision of hallways leading to all PODs A thru C. Log book reviewed by auditor & found inconsistency in the log book entries as it relates to unannounced rounds conducted by intermediate or higher level supervisors on each shift. Auditor noticed a number of shifts were absent of unannounced rounds. Some unannounced rounds were conducted by both Sergeant and Lieutenant or twice by the Sergeant on each shift. 7A, 7B & 7C PODs - No cross-gender announcement. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones which are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. No cameras in the Sun-Deck. No PREA signage in the multi-purpose room. PREA video played every Wednesday on a loop (1 hour) on television in each POD in the facility. No PREA signage in the open general area of the POD. Cells and showers are PREA compliant to discourage cross-gender viewing.

8th Floor – Mental Health Housing: Camera overlooks Control area & direct supervision of hallways leading to all PODs A thru C. Log book reviewed by auditor & found inconsistency in the log book entries as it relates to unannounced rounds conducted by intermediate or higher level supervisors on each shift. Auditor noticed a number of shifts were absent of unannounced rounds. Some unannounced rounds were conducted by both Sergeant and Lieutenant or twice by the Sergeant on each shift. 8A POD – Direct Supervision POD. Both male and female inmates in custody in this POD. Female staff supervise this floor at all times. No cross-gender announcement. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones, which are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. No cameras in the Sun-Deck. No PREA signage in the multi-purpose room. PREA video played every Wednesday on a loop (1 hour) on television in each POD in the facility. No PREA signage in the open general area of the POD. Cells are PREA compliant to discourage cross-gender viewing. Privacy screens provided for female inmates who wish to change clothing in cells. Designated showers for females on 2nd floor with privacy screens provided. 8B & 8C POD – No cross-gender announcement. PREA signage & information related to Rape Crisis Center & Advocacy contact provided next to phones which are located near the front sally port door entrance. There is no information provided in that signage which provides for limits of confidentiality or whether or not the confidential phone line is monitored. No cameras in the Sun-Deck. No PREA signage in the multi-purpose room. PREA video played every Wednesday on a loop (all day) on television in each POD in the facility. No PREA signage in the open general area of the POD. Cells and showers are PREA compliant to discourage cross-gender viewing.

RECORDS REVIEW:

Auditor conducted interviews of 16 Specialized Staff, 12 Random Staff & 13 Random Inmates. 30 Mental Health records were reviewed & found a few cases either had no mental health follow-up after the initial mental health referral during intake, or no mental health referral was made for cases that meet the criteria for referral. Mental Health has no protocol to monitor or track PREA related referrals. These referrals are maintained and tracked by the PREA Coordinator. A total of 27 inmate screening records were reviewed. No PREA assessment was conducted on 12 cases, who arrived before 5/20/15. After 5/20/15, 15 remaining cases had PREA assessment. Of the 15 cases, only 6 included comments from the Classification Unit, which provided a basis for housing placement. Auditor reviewed 491 electronic training records of Custody Staff, which verified both Annual and Refresher PREA training. Copy of training curriculum was provided to Auditor for content verification. Auditor was not provided copies of the Medical, Mental Health, Contractor or Volunteer training acknowledgement forms during the on-site review. Auditor reviewed 12 random custody staff personnel files & verified background clearances conducted on all through FBI, DOJ, BCI & DMV. Random sample of 11 Volunteer & Contractor personnel files

found fingerprint cards are kept for 90-day period after clearance and security personnel initials on the Security Clearance Request Form indicates background has been successful. This procedure is found non-compliant with PREA as auditor is unable to verify background clearance has been conducted as required by PREA Standard 115.17. Auditor has yet to be provided access to the 9 physical records of administrative or criminal investigations conducted over the past 12 months by the investigative branch.

Both kitchen & laundry services are maintained at the Elmwood Complex and, therefore was not included in this site review. Santa Clara County Main Jail inmates are not involved in Agency's kitchen & laundry service.

DESCRIPTION OF FACILITY CHARACTERISTICS:

Main Jail North

Main Jail North consists of (6) floors containing 2-3 housing units on each floor. The 2nd floor contains (2) direct supervision, single-story housing units. The Infirmary contains 28 cells. Three cells house multiple inmates while the remaining cells are single-occupant only. Special Housing contains 30 cells, each cell is single-occupant only. Each module has a large dayroom area, inmate showers, inmate telephones and televisions.

The 4th floor contains (3) housing units: Module 4A is a direct supervision housing unit containing 48 cells, distributed equally amongst (2) tiers. Odd numbered cells 1-47 are on the bottom tier, even numbered cells 2-48 are on the top tier. The cells can be occupied by either one or two inmates, depending on the number of bunks in the cells. There are (2) stairwells inside the module, as well as inmate showers, inmate telephones, (2) televisions and a hot water pot. Module 4A also contains a large dayroom area and a multipurpose room that inmates have free access to during program time. Modules 4B and 4C are indirect supervision modules. Both modules are split into 3 separate pods, pods 1-3. Each pod contains 16 cells and is split into 2 tiers. Each cell is single-occupant only. Modules 4B and 4C contain an inmate shower, inmate telephones, a television and a small dayroom area for inmate recreation. Inmates have access to a recreation sundeck area during their program time, at the inmates' request.

5th, 6th and 7th floors are constructed the same as each other. Each floor contains 3 housing units that are direct supervision. Each housing unit is set up exactly the same as module 4A.

8th floor contains 3 housing units and are all direct supervision modules. Module 8A contains 44 cells, single-occupant only, distributed equally amongst (2) tiers. Cells 1-43 are on the bottom tier and cells 2-44 are on the top tier. There are (2) stairwells, a large dayroom area and recreational sundeck area. There are (3) inmate showers, inmate telephones and (2) televisions. Modules 8B and 8C are constructed the same as each other and are set up exactly the same as Module 4A and the 5th, 6th and 7th floor modules.

Main Jail South

Main Jail South consists of 2 floors and 4 separate sections (2nd West, 2nd East, 3rd West and 3rd East) and several different housing areas. All housing areas in Main Jail South are indirect supervision, single-story, linear-style housing units.

2nd West is comprised of (13) separate housing areas. A-Dorm contains (26) double bunks and (1) single bunk. Dorms 2-1 to 2-3 are single-occupant cells. Dorm 2-4 contains (15) double bunks. Dorm 2-5 contains (15) double bunks. Dorms 2-6 and 2-7 contain (8) double bunks. Dorms 2-13 through 2-15 contain (12) double bunks. Dorm 2-16 contains (14) double and (1) single bunk. Dorm 2-17 contains (2) double bunks. Dorms 2-18 through 2-21 are single occupant cells. F-Dorm contains (2) double bunks.

2nd East is comprised of (10) separate housing areas. E-Dorm contains (6) single-bunks in each cell. Cell 234 contains (1) single-bunk. Cells 239-242 each contain (7) double bunks. Cells 244 contains (14) double bunks. Cell 245 contains (12) double bunks. Cell 246 contains (1) single-bunk. East Max contains (16) single-bunk cells.

3rd West is comprised of (12) separate housing areas. B/C Dorm contains (44) double bunks. Cell 331 contains (6) fixed bunks (bunks affixed to the cell wall). Cells 332, 333 and 335 contain (4) fixed bunks each. Cells 336-338 contain 8 double bunks each. North Max (Cells 301-312) each contain (12) single-bunk cells. South Max (Cells 313-324) each contain (12) single-bunk cells. Little Max (Cells 324 1/2 -328) each contain (5) single-bunk cells.

3rd East is comprised of (14) separate housing areas. Cells 302-319 each contain single-bunks. Cells 333 and 334 each contain single-bunks. Cell 339 contains (10) double bunks. Cell 340 contains (12) double bunks. Cell 341 contains (14) double bunks. Cell 342 contains (14) double bunks. Cell 344 contains (20) double bunks. Cell 345 contains (20) double bunks. Cell 346 contains (10) double bunks. Cell 347 contains (14) double bunks. Cells 349-351 each contain single-bunks.

Inmate Programs

Inmate programs at the facility are run during both day and night shifts. These programs are run by various civilian staff, paid and volunteer, and monitored by deputy sheriffs assigned to that area of supervision. All staff, sworn and non-sworn that are responsible for facilitating inmate programs funded by the General Fund or the Inmate Welfare Fund. The Male inmate programs are listed below:

- Adult Basic Education (GED)
- Literacy
- English as a Second Language
- Independent Study
- Anger Management
- Roadmap to Recovery
- Narcotics Anonymous
- Alcoholics Anonymous
(English & Spanish)

In addition to the programs listed above, religious volunteers of all denominations visit Main to meet inmate's religious needs, seven days a week, during the day and evening shifts.

SUMMARY OF INTERIM AUDIT FINDINGS:

Number of standards exceeded: **0**

Number of standards met: **15**

Number of standards not met: **28**

SUMMARY OF FINAL AUDIT FINDINGS:

Number of standards exceeded: **0**

Number of standards met: **43**

Number of standards not met: **0**

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.11(a) Policy 14.15 complies with Standard Provision 115.11(a) & provides mandated narrative and implementation outline as required per the Standard provision.
- 115.11(b) Review of Agency Organizational Chart verifies that the PREA Coordinator position is designated 3rd position from the Undersheriff which places the position in an upper-level, Agency-wide designation per Standard provision 115.11(b). Interview with the PREA Coordinator verifies he has enough time to manage of the Agency PREA related responsibilities and coordinates reach facility's efforts to comply with the PREA standards through the assistance of the PREA Compliance Managers assigned to each facility.
- 115.11(c) SCCJ Main Jail Facility PREA Compliance Manager is designated on the Agency Organizational chart & reports directly to the PREA Coordinator. Interview with the PREA Compliance Manager indicates the position is provided enough time to manage all of the PREA related responsibilities & coordinating the facility's efforts to comply with the PREA standards through communication with counterparts at the other facilities and work on any issues that may arise. Examine for PREA non-compliance in the facility and recommend corrective action.

115.12	Contracting with other entities for the confinement of residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency has no contracts for confinement of inmates. Standard provision 115.12(a) does not apply to this Agency.

115.13**Supervision and monitoring**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.13(a) Interview with Facility Captain indicates staffing levels are adequate but could be better as they meet the minimum staffing requirements. Video monitoring is considered as part of the staffing plan but difficult to achieve full monitoring due to the aging physical plant of the South jail. Any deviations from the Staffing plan is documented through the administrative Sergeant. Interview with the PREA Compliance Manager indicates all criteria identified in Standard provision 115.13(a) is considered when assessing adequate staffing levels and need for video monitoring by the Facility Captain and Lieutenant. Both work on issues per budget constraints.
- 115.13(b) Interview with Facility Captain determine there have been no deviations from the staffing plan. This has been achieved through vigilant review of daily jail report rosters and the daily staffing report. Standard provision 115.13(b) does not apply to this facility.
- 115.13(c) 1st year of formal staffing plan. No annual reviews. No policy provided to mandate yearly adjustment review for staffing plan. Interview with PREA Coordinator indicates he is consulted regarding any assessments of or adjustments to the staffing plan for the Main Jail facility. These assessments occur annually.
- 115.13(d) Policy 14.15 complies with Standard provision 115.13(d), however, at time PAQ was provided PREA Coordinator discovered mandated announcements were not demonstrated on all shifts per policy. Interview with shift Sergeants indicate unannounced rounds for each shift is conducted & verified through signing the Control log-book upon coming on the floor. The log - book in each housing unit or POD is also signed. Review of the log-book on each floor by auditor found a number of inconsistencies. Approximately 75% of the intermediate or higher level staff were compliant in signing the log books on each floor during their shifts by signing their name, badge number and writing unannounced rounds. Non-compliant staff wrote only their name and badge number but did not identify as to whether the identification was for an unannounced round or presence on the floor was for some other reason. Some failed to enter their information in the log-book for that shift which gives the auditor the impression that unannounced rounds were not conducted on some shifts.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.217 AS PROVISIONS 115.13(c) & 115.13(d) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. STANDARD PROVISION 115.13(c) MANDATES A STAFFING PLAN REVIEW TO BE CONDUCTED AT LEAST ONCE A YEAR. AGENCY TO PROVIDE A STAFFING PLAN REVIEW TO AUDITOR FOR VERIFICATION OF DOCUMENTED PRACTICE TO COMPLY WITH THIS STANDARD PROVISION.
2. LOG BOOKS MAINTAINED BY CONTROL OFFICER ON EACH FLOOR ARE TO BE SIGNED BY INTERMEDIATE OR HIGHER LEVEL STAFF FOR EACH SHIFT TO INCLUDE BADGE NUMBER. *AUDITOR*

TO VERIFY COMPLIANCE BY REVIEWING A RANDOM SAMPLING OF LOG BOOKS DURING CORRECTIVE ACTION SITE REVIEW TO BE SCHEDULED BEFORE THE CORRECTIVE ACTION DEADLINE.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETED 5/28/16:

CORRECTIVE ACTION ON-SITE FACILITY REVIEW CONDUCTED ON 2/29/16. AUDITOR CONDUCTED RANDOM UNANNOUNCED REVIEWS OF HOUSING LOGS FOR THE NORTH TOWER 6TH FLOOR (6 DAYS), 8TH FLOOR (6 DAYS), 5TH FLOOR (13 DAYS – 2 SHIFTS WERE FOUND TO BE MISSING UNANNOUNCED ROUNDS). SOUTH TOWER 3RD FLOOR (6 DAYS). EXCEPT FOR THE 2 SHIFTS MISSING UNANNOUNCED ROUNDS, ALL HIGHER LEVEL STAFF ROUNDS WERE CONDUCTED ON A CONSISTENT BASIS. ON THE 8TH FLOOR, AUDITOR OBSERVED THE SERGEANT CONDUCTING HIS UNANNOUNCED ROUNDS, INTERACTING WITH INMATES AND STAFF. AGENCY IS IN COMPLIANCE WITH STANDARD PROVISION 115.13(c).

ON 5/28/16 AGENCY PROVIDED AUDITOR WITH MAIN JAIL COMPLEX SPECIFIC STAFFING PLAN REVIEW DATED 12/3/15. STAFFING PLAN INCLUDED REVIEW SUMMARY FROM OUTSIDE AGENCIES, REVIEWS OF EACH HOUSING UNIT FOR BOTH MAIN JAIL SOUTH AND MAIN JAIL NORTH, INMATE POPULATIONS, INMATE PROGRAMS, TRAINING, SEXUAL ABUSE STATISTICS, STAFFING FORMULA, STAFFING REDUCTION HISTORY, CURRENT STATUS OF VIDEO AND STAFFING CAPABILITIES AND RECOMMENDATION. PREA POLICY 14.15 MANDATES THE STAFFING PLAN IS TO BE REVIEWED ANNUALLY PRIOR TO THE ANNUAL STAFF TRANSFER. AGENCY IS IN COMPLIANCE WITH STANDARD PROVISION 115.13(d).

AUDITOR HAS DETERMINED AGENCY IS IN COMPLIANCE WITH STANDARD 115.13.

115.14	Youthful Inmates
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.14(a) Standard provision 115.14(a) is not applicable to Sacramento Main Jail Complex as they do not house youthful inmates per policy. Policy 13.13 page #3 II identifies procedure for housing for inmates who were booked & housed as adults & later claim or are suspected to be juveniles. Procedure indicates inmate is to be immediately separated from the inmate population, however, policy needs to include narrative mandating "sight and sound separation between youthful offenders and adult offenders".
- 115.14(b) Observation during facility review indicates there are no youthful offenders housed in the Main Jail.
- 115.14(c) Standard provision 115.14(c) not applicable to Santa Clara Main Jail Complex as they do not house youthful inmates.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.14 AS PROVISIONS 115.14(a) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AMEND POLICY 13.13 PAGE #3 II, TO INCLUDE NARRATIVE MANDATING SIGHT & SOUND SEPARATION BETWEEN YOUTHFUL OFFENDERS & ADULT OFFENDERS TO COMPLY WITH THIS STANDARD PROVISION.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETED 4/12/16:

AGENCY AMENDED POLICY 14.15 PAGE #34 TO INCLUDE NARRATIVE MANDATING SIGHT AND SOUND SEPARATION BETWEEN JUVENILE AND ADULT INMATES IN COMPLIANCE WITH STANDARD PROVISION 115.14(a). AGENCY IS IN COMPLIANCE WITH STANDARD 115.14.

115.15	Limits to cross-gender viewing and searches
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.15(a) Policy 14.15 mandates staff who supervise inmates will receive cross-gender supervision training & training shall be tailored to the gender of inmates at the employee's facility. Cross-gender Per PAQ, no cross gender body cavity or strip searches have been conducted over the past 12 months. Policy includes narrative, which specifically prohibits cross-gender strip or cross-gender visual body cavity searches of inmates. Interview with custody staff, all indicate they have been trained on cross-gender pat down searches, but cross gender strip or visual searches are prohibited. Only medical staff conduct these types of searches on inmates.
- 115.15(b) Standard provision 115.15(b) is not applicable to this facility as it is an all-male facility.
- 115.15(c) Policy 14.15 mandates documenting cross-gender pat searches, however, there are no policy mandates requiring documentation of cross-gender strip or body cavity searches. During interview with custody staff, indicate they have been trained on cross-gender pat down searches, but cross gender strip or visual searches are prohibited. Only medical staff conduct these types of searches on inmates. There is no instances of custody or medical staff conducting any cross-gender strip searches or visual body cavity searches of inmates.
- 115.15(d) Pages 2 thru 4 of Interim Report Summary narrative outlines a number of non-compliant cells and areas which provides for cross-gender viewing opportunities. Policy requires staff of opposite gender to announce their presence when entering a housing unit and inmates are provided areas of privacy where they are in a situation of undress barring exigent circumstances per Standard provision 115.15(d). Interview with 11 random sample of inmates indicate they

are never naked in view of staff from opposite gender. At least 5 indicate female staff do not announce when entering housing unit. 12 random staff were interviewed and 5 indicate they do not announce when entering housing unit of opposite gender. During the on-site facility review, staff initially announced when the female staff accompanying the tour entered the housing unit. That announcement did not continue after the 1st day of touring, indicating the announcements are not made on a consistent basis. A transgender inmate's breasts may be viewed by staff and inmates while taking a shower that is designed to provide male inmates with privacy (chest up/knees down viewing).

115.15(e) Policy 14.15 prohibits pat searches or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interview with random sample of staff verifies their training on the prohibition of searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Interview with a transgender inmate verifies staff claim.

115.15(f) Agency indicates 100% of security staff have received training on conducting cross-gender pat down searches and searches of transgender & intersex inmates in a professional and respectful manner. Training curricula provided complies with Standard provision 115.15(f). Agency has not provided any training logs to verify training compliance with this Standard component. Interview with random staff verifies they have been trained on conducting cross-gender pat down searches & searches of transgender & intersex inmates in a professional and respectful manner.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.15 AS PROVISIONS 115.15(c), 115.15(d) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. PAGES 2 THROUGH 4 OF INTERIM REPORT SUMMARY NARRATIVE OUTLINES A NUMBER OF NON-COMPLIANT CELLS AND AREA, WHICH PROVIDE FOR CROSS GENDER VIEWING OPPORTUNITIES. AGENCY TO PROVIDE METHOD AND/OR DEMONSTRATE PRACTICE, WHICH BRINGS THE OUTLINED AREAS INTO COMPLIANCE WITH STANDARD PROVISION 115.15(d).
2. WHEN ENTERING HOUSING UNIT OF OPPOSITE GENDER OR UNIT WHERE MULTIPLE GENDERS ARE HOUSED, DEPUTIES WILL ANNOUNCE WHEN COMING ON SHIFT AND RE-ANNOUNCING SHOULD THEY LEAVE THE HOUSING UNIT & RETURN. *AUDITOR TO VERIFY COMPLIANCE BY REVIEWING A RANDOM SAMPLING OF LOG BOOKS DURING CORRECTIVE ACTION SITE REVIEW TO BE SCHEDULED BEFORE THE CORRECTIVE ACTION DEADLINE TO COMPLY WITH STANDARD PROVISION 115.15(d).*
3. AGENCY TO AMEND POLICY 14.15 TO INCLUDE NARRATIVE WHICH PROVIDES PRIVACY SCREENS FOR TRANSGENDER, INTERSEX & FEMALE INMATES DURING CHANGING OF CLOTHES IN CELLS & SHOWERING IN THE HOUSING UNITS IN ORDER TO COMPLY WITH STANDARD PROVISION 115.15(d)
4. AGENCY TO AMEND POLICY 14.15 TO MANDATE DOCUMENTING CROSS-GENDER STRIP OR BODY CAVITY SEARCHES PER STANDARD PROVISION 115.15(c).

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 6/18/16:

1. 3-WEST HOUSING UNIT IS CLOSED AT THIS TIME. NO INMATES ARE HOUSED IN THIS AREA OR ANY OTHER OF THE MAXIMUM SECURITY HOUSING IN 3RD WEST AND HAVE NOT BEEN SINCE JANUARY 2016. THERE ARE NO PLANS TO REOPEN IT FOR INMATES IN THE IMMEDIATE FUTURE AND INMATES HAVE NO ACCESS TO THAT AREA. AGENCY PROVIDED PHOTOS TO VERIFY BOOKING &

HOLDING TANK #6, HOLDING CELL WINDOWS B-49 & B50, B63 THRU B74 AND B107 THRU B117, NORTH TOWER MEDICAL UNIT HOUSING CELL DOORS S12 THRU S15 AND M2 THRU M10 HAVE BEEN FROSTED AND WHERE FROSTING FAILED TO APPROPRIATELY BRING THE CELLS INTO COMPLIANCE, TOILET BARRIERS WERE INSTALLED. THESE AREAS NO LONGER PROVIDE OPPORTUNITY FOR CROSS-GENDER VIEWING. HOUSING CELL WINDOWS IDENTIFIED IN BOTH THE NORTH & SOUTH TOWER, (EXCEPT FOR 3-WEST HOUSING UNIT), HAVE BEEN FROSTED TO DISSUADE THE OPPORTUNITY FOR CROSS-GENDER VIEWING.

2. CORRECTIVE ACTION ON-SITE FACILITY REVIEW WAS CONDUCTED ON 2/29/16, WHERE AUDITOR OBSERVED STAFF CONDUCTING ANNOUNCEMENTS WHEN ENTERING HOUSING UNITS ON MAIN JAIL NORTH AND SOUTH. AGENCY PROVIDED DIRECTIVE MEMORANDUM DATED MAY 23, 2016 MANDATING ALL INFIRMARY, 5TH AND 6TH FLOOR CUSTODY STAFF TO PROVIDE PRIVACY SCREENS FOR TRANSGENDER, INTERSEX AND FEMALE INMATES WHILE SHOWERING TO ELIMINATE CROSS-GENDER VIEWING WHILE SHOWERING. AGENCY PROVIDED PHOTOS OF TALL PRIVACY SCREENS WHICH IDENTIFIED PLACEMENT IN EACH AREA MENTIONED.
3. AGENCY PROVIDED DIRECTIVE MEMORANDUM DATED MAY 26, 2016 MANDATING CROSS GENDER STAFF ANNOUNCEMENT BY STAFF OF THE OPPOSITE SEX OF THE HOUSED INMATES WHEN 1ST COMING ON SHIFT IN A DORM/HOUSING AREA AND WHEN RETURNING WHEN BEING OUT OF THE UNIT FOR AN EXTENDED PERIOD OF TIME (BREAKS, LUNCH, WELFARE CHECKS IN OTHER DORMS, ETC).
4. AGENCY AMENDED POLICY 14.15 TO MANDATE DOCUMENTATION SHOULD CIRCUMSTANCES REQUIRE CROSS-GENDER STRIP OR BODY CAVITY SEARCHES BE CONDUCTED UNDER EXIGENT CIRCUMSTANCES IN ACCORDANCE WITH STANDARD PROVISION 115.15(c).

AGENCY HAS COMPLIED WITH STANDARD PROVISIONS 115.15(c) and 115.15(d). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.15.

115.16**Residents with disabilities and residents who are limited English proficient**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.16(a) Policy 14.15 compliant with Standard provision 115.16(a). Auditor was provided copy of the inmate rule book in English, Spanish and Vietnamese to verify inmates are provided effective communication as it relates to PREA Education. Contract for deaf or hard of hearing interpreter services provided with PAQ. Supporting documentation such as pamphlet inserts and policy narrative regarding verbal communication to verify disabled inmates are provided effective communication as it relates to PREA education. Policy requires posted signs in all housing units to provide effective communication and understanding for disabled and non-English speaking inmates. Policy mandates staff document on PREA Reporting Information Worksheet all steps taken to provide effective communication and understanding to inmates with disabilities or limited English proficiency. Staff training curriculum provided to verify staff training on PREA-compliant practices for inmates with disabilities.
- 115.16(b) Policy 14.15 compliant with Standard provision 115.16(b). Interpreter contract with Partners in Communication LLC for deaf & hard of hearing inmates provided. Inmate rule book provided in English, Spanish & Vietnamese to verify effective communication for disabled or limited English proficient inmates to include TTY access. Policy requires posted signs in housing units in all languages to provide effective communication. Policy mandates staff document on PREA Reporting Information Worksheet all steps taken to provide effective communication and understanding to inmates with disabilities or limited English proficiency. Voiance MOU provides for effective communication for inmates who are limited English proficient. Documentation of staff training on PREA-compliant practices for inmates with disabilities provided during on-site review. Interview with inmate of Vietnamese descent indicates he received the inmate handbook, no pamphlet but does not understand his rights under PREA. He indicates no-one in Screening or Classification took the time to read him his PREA rights or asked his understanding of PREA. Tour of facility verifies Agency's provision of inmate handbook, PREA pamphlet in 3 languages to inmates during booking. If an inmate is intellectually disabled, there is no method of effective communication provided. Every Wednesday, the televisions are manually turned to the PREA channel most of the day, where inmates can receive PREA training via video. Subtitles are provided with the video.
- 115.16(c) Policy 14.15 prohibits use of inmate interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter would compromise the inmate's safety or performance of 1st responders duties or of the investigation of inmate's allegations. Policy does not mandate documentation of the circumstances in individual cases where inmate interpreters, readers or other types of inmates assistants are used. Interview with random staff verifies Agency prohibits the use of inmate interpreters except in exigent circumstances. Interviews with inmates who are limited English proficient indicate inmate interpreters have not been used in their experience.

115.17**Hiring and promotion decisions**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.17(a) Policy 14.15 complies with Standard provision 115.17 and uses exact same criteria as outlined in the Standard provision. Review of 11 random employee background checks of employees hired in the past 12 months verified all completed the FBI/DOJ, BCI AND DMV background clearance checks.
- 115.17(b) Policy 14.15 meets Standard provision 115.17(b) mandating consideration of any incidents of sexual harassment in determining whether to hire or promote anyone or enlist services of any contractor who may have contact with inmates. Interview with Human Resources Director verifies the facility considers prior incidents of sexual harassment when determining hiring or promotion or enlisting services of contractors who may have contact with inmates.
- 115.17(c) Policy 14.15 complies with Standard provision 115.17 mandating use of Standard provision criteria before it hires any new employees who may have contact with inmates. Agency provided the number of staff hired in past 12 months that have had criminal record background checks performed. From 9/1/14 to 9/8/15, Agency hired 30 new employees for the Main Jail. All completed background checks prior to hire. Interview with Human Resources Director indicates the facility performs background checks for all newly hired employees who may have contact with inmates or those in consideration for promotion. Review of 11 random employee background checks of employees hired in the past 12 months verified all completed the FBI/DOJ, BCI AND DMV background clearance checks.
- 115.17(d) Policy 14.15 complies with Standard provision 115.17 mandating use of Standard provision criteria before it hires any new employees who may have contact with inmates. PAQ indicates 9 contracts for services were granted in past 12 months and 100% of said staff covered in these contracts who may have contact with inmates, had criminal background record checks conducted. Interview with Human Resources Director indicates contractors & volunteers go through the same background check as employees to obtain a 2-year gate clearance. Background clearance checks for contractors & volunteers are maintained with the PREA Coordinator & not provided to auditor.
- 115.17(e) Policy 14.15 mandates conducting employee criminal background records checks at least every 5 years per Standard provision 115.17(e). Policy also mandates employees & contractors shall report within 24 hours when arrested or charged with any violation of the law associated with sexual abuse, sexual misconduct or sexual harassment. The Personnel Unit receives notification from the Department of Justice on any criminal arrest or conviction of an employee hired by the department. Interview with Human Resources Director indicates Federal & State criminal history checks, Law Enforcement version of the Public Records Check, contact with references & secondary references are used to conduct the background checks. Background checks for contractors are reoccurring every 5 years & badge staff are subject to an arrest notification system through DOJ, State and DMV records.

Upon a hit, an auto-generated letter is provided to the Department. Internal affairs run a check with these systems when employee is placed in a new assignment.

115.17(f) Policy 14.15 mandates Agency ask all job applicants who may have contact with inmates about previous sexual abuse/sexual harassment in written applications and/or interviews for hiring & promotions or written self evaluation conducted as part of reviews of current employees. Agency policy meets Standard provision 115.17(f). Interview with Human Resources Director indicates a self disclosure mandate is provided on the background form all job applicants and employees prior to promotion. Review of personnel records verify the self-disclosure forms.

115.17(g) Policy 14.15 mandates material omissions regarding misconduct identified in this Standard provision or provision of materially false information, shall be grounds for termination per Standard provision 115.17(g).

115.17(h) Policy 14.15 includes narrative which meets Standard provision 115.17(h) and, therefore, Agency is in compliance with this Standard provision. Interview with Human Resources Director indicates personnel provides, upon request from that institution and receipt of a signed waiver, information on substantiated allegations of sexual abuse/harassment involving a former employee.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.17 AS PROVISIONS 115.17(d) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE DOCUMENTATION OF BACKGROUND CLEARANCES THAT HAVE BEEN CONDUCTED ON ALL CONTRACTORS & VOLUNTEERS SINCE OCTOBER 2015

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION DATE 5/19/16:

AGENCY PROVIDED AUDITOR WITH SAMPLE OF 15 CONTRACTOR AND 5 VOLUNTEER RECORDS WHICH CONTAINED COMPLETED BACKGROUND CHECKS FOR ALL 10 THROUGH CBI & FBI CLEARANCES COMPLETED SINCE OCTOBER 2015. AGENCY COMPLIES WITH STANDARD PROVISION 115.17(d). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.17.

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.18(A) AGENCY HAS NOT ACQUIRED A NEW FACILITY OR MADE SUBSTANTIAL EXPANSION OR MODIFICATION TO EXISTING FACILITIES SINCE AUGUST 20, 2012. REVIEW OF THE FACILITY PLANT INDICATES NO SUBSTANTIAL EXPANSION OR MODIFICATION TO EXISTING FACILITIES SINCE AUGUST 20,2012. STANDARD PROVISION DOES NOT APPLY TO THIS AGENCY/FACILITY.

115.18(B) INTERVIEW WITH FACILITY CHIEF AND UNDERSHERIFF BOTH VERIFY NO ELECTRONIC MONITORING OR SURVEILLANCE SYSTEM INSTALLED SINCE AUGUST 20, 2012, HOWEVER, AGENCY LEADERSHIP IS LOOKING INTO A PILOT PROGRAM FOR CUSTODY BODY CAMERAS AND ENHANCEMENT OF THE CURRENT CAMERA PLACEMENT & STORAGE CAPACITY DUE TO BLIND SPOTS IDENTIFIED DURING FACILITY REVIEW OF BOTH TOWERS. STANDARD PROVISION 115.18(B) IS NOT APPLICABLE TO THIS FACILITY. THE BLIND SPOTS IDENTIFIED IN PAGE 2 THRU 4 OF INTERIM REPORT ARE CURRENTLY OBSERVED DURING 1 HOUR SAFETY CHECKS CONDUCTED BY CUSTODY STAFF AND DOCUMENTED IN SHIFT LOGS, HOWEVER, THERE IS NO SPECIFIC DIRECTIVE MANDATING THESE BLIND SPOTS BE CHECKED.

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE WRITTEN DIRECTIVE OR POST ORDERS MANDATING THE SAFETY CHECKS OF BLIND SPOTS BY CUSTODY STAFF

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION DATE 6/17/16:

AGENCY PROVIDED AUDITOR WITH WRITTEN DIRECTIVE TO CUSTODY STAFF MANDATING ALL BLIND SPOTS IDENTIFIED IN FACILITY BE OBSERVED DURING ALL SAFETY CHECKS. AGENCY COMPLIES WITH STANDARD PROVISION 115.18(b). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.18.

115.21**Evidence protocol & forensic medical examinations**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.21(a) Policy 14.15 provides narrative which mandates use of uniform evidence protocol for sex abuse allegation investigations and outlines said protocol for Sacramento County Main Jail. Interview with random staff indicates limited knowledge of protocol used when obtaining usable physical evidence for administrative proceedings & criminal prosecutions. A portion of the staff indicate they freeze the scene & contact the Sgt. Other half indicate they either don't know or collect the clothing and bag it to provide to jail investigators.
- 115.21(b) Policy 14.15 narrative compliant with Standard provision 115.21(b) mandates. Evidence protocol included in Policy 14.15, specific to Sacramento County Main Jail.
- 115.21(c) Policy 14.15 mandates victims of sexual abuse have access to forensic medical examinations without financial cost. Safe/Sane nurses are available through outside hospital facility (Valley Medical Center) contracted with the County. Policy also includes mandate that if SAFE/SANE nurse not available to conduct forensic examination, facility will document efforts to obtain SAFE/SANE nurse. 3 forensic medical exams have been conducted over past 12 months performed by SANE/SAFE Nurses. Interview with SAFE/SANE Nurse at Valley Medical Center indicates the Center has an MOU with Santa Clara County Valley Medical Center to provide forensic examinations for victims of sexual abuse housed at Santa Clara County correctional facilities. The SAFE/SANE/SART nurses are on call 24/7. There is a SART clinic next to the hospital where the forensic exams are conducted unless security issues mandate forensic exams be conducted at the Emergency Room. Advocates are allowed to be present during the exams. If no advocate traveling with the victim, SART calls advocate services to have advocate present. Agency indicated that 2 inmates have had forensic examinations provided over the past 12 months, however, auditor was not provided verification documentation.
- 115.21(d) Policy 14.15 page #41 mandates facility provide sex abuse victim an advocate from Rape Crisis Center (YWCA) or qualified staff member from Adult Custody Mental Health Services to provide emotional support, crisis intervention, information and referrals as necessary. Agency provided YWCA MOU dated 6/8/15 with PAQ. Interview with PREA Compliance Manager indicates inmates are provided contact with YWCA, an outside rape crisis center which provides a reporting entity outside Agency and also provides advocacy for emotional support. Interview with random sample of inmates indicate most are aware of outside agency support if they need it and are aware of the posters by the phones in housing units which provide toll free numbers to access these services.

- 115.21(e) Policy 14.15 mandates if requested by victim the advocate or ACHS Mental Health Staff member shall provide support to victim throughout the medical examination process. Interview with PREA Compliance Manager indicates inmates are provided contact with YWCA, an outside rape crisis center which provides a reporting entity outside Agency and also provides advocacy for emotional support. Interview with random sample of inmates indicate most are aware of outside agency support if they need it and are aware of the posters by the phones in housing units which provide toll free numbers to access these services.
- 115.21(f) Standard provision 115.21(f) does not apply to this facility as it is responsible for both administrative and criminal investigations.
- 115.21(g) N/A per DOJ
- 115.21(h) N/A per DOJ

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.21 AS PROVISIONS 115.21(a) & 115.21(d) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AUDITOR TO RE-INTERVIEW A SAMPLING OF STAFF BY FEBRUARY 2016 TO DETERMINE IF THEY ARE AWARE THE SEX ABUSE RESPONSE PROTOCOL.
2. AGENCY TO PROVIDE DOCUMENTATION REGARDING THE 3 INMATES IDENTIFIED IN PAQ WHO RECEIVED FORENSIC EXAMINATIONS OVER THE PAST 12 MONTHS.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 2/29/16:

1. CORRECTIVE ACTION ON-SITE FACILITY REVIEW CONDUCTED ON 2/29/16 WHERE SELECTION OF 10 RANDOM STAFF, ON DUTY, FROM VARIOUS HOUSING UNITS IN BOTH NORTH AND SOUTH TOWERS WERE INTERVIEWED REGARDING SEXUAL ABUSE RESPONSE PROTOCOL. EACH STAFF MEMBER THAT WAS INTERVIEWED VERIFIED THROUGH RESPONSE TO AUDITOR'S QUESTIONS, THE AGENCY'S PROTOCOL FOR OBTAINING USABLE PHYSICAL EVIDENCE SUBSEQUENT TO AN INMATE'S ALLEGATION OF SEXUAL ABUSE AND 1ST RESPONDER RESPONSIBILITIES. STAFF ALSO RESPONDED APPROPRIATELY TO QUESTIONS REGARDING RESPONSIBILITIES IN RESPONSE TO BEING ALERTED OF AN INMATE AT RISK OF IMMEDIATE SEXUAL ABUSE AND ANNOUNCEMENTS WHEN ENTERING A HOUSING UNIT THAT HOUSES RESIDENTS OF THE OPPOSITE GENDER. STAFF VERIFIED THEIR KNOWLEDGE AND UNDERSTANDINGS OF THE STANDARDS THAT COVER THOSE AREAS OF RESPONSIBILITY. AGENCY IS IN COMPLIANCE WITH STANDARD PROVISION 115.21(A).
2. AUDITOR FOUND THERE WERE 2 INMATES WHO RECEIVED FORENSIC EXAMINATIONS OVER THE PAST 12 MONTHS AND AGENCY PROVIDED VERIFICATION OF FORENSIC EXAMINATION WHICH IS SECURED IN THE MEDICAL RECORDS OF INMATES AND DOCUMENTED IN THE INVESTIGATIVE REPORTS. AGENCY IS IN COMPLIANCE WITH STANDARD PROVISION 115.21(D).

AUDITOR HAS DETERMINED THAT AGENCY IS IN COMPLIANCE WITH STANDARD 115.21.

115.22**Policies to ensure referrals of allegations for investigations**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.22(a) Policy 14.15 page #4 mandates Agency ensures administrative or criminal investigations are completed for all allegations of sex abuse & sex harassment. In past 12 months, a total of 9 sex abuse & sex harassment allegations were received. Out of those 8, 7 resulted in administrative investigations and 2 were referred for criminal investigation. 3 investigations are still pending at time PAQ was provided to auditor. Interview with Undersheriff verifies that all administrative & criminal allegations of sexual abuse are fully investigated. 4 teams of sex abuse investigators conduct sex abuse investigations. During on-site audit, Agency failed to provide auditor with investigative reports & findings on criminal & administrative cases.
- 115.22(b) Policy 14.15 mandates sex abuse/sex harassment allegations be referred for investigation with agency with legal authority to conduct criminal investigations. Santa Clara County Sheriff's office conducts its own criminal investigations. Interview with both Internal Affairs & Criminal Investigators verify Agency conducts both Criminal and Administrative sex abuse investigations. All allegations of sex abuse are investigated. Review of Agency website in Custody PREA section found policy narrative related to all sex abuse/harassment allegations being investigated is missing. Documentation of referrals of allegations of sexual abuse/harassment was not provided to auditor during the on-site review.
- 115.22(c) Santa Clara County Sheriff's Department conducts its own criminal investigations. Standard provision 115.22(c) does not apply to this Agency.
- 115.22(d) N/A per DOJ
- 115.22(e) N/A per DOJ

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.22 AS PROVISIONS 115.22(a) & 115.22(b) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH INVESTIGATIVE REPORTS & FINDINGS CONDUCTED SINCE OCTOBER 2014 ON THE 2 CRIMINAL AND 7 ADMINISTRATIVE CASES IDENTIFIED BY AGENCY.
2. AGENCY TO PROVIDE DOCUMENTATION OF REFERRALS OF ALL ALLEGATIONS OF SEXUAL ABUSE & SEXUAL HARASSMENT TO SEXUAL ABUSE INVESTIGATORS SINCE OCTOBER 2014.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE COMPLETION 2/29/16:

CORRECTIVE ACTION ON-SITE FACILITY REVIEW CONDUCTED ON 2/29/16. 9 INVESTIGATIONS WERE PROVIDED TO AUDITOR DURING THE REVIEW. AUDITOR HAS DETERMINED BASED UPON REVIEW OF INVESTIGATIVE FILES AND INTERVIEWS WITH ADMINISTRATION AND INVESTIGATIVE STAFF THAT STANDARD PROVISIONS 115.22(A) AND 115.22(B) HAVE BEEN SATISFIED. AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.22.

115.31**Employee training**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.31(a) Policy 14.15 mandates all staff including contractors & volunteers responsible for supervision inmates or who may come in contact with inmates will receive PREA training. The 10 criteria identified in Standard provision 115.31(a) is included in the policy as the topics PREA training will consist of. Agency only provided Cross Gender supervision and search training curriculum. PREA training curriculum was provided and covers all criteria outlined in Standard provision 115.31(a). Interviews with random sample of staff verify their education and training in each of the training criteria identified in Standard provision 115.31(a). During on-site review, auditor was provided electronic PREA training records for all custody staff. Auditor was not provided the acknowledgment forms that accompany the sign-in sheets. Training acknowledgement forms were provided for all volunteers, contractors, medical & mental health staff.
- 115.31(b) Policy 14.15 mandates PREA training shall be tailored to the gender of the inmates at the employee's facility. If employee is reassigned from a facility that houses only male inmates to one that houses only female inmates or visa versa, that employee shall receive additional training. Refresher training records for custody staff was provided to auditor & complies with Standard 115.31(b).
- 115.31(c) In the past 12 months 1036 (769 badge & 267 non-badge) staff were trained or retrained on PREA requirements. This is facility's 1st PREA audit so no calculations of percentages trained since last PREA audit is available. Employees who have contact with inmates receive bi-annual refresher training. No training curriculum was provided with PAQ. During on-site review, auditor was provided the complete PREA training curriculum, which complies with Standard 115.31. Auditor was provided refresher training records for custody staff for year 2015.
- 115.31(d) Agency indicates they document employee training in PREA through signature and acknowledgment. No PREA verification documentation provided with PAQ. During on-site review, auditor was provided only electronic PREA refresher training verification for custody staff. No training acknowledgment verification documentation provided.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.31 AS PROVISIONS 115.31(a) & 115.31(d) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH PREA TRAINING ACKNOWLEDGEMENT FORMS FOR STAFF THAT HAS RECEIVED TRAINING SINCE OCTOBER 2014 TO VERIFY COMPLIANCE FOR STANDARDS 115.31(a) & 115.31(d).

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 12/29/15:

ON DECEMBER 29, 2015, AGENCY PROVIDED AUDITOR WITH 5 VOLUMES OF CONTRACTOR AND VOLUNTEER PREA TRAINING ACKNOWLEDGEMENT FORMS. THE TRAINING WAS CONDUCTED BETWEEN 8/30/14 AND 1/28/15. ACKNOWLEDGEMENTS MATCH THE TRAINING SIGN-IN SHEETS PREVIOUSLY PROVIDED BY AUDITOR. AGENCY ALSO INDICATED THE STAFF REFRESHER TRAINING ON CROSS-GENDER SEARCHES WAS AN ONLINE TRAINING FORMAT AND THERE WERE NO ACKNOWLEDGEMENT FORMS, ONLY ELECTRONIC VERIFICATION OF COMPLETION. THE ONLINE TRAINING ASKS QUESTIONS AND MANDATES A RESPONSE BEFORE MOVING FORWARD. STAFF HAVE THE OPPORTUNITY AT THE END OF THE TRAINING SESSION TO ASK QUESTIONS OF TRAINING STAFF BEFORE LEAVING THE TRAINING SITE. STANDARD PROVISIONS 115.31(A) AND 115.31(D) HAVE BEEN MET. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.31.

115.32	Volunteer and contractor training
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.32(a) Policy 14.15 page #17 & 18 mandates all volunteers & contractors who have contact with inmates be trained in PREA. To date 261 contractors & volunteers have been trained in PREA. Interviews with Aramark contractor and Chaplaincy volunteer indicate both have received the same PREA training as custody staff. To date 100% of contractors & volunteers have received PREA training. During on-site review, Agency did not provide auditor with copies of volunteer & contractor training records or acknowledgment of understanding.
- 115.32(b) Policy 14.15 page #18 mandates all contractors and volunteers responsible for supervision inmates or whom may come in contact with inmates in custody facilities and in all out-of-custody programs will receive the same PREA training as staff. Interviews with Aramark contractor and Chaplaincy volunteer indicate both have received the same PREA training as custody staff. To date 100% of contractors & volunteers have received PREA training. During on-site review, Agency did not provide auditor with copies of volunteer & contractor training records or acknowledgment of understanding.
- 115.32(c) General Order 14.15 policy mandates the facility PREA Manager maintain the PREA training documentation of contractors and volunteers. No training verification provided with PAQ. During on-site review, Agency did not provide auditor with copies of volunteer & contractor training records or acknowledgment of understanding.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.32 AS PROVISIONS 115.32(a), 115.32(b) & 115.32(c) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH COPIES OF VOLUNTEER AND CONTRACTOR TRAINING RECORDS OR ACKNOWLEDGEMENT OF UNDERSTANDING OF THE SPECIFIC TRAINING TO VERIFY COMPLIANCE WITH STANDARD 115.32

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 1/2/16:

AGENCY PROVIDED 285 VOLUNTEER & CONTRACTOR PREA TRAINING RECORDS & ACKNOWLEDGEMENTS OF UNDERSTANDING. TRAINING OCCURRED BETWEEN 8/26/14 TO 1/30/15. AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.32.

115.33**Resident education**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.33(a) Inmates are provided Inmate Rule Book and a 1-page pamphlet at intake which outlines the Department's Zero Tolerance policies on both sexual harassment and acts of sexual violence. Reporting options are outlined. Interview with intake staff verifies provision of Inmate Handbook and Sexual Awareness Pamphlet at Intake. Interview with inmates determine the majority remember receiving the documentation at Intake, but did not read it. During on-site review, Auditor observed both the handbook and pamphlet on both the female and male booking desks. Auditor observed the booking process & inmates were provided documentation at the end of their Intake session before moving to Classification.
- 115.33(b) Agency provides PREA education to inmates during the intake/booking process. Information is disseminated via Inmate Orientation Rule Book, Pamphlet and Inmate orientation video. During on-site review, Auditor observed each housing unit switching the televisions to the PREA channel at the same time on Wednesdays. The PREA video plays a loop and plays all day.
- 115.33(c) Policy 14.15 has no mandate to provide PREA retraining to inmates who are transferred from one facility to another. PREA education for inmates are provided during Intake and Classification, then again in housing unit every Wednesday per interview with Intake staff. Review of 15 random screening records verify both PREA assessments and PREA education material have been provided to all but 1.
- 115.33(d) Policy 14.15 compliant with regards to Standard provision 115.33(d), however, PAQ indicates Agency does not provide inmate education in formats accessible to inmates who are Visually impaired, Otherwise disabled & Limited in their reading skills. Review of inmate education materials indicate the Inmate Handbook and Sexual Assault Pamphlet are provided in English, Spanish and Vietnamese. Interpreters are provided should an inmate require them. Agency does not provide inmate education in formats accessible to inmates who are Visually impaired, Otherwise disabled & Limited in their reading skills.
- 115.33(e) Inmate participation in PREA education is documented on the PREA Reporting Information Worksheet to include all steps taken to provide effective communication and understanding to inmates with disabilities or limited English proficiency. Auditor reviewed the screening files which contain the PREA Reporting Information worksheet to verify inmate participate in PREA education.
- 115.33(f) PREA education is provided continuously through video loop in housing unit television, posters in housing units and inmate handbooks provided at intake. During on-site review, Auditor verified each housing unit provides the PREA education video at the same time on the unit television for all inmates. The video runs all day after 10am. The PREA poster is provided in each housing unit with confidential phone number for Rape Crisis Center & advocacy. There is no narrative in the poster to indicate hot-line confidential numbers are not monitored. Auditor called the hot-line & discovered the line is monitored.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.33 AS PROVISIONS 115.33(c) 115.22(d) & 115.33(f) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AMEND POLICY 14.15 TO INCLUDE MANDATE FOR PROVISION OF PREA RETRAINING TO INMATES WHO ARE TRANSFERRED FROM ONE FACILITY TO ANOTHER SHOULD THE POLICIES &/OR PROCEDURES DIFFER FROM THOSE OF THE PREVIOUS FACILITY.
2. AGENCY TO PROVIDE SPECIFIC METHOD OR FORMAT WHICH PROVIDES PREA EDUCATION TO INMATES WHO ARE VISUALLY IMPAIRED OR OTHERWISE DISABLED & LIMITED IN THEIR READING SKILLS.
3. AMEND PREA EDUCATION POSTER, WHICH PROVIDES FOR CONFIDENTIAL REPORTING & ADVOCACY CONTACT INFORMATION TO INDICATE THAT THE CONFIDENTIAL NUMBERS ARE NOT MONITORED.
4. AGENCY TO CORRECT HOT-LINE CONFIDENTIAL NUMBER PHONE RESPONSE MESSAGE TO REMOVE THE AUTOMATIC MESSAGE INDICATED "THE PHONE CALL MAY BE MONITORED." *AUDITOR WILL CONDUCT ON-SITE CORRECTIVE ACTION REVIEW TO DETERMINE COMPLIANCE WITH BOTH POSTERS AND PHONE CONTACT MESSAGE.*

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION DATE 6/18/16:

1. AGENCY PROVIDED DIRECTIVE MEMORANDUM DATED 4/15/16, MANDATING STAFF TO OFFER AND GIVE THE SEXUAL ASSAULT AWARENESS EDUCATION PAMPHLET IN ONE OF THE 3 LANGUAGES OF THE CHOICE OF ANY FEMALE INMATE TRANSFERRED BETWEEN ELMWOOD WOMEN'S FACILITY AND THE MAIN JAIL. INMATE WILL BE PROVIDED THE OPPORTUNITY TO ASK QUESTIONS REGARDING THE EDUCATION PAMPHLET AND SIGN A PAMPHLET RECEIPT AS VERIFICATION OF RECEIPT. THIS PROTOCOL APPLIES ONLY TO THE FEMALE INMATES AS POLICY & PROCEDURE CHANGES BETWEEN ALL FEMALE FACILITY TO A PREDOMINATELY MALE FACILITY IN THE SANTA CLARA COUNTY JAIL SYSTEM. AGENCY COMPLIES WITH STANDARD PROVISION 115.33(c).
2. ON 6/18/16, AGENCY PROVIDED AUDITOR WITH SPECIFIC DIRECTIVE TO CLASSIFICATION STAFF WHICH MANDATES SPECIFIC PROTOCOL WHICH IDENTIFIES INMATES WHO ARE LIMITED IN THEIR READING SKILLS. THE PROTOCOL IS AS FOLLOWS, "DURING EVERY CLASSIFICATION INTERVIEW WITH AN INMATE, CLASSIFICATION STAFF WILL HAVE EACH AND EVERY INMATE READ A COUPLE OF BASIC SENTENCES ALOUD THAT ARE PREA RELATED. CLASSIFICATION STAFF WILL ASK THE INMATE IF THEY UNDERSTOOD WHAT THEY JUST READ AND THE INMATE CAN EITHER CONFIRM OR DENY THAT THEY UNDERSTOOD. THAT CONFIRMATION OR DENIAL WILL BE DOCUMENTED ON THE SUPPLEMENTAL WORKSHEET. IF THE INMATE SAYS THAT THEY DO NOT UNDERSTAND, THE CLASSIFICATION DEPUTY WILL ATTEMPT TO EXPLAIN THE INFORMATION CONTAINED IN THE SENTENCES THE INMATE JUST READ AS SIMPLY AND CLEARLY AS POSSIBLE. IF THE INMATE STILL DOES NOT UNDERSTAND, CLASSIFICATION STAFF WILL FILL OUT A MED/PSYCH REFERRAL FOR THE INMATE AS POSSIBLY BEING DEVELOPMENTALLY DISABLED (DD) AND POTENTIALLY NEEDING FURTHER ASSESSMENT. THAT REFERRAL WOULD BE FORWARDED TO THE INTAKE NURSE FOR PROCESSING FROM THERE. THIS REFERRAL WOULD ALSO BE DOCUMENTED ON THE SUPPLEMENTAL PREA WORKSHEET AS BOX TO BE CHECKED. A COPY OF THE REFERRAL WOULD THEN BE ATTACHED TO THE ENTIRE PREA PACKET THAT GETS SUBMITTED UP THE CHAIN." AGENCY COMPLIES WITH STANDARD PROVISION 115.33(d).
3. AGENCY PROVIDED AUDITOR WITH PHOTO VERIFICATION OF NEW PREA SIGNAGE POSTED IN ALL GENERAL AREAS OF THE MAIN JAIL COMPLEX TO INCLUDE EVERY HOUSING UNIT, SIGNAGE PLACED NEAR EVERY PHONE, HALLWAYS LEADING TO HOUSING UNITS AND VISITING AREAS FOR 3RD PARTY REPORTING. ALL POSTERS ARE IN 3 LANGUAGES (ENGLISH, SPANISH & VIETNAMESE), PROVIDE FOR OUTSIDE REPORTING CONTACT INFORMATION. THE POSTERS ALSO INDICATE THE NUMBERS ARE

NOT MONITORED BY AGENCY AND PROVIDE LIMITS OF CONFIDENTIALITY FROM THE OUTSIDE AGENCIES AND MANDATORY REPORTING LAW. AGENCY COMPLIES WITH STANDARD PROVISION 115.33(d).

4. ON APRIL 18, 2016, AUDITOR CONDUCTED SITE FACILITY REVIEW & TESTED THE INMATE PHONE LINES. INMATE MUST USE HIS/HER PIN NUMBER AND THE CONTACT NUMBER TO THE YWCA RAPE CRISIS CENTER HOTLINE HAS BEEN CHANGED TO AN 800 TOLL-FREE NUMBER. THE HOTLINE IS NO LONGER MONITORED AND WENT DIRECTLY TO THE RAPE CRISIS CENTER. AGENCY COMPLIES WITH STANDARD PROVISION 115.33(f).

AGENCY HAS COMPLIED WITH STANDARD PROVISIONS 115.33(c) 115.22(d) & 115.33(f). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.33.

115.34	Specialized training: Investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.34(a) Policy 14.15 mandates required training for investigators conducting sex abuse investigations in a confinement setting. Training for all investigators is through NICIC. Agency has identified 8 investigators for sex abuse cases. Interviews with both Criminal Investigators and Internal Affairs Investigative Staff indicate the 8 investigators assigned to sex abuse cases are trained in sex abuse investigations in a correctional setting. Agency provided verification of training via NICIC special investigator completion certificate. Agency conducts both administrative and criminal investigations.
- 115.34(b) NICIC training includes interviewing techniques, Garrity & Miranda warnings, sex abuse evidence collection in confinement settings and criteria & evidence required to substantiate a case for administrative action or prosecution referral. Interview with investigators verified their knowledge and education with regards to the topics covered during the training. Training records of all 8 investigators have been provided to auditor.
- 115.34(c) Out of the 8 sexual abuse investigators, all have provided verification of investigator training via NICIC Investigation in a confinement setting.
- 115.34(d) Standard provision 115.34(d) does not apply to this Agency as it is a County jail, not a State entity or DOJ component.

115.35**Specialized training: Medical and mental health care**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.35(a) Policy mandates all staff, contractors & volunteers who supervise or come in contact with inmates will receive PREA training which consists of the 10 criteria identified with the badge staff training. Agency unable to provide the number of medical and mental health practitioners who work regularly at the facility who received training, but indicate 100% have received PREA training. Interview with medical and mental health staff indicate they are trained in PREA which is in addition to their professional training which covers the same material. Agency has not provided training records or acknowledgment & understanding documentation for the PREA training.
- 115.35(b) Standard provision 115.35(b) is not applicable to this Agency/Facility. No forensic examinations are conducted at the Main Jail Facility, where the medical clinic is located. Forensic examinations are conducted at Santa Clara Valley Medical Center.
- 115.35(c) Policy mandates retention of proof of training referenced in Standard 115.35. Agency has not provided training records or acknowledgment & understanding documentation for the PREA training for medical or mental health staff.
- 115.35(d) Policy mandates all staff, contractors & volunteers who supervise or come in contact with inmates will receive PREA training which consists of the 10 criteria identified with the badge staff training. Agency has not provided training records or acknowledgment & understanding documentation for the PREA training for medical or mental health staff.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.35 AS PROVISIONS 115.35(a) 115.22(c) & 115.35(d) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH PREA TRAINING RECORDS OR ACKNOWLEDGEMENT OF UNDERSTANDING DOCUMENTATION FOR MEDICAL & MENTAL HEALTH STAFF FOR COMPLIANCE VERIFICATION WITH STANDARD PROVISIONS 115.35(a) 115.35(c) & 115.35(d)

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETED 1/2/16:

AGENCY INDICATED 269 MEDICAL AND MENTAL HEALTH STAFF WORK AT FACILITY AT TIME OF AUDIT WAS 269. AGENCY PROVIDED PREA TRAINING SIGN-IN SHEETS & ACKNOWLEDGEMENT OF UNDERSTANDING FOR MEDICAL & MENTAL HEALTH STAFF FROM 8/26/14 TO 4/22/15. REVIEW 174 OF THE TRAINING ROSTERS AND ACKNOWLEDGEMENT INDICATE 100% OF MEDICAL AND MENTAL HEALTH STAFF HAVE BEEN TRAINED BETWEEN 8/26/14 TO 4/22/15. AGENCY HAS COMPLIED WITH STANDARD PROVISIONS 115.35(a) 115.22(c) & 115.35(d). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.35.

115.41**Screening for risk of victimization and abusiveness**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.41(a) Policy 14.15 mandates that all those detained or incarcerated be screened for history of sexual abuse at intake to identify history of sexually assaultive behavior and potential vulnerabilities. Interview with screening staff indicate they conduct screening on inmates that have been transferred from one facility to another to satisfy housing and programming.
- 115.41(b) Policy 14.15 mandates that all those detained or incarcerated be screened for history of sexual abuse at intake to identify history of sexually assaultive behavior and potential vulnerabilities. Interview with Screening & Classification staff & on-site review observations determine screening is conducted immediately after the booking process and before the Classification process when the inmate arrives.
- 115.41(c) The classification worksheet proves as an objective screening instrument & provides response from inmate an observation from classification staff to make a determination to inmates housing and programming in a manner that provides for the inmate's safety. Screening instrument was provided to auditor and is compliant with Standard provision 115.41(c).
- 115.41(d) The intake classification worksheet (Santa Clara County version of the objective screening instrument) provides for 9 of the 10 criteria identified in Standard provision 115.41(d). Agency does not honor holding an individual solely for immigration purposes due to County Policy and approved by the Board of Supervisors of the County of Santa Clara per Board Policy 3.54 for Civil Immigration Detainer Requests, therefore, Criteria #10 is not included in the Classification Assessment PREA Worksheet. Interview with screening staff indicate the Instrument is used for housing & programming assignments. Auditor reviewed 15 screening files and found 8 Classification Assessment PREA Worksheets failed to include comments by Classification reviewer to inform how the instrument was used in determining the inmate's housing and programming based upon the responses provided in the instrument.
- 115.41(e) The intake classification worksheet provides for 9 of the 10 criteria identified in Standard provision 115.41(d). Agency does not honor holding an individual solely for immigration purposes due to County Policy and approved by the Board of Supervisors of the County of Santa Clara per Board Policy 3.54 for Civil Immigration Detainer Requests, therefore Criteria #10 is not included in the Classification Assessment PREA Worksheet. Review of Screening instrument indicates prior acts of sexual violence, prior convictions for violent offenses and history of prior institutional violence or sexual abuse is considered when assessing inmates for risk of being sexually abusive.
- 115.41(f) Policy 14.15 mandates an inmate's reassessment within 30 days from inmate's arrival at the facility for risk of victimization or abusiveness based upon any additional relevant information received by the facility since the intake screening. Number of inmates entering the facility either through intake or transfer who were reassessed for their risk of victimization or of being sexually abused within 30 days after their arrival at the facility based upon any additional

relevant information received since intake was not provided with PAQ. Interview with Classification personnel indicates inmates are re-screened upon receipt of any information, which may compromise the inmate's sexual safety or indicate inmate has exhibited a sexual predatory behavior. Review of 15 screening records indicated 2 inmates over the past 12 months who had been re-assessed for classification purposes, not PREA re-assessment.

- 115.41(g) Policy mandates continual risk assessment for all inmates will be conducted upon each report, referral and incident of abuse or receipt of additional information that may affect the inmate's risk of sexual victimization or abusiveness. Agency does not possess a system, which identifies reassessment of inmates for risk of sexual victimization. Agency is in the process of purchasing an updated computer system, which will capture this information. Random sampling of screening files did not discover any re-screening of inmates due to risk of sexual victimization or abusiveness.
- 115.41(h) Policy 14.15 specifically prohibits disciplining inmates for refusing to answer or for not disclosing complete information in response to questions asked regarding sexual victimization or abusiveness. Interview with screening staff indicates inmates are not disciplined for refusing to answer questions during screening.
- 115.41(i) Policy 14.15 does not provide specific narrative which mandates appropriate controls of the dissemination within the facility of responses to questions asked pursuant to the Objective Screening Instrument, nor is there mandated instructions in place to ensure sensitive information is not exploited to the inmate's detriment by staff or other inmates. On site observation by auditor verifies Classification Unit maintains the screening files in a locked room within locked cabinets. Only Classification staff have access & staff who is not assigned to Classification and have a need to know, can only view the files while Classification staff is present.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.41 AS PROVISIONS 115.41(d) & 115.41(f) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AUDITOR TO REVIEW A SAMPLING OF SCREENING FILES DURING CORRECTIVE ACTION ON-SITE REVIEW TO VERIFY COMPLIANCE WITH STANDARD PROVISION 115.41(d).

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETED 6/17/16:

AGENCY PROVIDED AUDITOR WITH 13 RANDOMLY SELECTED INMATE SCREENING RECORDS. ALL RECORDS INCLUDED WRITTEN DOCUMENTATION FROM CLASSIFICATION DEPUTIES THAT INCLUDED DETERMINATIONS FOR INMATE HOUSING AND PROGRAMMING BASED UPON THE RESPONSES PROVIDED IN THE OBJECTIVE SCREENING INSTRUMENT. AGENCY HAS COMPLIED WITH STANDARD PROVISION 115.41(d).

AGENCY RECENTLY INSTITUTED A NEW PREA CLASSIFICATION SCREENING PROTOCOL IN 2016. REVIEW OF 13 RANDOMLY SELECTED CLASSIFICATION SCREENING FILES AUDITOR FOUND 2 INMATES DID NOT RECEIVE REASSESSMENTS WITHIN THE 30 DAY PERIOD. THE REMAINING 11 FILES WERE COMPLIANT WITH THE STANDARD PROVISION. AGENCY HAS INSTITUTIONALIZED THEIR PREA CLASSIFICATION SCREENING PROCEDURES. AGENCY HAS COMPLIED WITH STANDARD PROVISION 115.41(f).

AUDITOR HAS DETERMINED THAT AGENCY MEETS STANDARD 115.41.

115.42**Use of screening information**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.42(a) The Risk Screening Instrument information is considered to inform for housing and programming with the goal of inmate safety in mind. Interview with PREA Compliance Manager & Risk Screening staff indicate that programming and housing are determined based upon information received by using the screening instrument. Review of 15 screening files determined that 8 of the files had no determination provided in the comments section to verify how placement within the facility was made.
- 115.42(b) Policy 14.15 states "Appropriate classification and housing assignments shall be made based on the information received/discovered during the screening and file review". Interview with Screening and Classification staff verifies inmate assignments are made based upon information gleaned from the screening instrument and file review.
- 115.42(c) Policy 14.15 complies with Standard provision 115.42(c) with regards to decisions based on case by case evaluation for LGBTI inmate housing, programming and placement. PREA Compliance Manager supports Policy narrative during interview. Interview with inmate of the LGBTI community states Classification & Psych asked questions about his/her safety within the facility. He/she was placed in a Protective Custody housing unit for her protection. He/she has no problem with the current housing placement. This verifies consideration is provided on case by case evaluation for LGBTI housing & programming.
- 115.42(d) Policy 14.15 mandates transgender & intersex inmates be reassessed at least twice a year to review any threats to safety experienced by the inmate. Interview with PREA Compliance Manager & Screening staff verify compliance with Policy and Standard provision 115.42(d). Transgender inmate that was interviewed had been housed in the Main Jail for only 2 months. No reassessment documentation available with regards to review.
- 115.42(e) Policy 14.15 mandates that a transgender or intersex inmate's own views with respect to his or her own safety will be given serious consideration. Interviews with PREA Compliance Manager, Screening Staff & Transgender inmate all verify consideration of transgender's respect to his/her own safety is given consideration. Inmate interview indicated both Classification and Psych asked about views with respect to safety.
- 115.42(f) Policy 14.15 mandates transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Interview with PREA Compliance Manager, Screening staff & Transgender inmate all agree Transgender inmates are provided opportunity to shower separately from other inmates. The showers in the PC unit are separate showers which are located on both floors of the POD in the corners in view of both staff and inmates from their cells. The showers are frosted which provide for viewing from chest up & knee down, however, if a Transgender inmate is 6 ft. tall or taller (which the inmate interviewed was), various private anatomical parts are viewed in violation of this Standard provision. Females are also housed in the PC unit & provided privacy screens. Transgender inmate was not provided a privacy shower

screen as a practice when Auditor conducted the on-site audit review.

115.42(g) Policy 14.15 incorporates language from Standard provision 115.42(g) and is deemed compliant with this Standard provision. Agency does not place members of the LGBTI community in dedicated facilities. Auditor had the opportunity to interview inmates of the LGBTI community in a number of different facilities based upon their classification & placement for their safety.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.42 AS PROVISIONS 115.42(a) 115.42(f) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AUDITOR TO REVIEW A SAMPLING OF SCREENING FILES DURING CORRECTIVE ACTION ON-SITE REVIEW TO VERIFY COMPLIANCE WITH STANDARD PROVISION 115.42(d) & 115.42(f).
2. AGENCY TO PROVIDE AUDITOR WITH POLICY OR WRITTEN PROCEDURE MANDATING TRANSGENDER INMATES ARE PROVIDED PRIVACY SHOWER SCREENS DURING CLOTHING CHANGE IN CELLS OR SHOWERING WHEN SHOWER IS LOCATED ON POD TIER IN VIEW OF INMATES.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 6/17/16:

ON 6/17/16, AGENCY PROVIDED AUDITOR WITH RANDOM SAMPLE OF 13 PREA CLASSIFICATION INMATE SCREENING RECORDS. REVIEW OF THESE RECORDS VERIFIED CLASSIFICATION DEPUTIES ARE PROVIDING WRITTEN DOCUMENTATION THAT INCLUDED DETERMINATIONS FOR INMATE HOUSING AND PROGRAMMING BASED UPON THE RESPONSES PROVIDED IN THE OBJECTIVE SCREENING INSTRUMENT. AGENCY HAS COMPLIED WITH STANDARD PROVISION 115.42(d).

ON 4/2/16, AGENCY PROVIDED AUDITOR WITH PHOTOS OF 5TH & 6TH FLOOR HOUSING UNIT AND THE MEDICAL INFIRMARY NEWLY PURCHASED PRIVACY SCREENS TO BE PROVIDED FOR FEMALE, TRANSGENDER AND INTERSEX INMATES WHILE SHOWERING TO DISSUADE CROSS-GENDER VIEWING. TRANSGENDER AND INTERSEX INMATES CAN BE HOUSED ON EITHER FLOOR. TRANSGENDER INMATES CAN NOW SHOWER WITH PRIVACY SCREEN IN PLACE TO REMOVE CHANCE OF CROSS-GENDER VIEWING. AGENCY ALSO PROVIDED PRIVACY SCREEN DIRECTIVE TO STAFF MANDATING USE OF THE PRIVACY SCREENS FOR BOTH UPPER AND LOWER LEVEL SHOWERS TO NEGATE THE OPPORTUNITY FOR CROSS-GENDER VIEWING DURING SHOWERING. AGENCY IS INCOMPLIANCE WITH STANDARD PROVISION 115.42(f).

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.42.

115.43

Protective custody

Exceeds Standard (substantially exceeds requirement of standard)

Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.43(a) Policy 14.15 has no mandate which complies with Standard provision 115.43(a). Interview with facility Captain indicates placement of inmates at high risk for sexual victimization or who made allegations of sexual abuse in involuntary segregated housing is prohibited. If this was to occur due to limited housing space, a 30-day review will be conducted to determine if placement is to continue. Over the past 12 months, there is no record of inmate placement in Involuntary Segregation who meet the criteria outlined in Standard provision 115.43(a).
- 115.43(b) Policy 14.15 has no mandate which complies with Standard provision 115.43(b). On-site review observation and interview with Administrative Segregation staff determines there are no involuntary segregation of inmates who made allegations of sexual abuse or who are at risk for sexual victimization in Administrative Segregation. There is no policy language, which complies with Standard provision 115.43(b).
- 115.43(c) There have been no involuntary assignment of inmates to segregated housing for longer than 30 days while awaiting alternative placement. Interview with facility Captain indicates placement of inmates at high risk for sexual victimization or who made allegations of sexual abuse in involuntary segregated housing is prohibited. If this was to occur due to limited housing space, a 30-day review will be conducted to determine if placement is to continue. Over the past 12 months, there is no record of inmate placement in Involuntary Segregation who meet the criteria outlined in Standard provision 115.43(a).
- 115.43(d) There have been no involuntary assignment of inmates to segregated housing for longer than 30 days. No inmates who meet criteria outlined in Standard provision 115.43(a) are housed in Involuntary Segregation as verified through on-site review observation and lack of documentation.
- 115.43(e) There is no policy narrative that complies with Standard provision 115.43(e).

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.43 AS PROVISIONS 115.43(a) 115.43(b) & 115.43(e) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO AMEND POLICY 14.15 TO MANDATE THE PROHIBITION OF PLACING INMATES AT HIGH RISK OF SEXUAL VICTIMIZATION IN INVOLUTARY SEGREGATED HOUSING UNLESS AN ASSESSMENT OF ALL AVAILABLE ALTERNATIVES HAS BEEN MADE, AND AN DETERMINATION HAS BEEN MADE THAT THERE ARE NO AVAILABLE ALTERNATIVE MEANS OF SEPARATION FROM LIKELY ABUSERS. FACILITY WILL NOT HOLD THE INMATE IN INVOLUNTARY SEGREGATED HOUSING FOR MORE THAN 24 HOURS IF AN IMMEDIATE ASSESSMENT HAS NOT BEEN CONDUCTED.
2. AGENCY TO AMEND POLICY 14.15 TO MANDATE INMATES PLACED IN INVOLUNTARY SEGREGATED HOUSING FOR THE PURPOSE OUTLINED IN STANDARD PROVISION 115.43(a), SHALL HAVE ACCESS TO PROGRAMS, PRIVILEGES, EDUCATION & WORK OPPORTUNITIES TO THE EXTENT POSSIBLE. ANY RESTRICTIONS TO PROGRAMS WILL BE DOCUMENTED AS TO REASON THE LIMITATION(S) ARE IN PLACE AND DURATION OF LIMITATION.
3. AGENCY TO AMEND POLICY 14.15 TO MANDATE THAT EVERY 30 DAYS, FACILITY TO AFFORD INMATES PLACED IN INVOLUNTARY SEGREGATED HOUSING UNDER STANDARD PROVISION 115.43(a) A WRITTEN REVIEW TO DETERMINE WHETHER THERE IS A CONTINUING NEED FOR SEPARATION FROM THE GENERAL POPULATION.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 5/12/16:

AGENCY AMENDED POLICY 14.15, PROHIBITING PLACEMENT OF INMATES AT HIGH RISK FOR SEXUAL VICTIMIZATION IN INVOLUNTARY SEGREGATION UNLESS AN ASSESSMENT OF ALL AVAILABLE ALTERNATIVES HAS BEEN MADE AND IT HAS BEEN DETERMINED THAT THERE IS NO AVAILABLE ALTERNATIVE MEANS OF SEPARATION FROM LIKELY ABUSERS. FACILITY WILL NOT HOLD THE INMATE IN INVOLUNTARY SEGREGATED HOUSING FOR MORE THAN 24 HOURS IF AN IMMEDIATE ASSESSMENT HAS NOT BEEN CONDUCTED.

AGENCY AMENDED POLICY 14.15 TO MANDATE INMATES PLACED IN INVOLUNTARY SEGREGATION FOR PURPOSE OF STANDARD PROVISION 115.43(a) SHALL HAVE ACCESS TO PROGRAMS. ANY RESTRICTIONS WILL BE DOCUMENTED AS TO THE REASON THE LIMITATIONS ARE IN PLACE AND DURATION OF LIMITATION.

AGENCY AMENDED POLICY 14.15 TO MANDATE SHOULD AN INVOLUNTARY SEGREGATED HOUSING ASSIGNMENT BE MADE, CLASSIFICATION SHALL CONDUCT A FILE REVIEW EVERY 30 DAYS TO DETERMINE WHETHER THERE IS A CONTINUING NEED FOR SEPARATION FROM THE GENERAL POPULATION IN COMPLIANCE WITH STANDARD PROVISION 115.43(e). AGENCY HAS COMPLIED WITH STANDARD PROVISIONS 115.43(a) 115.43(b) & 115.43(e). AUDITOR HAS DETERMINED THAT AGENCY IS IN COMPLIANCE WITH STANDARD 115.43.

115.51	Resident reporting
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.51(a) Policy 14.15 provides multiple internal ways for inmates to privately report sex abuse, sex harassment or retaliation by other inmates or staff via confidential letter to the Sheriff, Undersheriff, Facility Captain or Internal Affairs Unit. Interviews with random sample of staff & inmates identified multiple internal ways for inmates to privately report sexual abuse/harassment, and is provided this information through the Sexual Assault Awareness pamphlet and Inmate Handbook provided during intake. Additionally, this information is provided in the PREA posters placed by every phone within the housing units as verified through on-site audit review.
- 115.51(b) Policy 14.15 provides several methods for inmates to report abuse or harassment to a public or private entity that is not part of the Agency through contact with YWCA confidential non-monitored phone contact, Santa Clara County Human Relations Office, Department of Homeland Security. Santa Clara County is a Safe Haven County & prohibited from housing inmates detained solely for civil immigration purposes, however, policy provides for immigrants held on local or federal charges to contact the Relevant Consulate. Interviews with PREA Compliance Manager and random inmates indicate contact information for the Rape Crisis Center is provided in the Sexual Assault Awareness pamphlet and Inmate Handbook. PREA posters are located near phones in each housing unit contains the toll free contact number for

inmates. During on-site review, Auditor called the number and the responding notice indicated the phone call could be monitored. Monitoring impedes confidential communication with the Rape Crisis Center and is not in compliance with Standard provision 115.51(b).

115.51(c) Policy 14.15 mandates staff to accept reports made verbally, in writing, anonymously & from 3rd parties & promptly document any verbal reports. Interviews with random sample of staff & inmates verify education and training with regards to making and accepting reports of allegations of sexual abuse from inmates, which complies with Standard provision 115.51(c).

115.51(d) Policy 14.15 provides staff method of externally reporting incidents of sexual abuse, sexual harassment including 3rd party & anonymous reports through the Dept. of Fair Employment and Housing (DFEH) & Federal Equal Employment Opportunity Commission (EEOC). Interview with random sample of staff indicates they would contact YWCA for external reporting of sexual abuse of inmates.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.51 AS PROVISIONS 115.51(b) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO REPAIR CONFIDENTIAL PHONE NUMBER TO CONFIDENTIAL RAPE CRISIS CENTER & ADVOCACY CENTER RESPONDING NOTICE BE REMOVED TO ENSURE THE PHONE CONTACT NUMBER IS NOT MONITORED. *AUDITOR WILL CONDUCT VERIFICATION REVIEW DURING CORRECTIVE ACTION SITE REVIEW.*

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION DATE 4/18/16:

ON APRIL 18, 2016, AUDITOR CONDUCTED SITE FACILITY REVIEW & TESTED THE INMATE PHONE LINES. INMATE MUST USE HIS/HER PIN NUMBER AND THE CONTACT NUMBER TO THE YWCA RAPE CRISIS CENTER HOTLINE HAS BEEN CHANGED TO AN 800 TOLL-FREE NUMBER. THE HOTLINE IS NO LONGER MONITORED AND WENT DIRECTLY TO THE RAPE CRISIS CENTER. AUDITOR HAS DETERMINED THAT AGENCY COMPLIES WITH EACH PROVISION OF STANDARD 115.51.

115.52	Exhaustion of administrative remedies
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.52(a) Policy 14.15 indicates Agency is not exempt from this Standard provision. Agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse.

115.52(b) Policy 14.15 prohibits imposition of a time limit on when an inmate submits a grievance

regarding an allegation of sexual abuse. Inmates are not required to use an informal grievance process or otherwise attempt to resolve with staff any alleged incident of sexual abuse. Review of Inmate Handbook determines there is no relevant information provided to inmates that complies with Standard provision 115.52(b).

- 115.52(c) Policy 14.15 prohibits inmates submitting grievance of sexual abuse from having to submit said grievance to a staff member who is the subject of the complaint & such grievance will not be referred to the staff member who is the subject of the complaint. Inmate handbook does not provide any grievance procedures or inmate grievance submission rights or procedures as they relate to sexual abuse grievance procedures. Inmate Handbook does not include narrative which provides compliance for Standard provision 115.52(c).
- 115.52(d) Policy 14.15 complies with Standard provision 115.52(d) and provides for Agency issuing grievance decision in accordance with the Standard provision. In the past 12 months, 2 grievances were filed that alleged sexual abuse. Agency alleges response was provided within 90 days but no grievance documentation was provided with PAQ for verification. Interview with inmates who reported a sexual abuse indicated the grievance process was not used. No grievance documentation or final decision was provided Auditor during on-site review. Over the past 12 months there have been 2 allegations of sexual abuse reported through the grievance process with no verifiable determination of disposition.
- 115.52(e) No 3rd party reports or declination of 3rd party assistance information not tracked by Agency.
- 115.52(f) Policy 14.15 states an inmate may be disciplined for filing a grievance related to alleged sexual abuse only if there is evidence that the inmate filed the grievance in bad faith. Narrative complies with Standard provision 115.52(g). In past 12 months, no inmate alleged sexual abuse through the grievance process that resulted in disciplinary action by the Agency against the inmate for having filed the grievance in bad faith.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.52 AS PROVISIONS 115.52(b), 115.52(c) & 115.52(e) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO AMEND INMATE HANDBOOK TO INCLUDE NARRATIVE INDICATING A TIME LIMIT WILL NOT BE IMPOSED FOR GRIEVANCES SUBMITTED REGARDING ALLEGATIONS OF SEXUAL ABUSE & INMATES ARE NOT REQUIRED TO USE THE INFORMAL GRIEVANCE PROCESS OR OTHERWISE ATTEMPT TO RESOLVE WITH STAFF ANY ALLEGED INCIDENT OF SEXUAL ABUSE.
2. AGENCY TO AMEND INMATE HANDBOOK TO INCLUDE NARRATIVE INDICATING AN INMATE WHO ALLEGES SEXUAL ABUSE MAY SUBMIT A GRIEVANCE WITHOUT SUBMITTING IT TO A STAFF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT & SUCH GRIEVANCE WILL NOT BE REFERRED TO A STAFF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT.
3. AGENCY TO PROVIDE A METHOD WHERE 3RD PARTY REPORTS OR DECLINATION OF 3RD PARTY ASSISTANCE INFORMATION IS TRACKED BY AGENCY.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 6/18/16:

1. ON 6/17/16, AGENCY PROVIDED AUDITOR WITH REVISED INMATE HANDBOOK WHICH INFORMS INMATES OF THE UPDATED PREA RELATED GRIEVANCE PROCEDURES ON PAGE #9. HANDBOOK INCLUDES NARRATIVE ON PAGE #9 WHICH STATES INMATES ARE NOT REQUIRED TO USE THE INFORMAL PROCESS FOR PREA RELATED GRIEVANCES AND NO TIME LIMIT TO SUBMIT PREA RELATED GREIVANCES. EMERGENCY GREIVANCES ARE HANDLED AS A PRIORITY.

2. AGENCY HAS INSTALLED LOCKED GRIEVANCE BOXES IN ALL HOUSING UNITS AND ALONG THE HALLWAYS OF THE SOUTH SEGREGATED HOUSING UNIT FOR INMATES TO ANNONYMOUSLY SUBMIT GRIEVANCES. ONLY THE SHIFT SERGEANTS HAVE ACCESS TO THE LOCKED BOXES AND REVIEW GRIEVANCES ON EACH SHIFT TO REFER TO PROPER AUTHORITIES FOR RESOLUTION.
3. AUDITOR CONDUCTED ON-SITE FACILITY REVIEW ON 2/29/16. AGENCY PROVIDED AUDITOR WITH 2 GRIEVANCES DISCUSSED IN STANDARD PROVISION 115.52(d) FOR ALLEGATION OF SEXUAL ABUSE/HARASSMENT BY STAFF. ON THE FIRST SEXUAL HARASSMENT GRIEVANCE, THE RECEIVING OFFICER PROVIDED AN INITIAL RESPONSE WITHIN 5 DAYS OF RECIEPT. 2ND LEVEL RESPONSE WAS PROVIDED WITHIN 1 DAY OF RECEIPT AT THAT LEVEL. THE SECOND SEXUAL HARASSMENT GRIEVANCE WAS SUBMITTED AS A CLAIM AGAINST THE COUNTY, TO THE BOARD OF SUPERVISORS. THIS GREIVANCE WAS REFERRED TO THE UNDERSHERIFF WHO MANDATED INTERNAL AFFAIRS CONDUCT AN INVESTIGATION INTO THE ALLEGATION. AGENCY COMPLIED WITH STANDARD PROVISION 115.52(d). ON 6/17/16, AGENCY PROVIDED AUDITOR WITH 20 RANDOM GRIEVANCES RECEIVED SINCE 2/29/16. 10 OF THE GRIEVANCES WERE PREA RELATED. THE PREA RELATED GRIEVANCES WERE RESPONDED TO WITHIN 2 DAYS OF RECIEPT. ONE WAS AN EMERGENCY GRIEVANCE CONCERNING IMMINENT SEXUAL ABUSE. THAT GRIEVANCE WAS RESPONDED THE SAME DAY IT WAS SUBMITTED AND INMATE WAS IMMEDIATELY REHOUSED.
4. AGENCY REPORTS NO 3RD PARTY GRIEVANCE ASSISTANCE AND PROVIDED AUDITOR WITH 3RD PARTY REPORTING LOG. ONE 3RD PARTY REPORT HAS BEEN RECEIVED AND DOCUMENTED FROM LOG CREATED BY AGENCY TO TRACK 3RD PARTY REPORTS. AGENCY IS IN COMPLIANCE WITH STANDARD PROVISION 115.52(e).

AGENCY COMPLIES WITH STANDARD PROVISIONS 115.52(b), 115.52(c) & 115.52(e). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.52.

115.53	Resident access to outside confidential support services
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.53(a) Policy 14.15 mandates inmate access to outside victim advocates for emotional support services via I/M Sex Assault Pamphlet in 3 languages & I/M Handbook. Inmates are not held solely for civil immigration per County Policy. Interview with random sample of inmates & inmate who reported sexual abuse indicate access is provided to outside victim advocates through toll free number identified on wall of housing unit near phones to YWCA Rape Crisis. Auditor verified inmate statements during on-site audit review of each housing unit. Recommend Agency provide additional information for confidential support services in other general areas throughout facility to promote inmate awareness of confidential support service availability.

115.53(b) Interview with random sample of inmates & inmate who reported sexual abuse indicate access is provided to outside victim advocates through toll free number identified on wall of housing unit near phones to YWCA Rape Crisis. Auditor verified inmate statements during on-site audit review of each housing unit. Recommend Agency provide additional information for confidential support services in

other general areas throughout facility to promote inmate awareness of confidential support service availability. Interview with random sample of inmates & inmate who reported sexual abuse indicate their belief that all phones are monitored. Posters which provide confidential phone contact information to Rape Crisis Center fails to include narrative indicating that the contact is not monitored. When auditor used the toll-free access number, the message provided prior to contact with the Rape Crisis Center indicated that this phone call may be monitored.

115.53(c) Agency has secured MOU with the YWCA to provide emotional support services related to sexual abuse.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.53 AS PROVISION 115.53(b) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO CORRECT RAPE CRISIS CENTER PHONE MESSAGING SYSTEM TO REMOVE THE CONTACT RESPONSE MESSAGING INDICATING THAT THE PHONE MESSAGE MAY BE MONITORED.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 4/18/16:

ON APRIL 18, 2016, AUDITOR CONDUCTED SITE FACILITY REVIEW & TESTED THE INMATE PHONE LINES. INMATE MUST USE HIS/HER PIN NUMBER AND THE CONTACT NUMBER TO THE YWCA RAPE CRISIS CENTER HOTLINE HAS BEEN CHANGED TO AN 800 TOLL-FREE NUMBER. THE HOTLINE IS NO LONGER MONITORED AND WENT DIRECTLY TO THE RAPE CRISIS CENTER. AUDITOR HAS DETERMINED THAT AGENCY COMPLIES WITH EACH PROVISION OF STANDARD 115.53.

115.54	Third-party reporting
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Agency has established multiple methods to receive 3rd party reports of sexual abuse and sexual harassment by writing a confidential letter to the Facility Captain, write confidential letter to Chief of Corrections or contacting the Internal Affairs Unit and submitting a complaint. Methods are provided publicly on Agency website as mandated by Standard provision 115.54(a).

115.61**Staff and agency reporting duties**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.61(a) Policy 14.15 requires staff to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse, sexual assault, sexual misconduct, retaliation or sexual harassment against inmates. This includes any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All incidents will be reported whether or not the incident occurred within a Santa Clara County Department of Correction facility or any other agency. Interview with random sample of staff verifies their training & education related to mandatory reporting per Policy.
- 115.61(b) Policy 14.15 mandates staff not to reveal any information related to a sexual abuse report to anyone other than to the extent necessary to report sexual abuse on need to know basis. Interview with random staff verifies their training & education with regards to providing information related to a sex abuse report only to staff on a need to know basis.
- 115.61(c) Policy 14.15 mandates medical and mental health practitioners to report sex abuse and inform inmates of practitioners duty to report & inform of limitations of confidentiality at the initiation of services. Interviews with Medical and Mental health staff verifies their duty to inform inmates of their limits of confidentiality at the initiation of services. This training was initially provided during their certification education and again during their PREA training.
- 115.61(d) Policy 14.15 indicates that if the victim is under age 18 or vulnerable adult, Agency shall report the allegation to the designated state or local services agency under applicable mandatory laws. Standard provision 115.61 and Agency policy to indicate that an investigation is immediately conducted via Internal Affairs and Criminal division investigative units & treated the same as any other sex abuse investigation using Agency protocols. There have been no alleged victims under age of 18 years or vulnerable adults.
- 115.61(e) Policy 14.15 mandates all allegations of sex abuse & sex harassment including 3rd party and anonymous reports to the PREA Coordinator, Internal Affairs Unit & Jail Crimes Investigations Unit. Interview with Facility Captain indicate all allegations of sexual abuse/harassment are immediately forwarded to the Jail Criminal Investigations unit. During on-site review, auditor reviewed electronic documentation of initial investigative files & investigation protocol & actions meet Standard provision 115.61(e).

115.62**Agency protection duties**

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

Auditor comments, including corrective actions needed if does not meet standard

Policy 14.15 mandates staff to immediately report any knowledge that an inmate is subject to substantial risk of imminent sexual abuse. The Agency shall take immediate action to protect the inmate. Number of times the agency determined inmate was subject to substantial risk of imminent sexual abuse is not currently tracked by Agency due to aging computer system. Interview with Undersheriff, Facility Captain & random sample of staff verifies the staff training and education in compliance with Standard provision 115.62(a). All staff interviewed indicated they would immediately separate victim from alleged abuser, contact Supervisor & conduct written documentation to request Classification rehouse either the victim or alleged abuser.

115.63**Reporting to other confinement facilities**

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

Auditor comments, including corrective actions needed if does not meet standard

115.63(a) Policy 14.15 mandates that Sergeants are responsible, upon receiving an allegation that an inmate was sexually abused while confined at another facility, to notify the Captain in charge of the facility where the report was generated. The Facility Captain will notify the head of the facility or an appropriate person where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation and provide the reported information. The Captain will ensure that the information and the proper notifications are recorded and reported to the PREA Coordinator. Agency reports that in the past 12 months, no allegations of sexual abuse while confined at another facility have been received.

115.63(b) The Facility Captain will notify the head of the facility or an appropriate person where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation and provide the reported information. The Captain will ensure that the information and the proper notifications are recorded and reported to the PREA Coordinator. Policy is compliant with Standard Provision 115.63(b).

- 115.63(c) The Facility Captain will notify the head of the facility or an appropriate person where the alleged abuse occurred as soon as possible, but no later than 72 hours after receiving the allegation and provide the reported information. The Captain will ensure that the information and the proper notifications are recorded and reported to the PREA Coordinator. Policy is compliant with Standard Provision 115.63(b).
- 115.63(d) Policy 14.15 mandates the Office of the Sheriff/Department of Correction will immediately respond to allegations, fully investigate reported in-custody incidents (in our facilities as well as reported to the Department by another facility), pursue disciplinary action, and refer for criminal investigation and prosecution of those inmates who perpetrate sexual misconduct and threats of sexual assault or intimidation. Agency reports that no allegations of sexual abuse have been received from other facilities during the past 12 months. Interview with Undersheriff & Facility Captain indicate Policy procedures are followed to the letter once an allegation of sexual abuse is received from another facility. Internal Affairs and Jail Criminal Investigators are promptly notified and investigation is conducted immediately.

115.64	Staff first responder duties
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.64(a) Policy 14.15 mandates upon learning of an allegation that an inmate was sexually abused, deputies/officers shall be required to immediately notify the on-duty Supervisor, separate the alleged victim and abuser; identify and separate any witnesses; preserve and protect any crime scene until steps can be taken to collect all evidence; if the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. There have been 7 allegations that an inmate was abused over the past 12 months. 1st security staff member to respond to the report separated the alleged victim & abuser during 2 incidents. 2 of the 7 incidents, staff were notified within a time period that still allowed for the collection of physical evidence. There were 2 incidents, which allowed for protecting the crime scene, ensured victim and abuser did not take actions to destroy evidence. Interview with security & non-security staff members indicate they are knowledgeable on Policy regarding protocol upon learning of an allegation that an inmate was sexually abused. Agency has not provided documentation on sex abuse allegations for auditor to verify compliance.
- 115.64(b) Policy 14.15 mandates upon learning of an allegation that an inmate was sexually abused, non-badge staff shall be required request victim not take any action to destroy physical evidence

and immediately notify a duty officer or Sergeant, who will respond and take appropriate action. Over the past 12 months there have been no instances where a non-security member was the first responder. Interview with random sample of staff and non-security staff responses verifies compliance with Standard provision 115.64(b).

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.64 AS PROVISION 115.64(a) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH DOCUMENTATION ON THE 9 SEX ABUSE ALLEGATIONS IDENTIFIED BY AGENCY IN PAQ.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 4/2/16:

AGENCY PROVIDED AUDITOR WITH DOCUMENTATION ON THE 9 SEX ABUSE ALLEGATIONS IDENTIFIED BY AGENCY IN PAQ. REVIEW OF EACH INVESTIGATION VERIFIES COMPLIANCE WITH STANDARD PROVISION 115.64(a) AS OUTLINED IN THE INTERIM REPORT NARRATIVE. AUDITOR HAS DETERMINED AGENCY IS COMPLIANT WITH STANDARD 115.64

115.65	Coordinated response
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 14.15 provides for written response protocol specific to Santa Clara County Main Jail, which provides for coordinated actions taken in response to an incident of sexual abuse among staff 1st responders, medical and mental health practitioners, investigators and facility leadership. The protocol also includes non-badge staff who respond to allegations of sexual abuse. Interview with Facility Captain indicates knowledge of the facility plan to coordinate actions among staff 1st responders & supporting staff in response to an incident of sexual abuse.

115.66	Preservation of ability to protect residents from contact with abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.66(a) Santa Clara County Sheriff's Union contract was provided by Agency. Upon review of MOU, auditor determines there is no narrative within the agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation. Interview with Undersheriff indicates the current CPOA Union contract is in the negotiation process as the current contract ended in August 2015. Contract is currently stalled in the negotiation process. During the negotiation process, the expired contract is still in effect as the Sheriff's Department is a safety agency.
- 115.66(b) N/A - Standard provision 115.66 does not apply to this Agency/Facility per DOJ.

115.67**Agency protection against retaliation**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.67(a) Policy 14.15 mandates all incidents of sexual abuse, sexual harassment and retaliation shall be reported to the PREA Coordinator. Interview with PREA Coordinator indicates he monitors retaliation through the PREA Compliance Managers at each facility.
- 115.67(b) Policy 14.15 outlines multiple protection measures for inmates or staff who fear retaliation. Inmates who fear retaliation are provided emotional support through Alameda County Health Services Mental Health referrals. Interviews with Undersheriff, Facility Captain, PREA Coordinator & inmate who reported a sexual abuse all verify Agency's protection measures for inmates and staff who fear retaliation. Both inmates and staff are monitored. Inmates can contact the Jail Observer program or the County Human Relations Council if they choose to seek monitoring outside of Agency. Additional referral measures provided for inmates inside the Agency is provided through the PREA video, posters inside facility, mental health practitioners, chaplaincy and through the grievance process. Staff are referred to the Employee Assistance Program (EAP) per union contract. Agency is kept apprised of any ongoing retaliation.
- 115.67(c) Policy 14.15 mandates that following the report of sexual abuse, Classification Unit and Mental health will monitor the conduct of inmates of sexual abuse for at least 90 days & continue to monitor beyond 90 days if the initial monitoring indicates the continued need. Interview with Facility Captain indicate any allegation of retaliation is investigated immediately through Internal Affairs & Jail investigative division. PREA Compliance manager indicates he documents monitoring efforts. Over the past 12 months there have been no incidents of retaliation.
- 115.67(d) Policy 14.15 mandates that monitoring shall also include periodic checks. Interview with PREA Coordinator indicate the periodic status checks that are conducted are through complaints review and observations of staff.
- 115.67(e) Policy 14.15 provides for any individual who cooperates with an investigation expresses fear of retaliation, Agency shall take steps to protect that individual against retaliation. Interview with Undersheriff and Facility Captain indicates Agency provides the chaplaincy free access to go through the jail to talk to staff & inmates. During on-site review, auditor observed chaplains visiting both towers' housing units.
- 115.67(f) N/A - Standard provision 115.67(f) does not apply to Agency/Facility per DOJ.

115.68	Post allegation protective custody
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 14.15 does not include narrative compliant with Standard 115.68(a)

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.68 AS PROVISION 115.68(a) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO AMEND POLICY 14.15 TO MANDATE THAT ANY USE OF SEGREGATED HOUSING TO PROTECT AN INMATE WHO IS ALLEGED TO HAVE SUFFERED SEXUAL ABUSE IS SUBJECT TO THE REQUIREMENTS OF STANDARD 115.43.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 5/12/16:

AGENCY IS FOUND TO BE COMPLIANT WITH STANDARD PROVISION 115.43(a) AND 115.43(b). AGENCY HAS AMENDED POLICY 14.15 TO COMPLY WITH REQUIREMENTS OF STANDARD PROVISION 115.68(a). AUDITOR HAS DETERMINED THAT AGENCY IS IN COMPLIANCE WITH STANDARD 115.68.

115.71	Criminal and administrative agency investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.71(a) Policy 14.15 mandates that all investigations shall be done promptly thoroughly and objectively including anonymous and 3rd party reporting. Interview with Internal Affairs and Jail Criminal investigators, they verify compliance with Policy and Standard provision 115.71(a). Review of computerized investigation records indicate compliance with the Standard, however, a number of the investigations have been completed and Auditor has not been provided copy of investigations to verify finding and disposition.

- 115.71(b) Policy 14.15 mandates that only criminal investigators who have received special training in the investigating sexual abuse will conduct sexual abuse investigations. Agency has identified 7 sexual abuse investigators. All 7 investigators have provided certificates of completion of the NICIC Investigation in Correctional Setting course. Interview with Investigative Staff and review of certificates of completion verify all sex abuse investigators have been specially trained via NICIC for Sex abuse investigations in a criminal setting.
- 115.71(c) Policy 14.15 mandates that investigators shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Investigative staff interviews verify compliance with Standard 115.71(c), however, auditor has not been provided copies of investigative files to verify demonstrated compliance.
- 115.71(d) Policy 14.15 mandates compelled interviews are conducted only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. Interviews with investigative staff indicate that per Lybarger, they consult with prosecutor before conducting compelled interviews.
- 115.71(e) Policy 14.15 mandates that the credibility of an alleged victim, suspect or witness shall be assessed on an individual bases & shall not be determined by the person's status as inmate or staff. Agency prohibits use of polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation. Interview with investigative staff indicate they view all alleged victims of sexual abuse the same. Everyone is believed unless the evidence and investigation process proves otherwise. Agency prohibits the use of polygraph or any truth-telling device as a condition for proceeding with the investigation of a sex abuse allegation.
- 115.71(f) Policy 14.15 mandates that administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse and/or sexual harassment. Interview with Internal Affairs staff indicate investigators use policy & procedure violation found during the investigation to make a determination on findings. All reports are written and documented. Auditor has not been provided copies of investigative documentation to verify demonstration of policy.
- 115.71(g) Policy 14.15 mandates that all criminal investigations shall be documented in a written report, containing a thorough description of the physical, testimonial, and documentary evidence. Documentary evidence will be attached to the report where feasible. All reports are documented providing for victim & suspect information, evidence collected, recordings of interviews, video/photo evidence, forensic evidence, witness statements, evaluation of date & findings. No copies of investigative records have been provided to auditor for demonstration of compliance.
- 115.71(h) All reports are documented providing for victim & suspect information, evidence collected, recordings of interviews, video/photo evidence, forensic evidence, witness statements, evaluation of date & findings. No copies of investigative records have been provided to auditor for demonstration of compliance. Investigative staff interviews determine substantiated allegations are referred to the District Attorney's office for prosecution.
- 115.71(i) Policy 14.15 mandates the Agency shall retain all written investigative reports for as long as the victim and the alleged abuser are incarcerated, +5 years. This policy is mandated for cases involving both inmate on inmate and staff on inmate. No criminal investigations provided to auditor for compliance verification.
- 115.71(j) Policy 14.15 mandates the departure of the alleged abuser or victim from the employment or

control of the department shall not provide a basis for terminating investigation. Interview with Investigative Staff determine the investigation continues whether or not the abuser is an inmate who has been transferred out of the Agency or released, or staff who resigned prior to completion of the investigation.

115.71(k) N/A - Agency is County Department, not State entity or DOJ. Standard provision 115.71 is not applicable to this Agency/Facility.

115.71(l) N/A - Agency conducts both criminal & administrative investigations. Standard provision 115.71 does not apply to Agency/Facility.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.71 AS PROVISIONS 115.71(a), 115.71(c), 115.71(f), 115.71(g), 115.71(h) & 115.71(i) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH COPIES OF ALL ADMINISTRATIVE AND CRIMINAL INVESTIGATIVE REPORTS ON CASES THAT HAVE BEEN CONDUCTED SINCE OCTOBER 2014

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 2/29/16:

CORRECTIVE ACTION ON-SITE FACILITY REVIEW WAS CONDUCTED BY AUDITOR ON 2/29/16. DURING THAT REVIEW, AGENCY PROVIDED AUDITOR WITH 9 COMPLETED INVESTIGATIONS OF ALLEGATIONS OF SEXUAL ABUSE. REVIEW IF THE INVESTIGATIVE FILES INDICATE COMPLIANCE WITH STANDARD 115.71(a), AS EACH INVESTIGATION WAS INVESTIGATED PROMPTLY UPON RECEIPT OF ALLEGATION AND DOCUMENTED. INVESTIGATORS USED INVESTIGATIVE PROTOCOLS PER NIC TRAINING TO OBTAIN USABLE PHYSICAL EVIDENCE IN COMPLIANCE WITH STANDARD PROVISION 115.71(c). REVIEW OF INVESTIGATIONS INDICATE INVESTIGATORS VIEW THE CRIME SCENE, NOTE PLACEMENT OF STAFF AND INTERVIEW STAFF & WITNESSES TO DETERMINE, BUT NOT LIMITED TO, ALL THE EVIDENCE WHICH MAY LEAD TO POSSIBLE STAFF INVOLVEMENT OR LACK OF POLICY/PROCEDURE BEING FOLLOWED IN COMPLIANCE WITH STANDARD PROVISION 115.71(f). 3 OUT OF THE 9 INVESTIGATIONS THAT OCCURRED OVER THE PAST 12 MONTHS WERE DEEMED CRIMINAL IN NATURE AND WERE REFERRED TO THE DISTRICT ATTORNEY'S OFFICE FOR INVESTIGATION. 1 WAS DETERMINED TO BE REFERRED TO THE DA FOR CHARGES UNRELATED TO A PREA INCIDENT. THE OTHER TWO RESULTED IN THE DA DECLINING TO PROSECUTE DUE TO INSUFFICIENT EVIDENCE. AGENCY IS COMPLIANT WITH STANDARD PROVISION 115.71(g). DURING ON-SITE FACILITY REVIEW, AGENCY PROVIDED ALL 9 INVESTIGATIONS THAT OCCURRED OVER THE PAST 12 MONTHS. POLICY IS IN COMPLIANCE WITH STANDARD PROVISION 115.71(i).

115.72	Evidentiary standards for administrative investigations
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

Policy 14.15 does not contain a narrative compliant with Standard provision 115.72. Interview with investigative staff verify preponderance of the evidence is the imposed standard for determining substantiation for sexual abuse/harassment investigations. No criminal or administrative cases have been provided to auditor for compliance verification.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.72 AS PROVISION 115.72(a) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO AMEND POLICY 14.15 TO INCLUDE NARRATIVE MANDATING THAT AGENCY SHALL IMPOSE NO STANDARD HIGHER THAN A PREPONDERANCE OF THE EVIDENCE IN DETERMINING WHETHER ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT ARE SUBSTANTIATED.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 4/12/16:

AGENCY AMENDED POLICY 14.15 TO INCLUDE NARRATIVE MANDATING THAT AGENCY SHALL IMPOSE NO STANDARD HIGHER THAN A PREPONDERANCE OF THE EVIDENCE IN DETERMINING WHETHER ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT ARE SUBSTANTIATED IN COMPLIANCE WITH STANDARD PROVISION 115.72(a). INTERVIEW WITH INVESTIGATIVE STAFF AND REVIEW OF 9 SEXUAL ABUSE/HARASSMENT CASES DETERMINES PREPONDERANCE OF THE EVIDENCE IS THE IMPOSED STANDARD USED BY INVESTIGATOR. AUDITOR HAS DETERMINED AGENCY HAS COMPLIED WITH STANDARD 115.72.

115.73	Reporting to residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.73(a) Policy 14.15 mandates Agency inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated or unfounded. Agency indicates 9 criminal/administrative investigations of alleged inmate sexual abuse were completed by agency & there is no record of victim notification regarding the results of the investigation. Interview with Facility Captain & Investigative staff found the victim is notified of the outcome of the investigation to inform them of the findings. Criminal investigators indicate they notify the victim and Internal Affairs indicate they are legally mandated to provide the victim with disposition of any investigation in accordance with Penal Code section 832.5(c). Review of electronic criminal investigative records found no evidence of notification to the victim who alleged sexual abuse. Agency has not provided auditor with copies of completed criminal or administrative investigations during on-site review.
- 115.73(b) N/A - Standard provision 115.73(b) does not apply to this Agency as they are responsible for conducting both administrative and criminal investigations.
- 115.73(c) Policy 14.15 mandates that following an inmates allegation that a staff member has committed sexual abuse against the inmate, Agency shall subsequently inform the inmate whenever staff member is no longer posted in inmate's unit, Agency learns staff member has been indicted, Agency learns staff member has been convicted of charge related to sexual abuse in the facility. Agency reports no substantiated or unsubstantiated complaint of sex abuse committed by a staff member against an inmate in an agency facility in past 12 months. Agency has not provided auditor with copies of investigative reports to verify compliance.
- 115.73(d) Policy 14.15 mandates that following an inmates allegation that he or she has been sexually abused by another inmate, Agency shall subsequently inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated or unfounded and whenever Agency learns the inmate has been indicted, Agency learns the inmate has been convicted of charge related to sexual abuse in the facility. cursory review of electronic investigative records indicate no notice provided to victim regarding the investigative findings. Agency has not provided auditor with copies of the sexual abuse investigations for verification.
- 115.73(e) Policy 14.15 mandate all such notifications are documented. In past 12 months, Agency reports no notifications were provided to inmates. cursory review of electronic investigative records indicate no notice provided to victim regarding the investigative findings. Agency has not provided auditor with copies of the sexual abuse investigations for verification.
- 115.73(f) N/A - Standard provision 115.73(f) does not apply to this Agency/Facility per DOJ.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.73 AS PROVISIONS 115.73(a) 115.73(c), 115.73(d) & 115.73(e) ARE NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH COPIES OF ALL ADMINISTRATIVE AND CRIMINAL SEX ABUSE & SEXUAL HARASSMENT INVESTIGATIONS THAT HAVE OCCURRED SINCE OCTOBER 2014 TO COMPLY WITH STANDARD PROVISIONS 115.73(a) 115.73(c), 115.73(d) & 115.73(e).

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION DATE 5-12-16:

CORRECTIVE ACTION ON-SITE FACILITY REVIEW WAS CONDUCTED BY AUDITOR ON 2/29/16. DURING THAT REVIEW, AGENCY PROVIDED AUDITOR WITH 9 COMPLETED INVESTIGATIONS OF ALLEGATIONS OF SEXUAL ABUSE THAT OCCURRED IN THE PREVIOUS 12 MONTHS BEFORE INITIAL AUDIT. NONE OF THESE INVESTIGATIONS RESULTED IN NOTICE TO THE INMATE. SINCE INITIAL AUDIT 9 MORE PREA INVESTIGATIONS WERE CONDUCTED THROUGHOUT THE AGENCY'S 3 FACILITIES OF SUBSTANTIATED, UNSUBSTANTIATED AND UNFOUNDED CASES. EACH OF THE INMATES WHO MADE ALLEGATIONS OF SEXUAL ABUSE WERE PROVIDED NOTICE OF THE INVESTIGATIVE FINDINGS FOR EACH CASE TO INCLUDE THE DISPOSITION OF THE PERPETRATOR. NONE OF THE INVESTIGATIONS INVOLVED A STAFF MEMBER. THIS ACTION INDICATES AGENCY HAS INSTITUTIONALIZED THE PRACTICE OF PROVIDING NOTIFICATION TO INMATES WHEN PREA INVESTIGATIONS HAVE CONCLUDED.

AMENDED POLICY 14.15 TO MANDATE FOLLOWING AN INMATE'S ALLEGATION OF SEXUAL ABUSE BY A STAFF MEMBER OR AN INMATE, HE/SHE SHALL BE SUBSEQUENTLY NOTIFIED IN WRITING INFORMING HE OR HER THE OUTCOME OF THE INVESTIGATION. SAID NOTIFICATION SHALL BE DOCUMENTED, IN ACCORDANCE WITH STANDARD PROVISION 115.73(e). AGENCY HAS COMPLIED WITH STANDARD PROVISIONS 115.73(a) 115.73(c), 115.73(d) & 115.73(e). AUDITOR HAS DETERMINED AGENCY IS IN COMPLIANCE WITH STANDARD PROVISION 115.73.

115.76	Disciplinary sanctions for staff
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.76(a) Policy 14.15 mandates and discipline resulting from violations of the sexual abuse or sexual harassment policies shall be commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff histories. All staff terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff in lieu of being terminated, shall be reported to the law enforcement agencies of jurisdiction, unless the activity was clearly not criminal.
- 115.76(b) All staff terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff in lieu of being terminated, shall be reported to the law enforcement agencies of jurisdiction, unless the activity was clearly not criminal. In past 12 months there have been no staff from facility who have violated Agency sexual abuse or sexual harassment policies per Agency
- 115.76(c) No disciplinary sanctions taken against staff for sexual abuse violations in the past 12 months.
- 115.76(d) All staff terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff in lieu of being terminated, shall be reported to the law enforcement agencies of jurisdiction, unless the activity was clearly not criminal.

115.77	Corrective action for contractors and volunteers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.77(a) Policy 14.15 mandates any contractor or volunteer who engages in sex abuse or sex harassment 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 none of the contractors or volunteers have been reported to law enforcement agencies for engaging in sexual abuse of inmates.
- 115.77(b) Interview with Facility Captain found that in the event a contractor or volunteer is alleged to

have violated the sexual abuse/harassment policies, Agency contacts the contracted agency to inform them that the contractor/investigator is under investigation and his/her gate clearance has been terminated.

115.78	Disciplinary sanctions for residents
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.78(a) Inmates who engaged in inmate-on-inmate sexual abuse or were found guilty of inmate-on-inmate sexual abuse shall be subject to disciplinary sanctions pursuant to a formal disciplinary process. In the past 12 months there have been 2 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. Agency has not provided auditor with copies of the investigation summary to verify compliance with Standard 115.78(a).
- 115.78(b) Policy 14.15 mandates 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 Facility Captain indicates sanctions are consistent based upon the investigative findings, inmate disciplinary history and history of mental illness or disability.
- 115.78(c) Policy 14.15 indicates 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.
- 115.78(d) Policy 14.15 indicates that if available, therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interview with medical & mental health practitioners indicate the Agency/facility does not offer therapy, counseling or other interventions to address the underlying reasons or motivations for abuse.
- 115.78(e) Policy 14.15 indicates an inmate may be disciplined if found guilty of sexual assault upon a staff member or sexual contact with a staff member without consent. No investigations of inmate sexual conduct with staff in past 12 months per Agency/Facility. No disciplinary sanctions available.
- 115.78(f) Policy 14.15 mandates For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- 115.78(g) Sexual activity between inmates is prohibited and considered a major rule violation outlined in the Inmate Handbook.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.78 AS PROVISION 115.78(a) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH COPIES OF ALL ADMINISTRATIVE AND CRIMINAL SEX ABUSE & SEXUAL HARASSMENT INVESTIGATIONS THAT HAVE OCCURRED SINCE OCTOBER 2014 TO COMPLY WITH STANDARD PROVISION 115.78(a)

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION DATE 5/19/16:

AGENCY PROVIDED AUDITOR WITH ALL 9 INVESTIGATIONS OF CRIMINAL AND ADMINISTRATIVE SEXUAL ABUSE WHICH OCCURRED IN THE 12 MONTHS PRIOR TO THE ON-SITE AUDIT. ONE CASE WAS FOUND TO BE CONSENSUAL SEX BETWEEN 2 INMATES. ACTION WAS FOUND TO BE AN INFRACTION AND SANCTION WAS TO REHOUSE BOTH INMATES AWAY FROM EACH OTHER. AGENCY IS IN COMPLIANCE WITH STANDARD PROVISION 115.78(a). AUDITOR DETERMINES AGENCY MEETS STANDARD 115.78.

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

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.81(a) & (c) Policy 14.15 mandates that if, during the intake screening process, it is determined that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. Mental Health staff is in the process of ensuring documentation of the 14-day follow-up but as of right now, they have no specific form or computer log that denotes a PREA follow-up as opposed to a non-PREA follow-up.
- 115.81(b) N/A - Standard 115.81(b) does not apply to this facility as it is a Jail, not a Prison.
- 115.81(d) Medical & mental health interviews determine mental health records are maintained on a secure network only accessible to Medical and mental health practitioners. Anyone who obtains this information must be on a need-to-know basis and information can only be accessed by a Medical & Mental health care practitioner. Auditor observed the security of the network when requesting Mental Health records for verification of Standard provisions. Standard provision 115.81(d) narrative is not included in Policy 14.15.
- 115.81(e) Policy 14.15 mandates Mental Health/Medical staff would obtain verbal consent, there were be nothing in writing regarding their consent. Interview with Medical & Mental Health staff verify compliance with Policy. This is also a mandated standard of a practitioners training outside of PREA called HIPPA.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.81 AS PROVISION 115.81(a) & 115.81(d) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH METHOD & PROTOCOL FOR MENTAL HEALTH TO OFFER, CONDUCT & DOCUMENT A 14 DAY FOLLOWUP FOR INMATES THAT HAVE REPORTED SEXUAL VICTIMIZATION EITHER IN AN INSTITUTIONAL SETTING OR IN THE COMMUNITY. *AUDITOR WILL REVIEW FOLLOWUP DOCUMENTATION DURING CORRECTIVE ACTION ON-SITE REVIEW*
2. AGENCY TO AMEND POLICY 14.15 TO MANDATE THAT INFORMATION RELATED TO SEXUAL VICTIMIZATION OR ABUSIVENESS IS STRICTLY LIMITED TO MEDICAL AND MENTAL HEALTH PRACTITIONERS & OTHER STAFF NECESSARY TO INFORM TREATMENT PLANS AND SECURITY MANAGEMENT DECISIONS UNLESS OTHERWISE REQUIRED BY FEDERAL, STATE OR LOCAL LAW.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETED 5/12/16:

AUDITOR PROVIDED 24 RANDOMLY SELECTED FILES OF INMATES WHO WERE BOOKED INTO THE MAIN JAIL OVER PAST 12 MONTHS. MAJORITY OF THESE INMATES WERE CITE & RELEASE. 10 OF THESE INMATES WERE REFERRED TO MENTAL HEALTH DUE TO RESPONSES TO OBJECTIVE SCREENING INSTRUMENT WHICH IDENTIFIED PRIOR SEXUAL ABUSE. ALL 10 INMATES RECEIVED INITIAL SCREENING BY MENTAL HEALTH EITHER THE SAME DAY AS BOOKING DATE OR WITHIN 5 DAYS OF THE BOOKING DATE. AGENCY AMENDED POLICY 14.15 TO MANDATE THAT INFORMATION RELATED TO SEXUAL VICTIMIZATION OR ABUSIVENESS IS STRICTLY LIMITED TO MEDICAL AND MENTAL HEALTH PRACTITIONERS & OTHER STAFF NECESSARY TO INFORM TREATMENT PLANS AND SECURITY MANAGEMENT DECISIONS UNLESS OTHERWISE REQUIRED BY FEDERAL, STATE OR LOCAL LAW, IN ACCORDANCE WITH STANDARD PROVISION 115.81(d). AGENCY HAS CORRECTED STANDARD PROVISIONS 115.81(a) and 115.81(d). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.81.

115.82	Access to emergency medical and mental health services
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.82(a) Interview with Medical & Mental health staff indicate inmate victims of sexual abuse receive immediate access to emergency medical treatment & crisis intervention services. Both also state medical and mental health services are determined by their professional judgement, however, Policy 14.15 does not include narrative which complies with Standard provision 115.82 or the statements made by Medical & Mental health practitioners.
- 115.82(b) Policy 14.15 provides sex abuse response protocol for Santa Clara County Main Jail, which complies with this provision. Interview with Security & non-security staff indicate the Sexual Assault protocol identified in Policy 14.15 mandates actions to include Medical & Mental health response & 1st responders duties in these instances.
- 115.82(c) Policy 14.15 contains some language compliant with Standard provision 115.82(c), however, the narrative which speaks to timely & unimpeded access to contraception is not included. Interview with Medical & Mental health staff indicates victims of sexual abuse are provided emergency medical treatment as outlined in Standard provision 115.82(c). Interview with Inmate who reported sexual abuse indicated he was not offered that treatment as it did not apply to him in his case.
- 115.82(d) Policy 14.15 mandates treatment services shall be provided without financial cost to the victim inmate regardless of whether the victim names the abuser or cooperates with any investigation arising out of incident. Interviews with both Medical & Mental health practitioners and Inmate who reported sexual abuse verify compliance with Standard provision 115.82(d).

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.82 AS PROVISION 115.82(a) & 115.82(c) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO AMEND POLICY 14.15 TO MANDATE INMATE VICTIMS OF SEXUAL ABUSE SHALL RECEIVE **TIMELY**, UNIMPEDED ACCESS TO EMERGENCY MEDICAL TREATMENT & INTERVENTION SERVICES. THE SCOPE OF WHICH ARE DETERMINED BY MEDICAL & MENTAL HEALTH PRACTITIONERS ACCORDING TO THEIR PROFESSIONAL JUDGEMENT.
2. AGENCY TO AMEND POLICY 14.15 TO MANDATE INMATE VICTIMS OF SEXUAL ABUSE WHILE INCARCERATED SHALL BE OFFERED **TIMELY** INFORMATION ABOUT TIMELY ACCESS TO EMERGENCY CONTRACEPTION & STDs

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 4/12/16:

AGENCY AMENDED POLICY 14.15 TO MANDATE INMATE VICTIMS OF SEXUAL ABUSE SHALL RECEIVE **TIMELY**, UNIMPEDED ACCESS TO EMERGENCY MEDICAL TREATMENT & CRISIS INTERVENTION SERVICES TO ALL INMATES WHO HAVE BEEN SEXUALLY VICTIMIZED IN ANY CORRECTIONAL SETTING. THE CARE PROVIDED WILL BE CONSISTENT WITH THE COMMUNITY LEVEL OF CARE IN COMPLIANCE WITH STANDARD PROVISION 115.82(a).

AGENCY AMENDED POLICY 14.15 TO MANDATE INMATE VICTIMS OF SEXUAL ABUSE SHALL BE OFFERED **TIMELY** INFORMATION ABOUT STDs AND ACCESS TO EMERGENCY CONTRACEPTION IN ACCORDANCE WITH PROFESSIONALLY ACCEPTED STANDARDS, WHERE MEDICALLY APPROPRIATE, IN COMPLIANCE WITH STANDARD PROVISION 115.82(c). AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.82.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

115.83(a) Policy 14.15 mandates Alameda County Health Services shall offer medical and mental health evaluations and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. The care provided will be consistent with the community level of care. Informal interview with inmates during on-site review indicate they receive adequate medical and mental health treatment. Some indicate the practitioners are slow to respond to the requests, but eventually arrive to service them. If any emergency, inmates agree Medical & Mental health staff are on duty 24/7 and perform as required in those

situations.

- 115.83(b) Policy 14.15 page 43 provides for follow-up services. Interviews with Medical & Mental health practitioners to include inmate who reported sexual abuse verify monitoring & follow-up treatment services provided to victims of sexual abuse.
- 115.83(c) Policy 14.15 mandates facility to provide victims of sexual abuse with medical and mental health services consistent with the community level of care. Interview with medical & mental health staff indicate they provide all inmates with level of care consistent with the community. Medical & Mental health records review, determine focused treatment for all inmates.
- 115.83(d) N/A - Standard provision 115.83(d) does not apply as Sacramento Main Jail is an all male facility.
- 115.83(e) N/A - Standard provision 115.83(d) does not apply as Sacramento Main Jail is an all male facility.
- 115.83(f) Policy 14.15 mandates Inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Interview with inmate who reported a sexual abuse indicated this Standard provision did not apply to him in his case.
- 115.83(g) Policy 14.15 mandates Treatment services are 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.
- 115.83(h) N/A - Standard provision 115.83 does not apply to this facility as it is a Jail.

115.86	Sexual abuse incident reviews
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.86(a) Policy 14.15 mandates a sexual abuse incident review shall be conducted at the conclusion of every sexual abuse investigation. The review will be conducted on all founded and not substantiated case determinations. Reviews will not be conducted on cases with unfounded determinations. Such review shall be conducted within 30 days of the conclusion of the investigation. In the past 12 months, Agency reports there have been no criminal or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.
- 115.86(b) Policy 14.15 mandates the review will be conducted on all founded and not substantiated case determinations. Reviews will not be conducted on cases with unfounded determinations. Such review shall be conducted within 30 days of the conclusion of the investigation. In the past 12 months, Agency reports there have been no criminal or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.
- 115.86(c) Policy 14.15 mandates The review team shall include upper-level management officials, with

input from line supervisors, investigators, and medical or mental health practitioners. Interview with Facility Captain indicates Main Jail Facility does not possess an Incident Review Team.

115.86(d) Policy 14.15 complies with Standard 115.86(d). Narrative includes all criteria as outlined in the Standard provision. Interview with Facility Captain indicates Main Jail Facility does not possess an Incident Review Team. Interview with PREA Compliance Manager verifies there is no Incident Review Team to conduct sexual abuse incident review as of yet. Agency is in the process of developing an Incident Review Team.

115.86(e) The report of findings from Review Team is submitted to the Undersheriff. The facility Captain in charge of the facility where the incident occurred shall implement the recommendations for improvement, or shall document the reasons for not doing so. Agency is in the process of developing an Incident Review Team.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.86 AS PROVISIONS 115.86(c), 115.86(d) & 115.86(e) IS NON-COMPLIANT.

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE AUDITOR WITH NAMES AND POSITIONS OF THE INCIDENT REVIEW TEAM TO COMPLY WITH STANDARD PROVISION 115.86(c).
2. AGENCY TO PROVIDE AUDITOR WITH INCIDENT REVIEW TEAM DOCUMENTATION TO VERIFY CONSIDERATIONS AS OUTLINED IN STANDARD PROVISION 115.86(d) AND 115.86(e) IS ADHERED TO.

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 5/12/16:

AGENCY PROVIDED INCIDENT REVIEW TEAM MEMBERS AND PROTOCOL IN POLICY 14.15 AMENDMENT. TEAM MEMBERS INCLUDE THE ASSISTANT SHERIFF, PREA COORDINATOR OR DESIGNEE, INTERNAL AFFAIRS LIEUTENANT, PREA MANAGER, MEDICAL AND MENTAL HEALTH STAFF WHEN APPLICABLE AND APPROPRIATE. POLICY AMENDMENT IS IN COMPLIANCE WITH STANDARD PROVISION 115.86(c). AGENCY PROVIDED INCIDENT REVIEW TEAM REVIEW AND RECOMMENDATIONS. MEMORANDUM IN RESPONSE TO THOSE RECOMMENDATIONS WAS ALSO PROVIDED WHICH DOCUMENTS REASONS FOR AGENCY BEING UNABLE TO ACT ON RECOMMENDATIONS OF INCREASED STAFF AND INCREASED VIDEO MONITORING DUE TO FISCAL CONCERNS. CREATION OF INCIDENT REVIEW TEAM, THE TEAM'S REVIEW OF PREA INVESTIGATIONS, PROVIDING RECOMMENDATIONS AS A RESULT OF SAID REVIEW AND FOLLOWUP DOCUMENTATION WHICH OUTLINES REASONS FOR NOT IMPLEMENTING SAID RECOMMENDATIONS COMPLIES WITH STANDARD PROVISIONS 115.86(c), 115.86(d) & 115.86(e). AUDITOR HAS DETERMINED AGENCY IS IN COMPLIANCE WITH STANDARD 115.86.

115.87

Data collection

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.87(a)&(c) Policy 14.15 mandates agency shall collect accurate, uniform data for every allegation of sexual abuse in facilities under its direct control using a standardized instrument and set of definitions. The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. Review of Agency Annual Statistical Report from 8/1/14 to 7/31/15 provides statistical data from the Main Jail Facility, Elmwood Facility and Elmwood Women’s Facility.
- 115.87(b) Policy 14.15 mandates the agency shall aggregate the incident-based sexual abuse data at least annually. Review of Agency Annual Statistical Report from 8/1/14 to 7/31/15 provides statistical data from the Main Jail Facility, Elmwood Facility and Elmwood Women’s Facility.
- 115.87(d) Policy 14.15 mandates the agency to maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews. Data collection includes information from incident-based documents, employee reports, investigation files, and sexual abuse incident reports. Since Agency does not possess an Incident Review Team as of yet, incident reviews are not included in the data collection to date.
- 115.87(e) N/A - Standard provision 115.85(e) does not apply as Agency does not contract for the confinement of its inmates
- 115.87(f) N/A - Standard provision 115.87(f) does not apply to Agency as DOJ has not requested Agency data.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.87 AS PROVISION 115.87(a)/(c), 115.87(b) & 115.87(d) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE DATA FROM INCIDENT REVIEW TEAM REVIEW DOCUMENTATION TO COMPLY WITH STANDARD 115.87(d).

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 5/10/16:

REVIEW OF AGENCY ANNUAL STATISTICAL REPORT FROM 8/1/14 TO 7/31/15 PROVIDES STATISTICAL DATA FROM THE MAIN JAIL FACILITY, ELMWOOD FACILITY AND ELMWOOD WOMEN’S FACILITY, IN COMPLIANCE WITH STANDARD PROVISIONS 115.87(a)/(c) AND 115.87(b). AGENCY PROVIDED AUDITOR WITH 11 INCIDENT REVIEW REVIEWS COMPLETED BY THE INCIDENT REVIEW TEAM. AUDITOR HAS DETERMINED

THAT AGENCY COMPLIES WITH EACH PROVISION OF STANDARD 115.87.

115.88**Data review for corrective action**

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

Auditor comments, including corrective actions needed if does not meet standard

- 115.88(a) Policy 14.15 mandates the agency to 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. All 3 criteria as outlined in Standard provision 115.88(a) is included in the policy. Interview with Undersheriff indicates Agency is lacking with regards to using obtained data to assess & improved effectiveness of its sexual abuse tracking & prevention due to aging computer data system. Agency is in the process of obtaining funding through a grant to update the current JMS system and obtain an IA-PRO system to collect data in accordance with PREA mandates. Interview with PREA Coordinator & PREA Compliance Manager indicates data is collected for the Annual Report currently by hand. Agency is meeting the PREA requirement, however, they need an updated system to better collect and assess the data for the coming year. Review of Annual Report 2014 - 2015 includes aggregated data & corrective action processes.
- 115.88(b) Policy 14.15 mandates that PREA data reports 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. Annual Report 2014-2015 review found annual statistical comparisons from 2012 to 2015. The comparisons also identified issues between each year as to why the sexual abuse crimes primarily occur, and included the agency's corrective action recommendations and progress in acting on those recommendations.
- 115.88(c) Policy 14.15 complies with Standard provision 115.88(c). Interview with Undersheriff indicate he reviews and approves each Annual Report. The 2014/2015 Annual Statistical Report is not available on the Agency website.
- 115.88(d) Policy 14.15 mandates Specific information contained in the PREA Data Report may be redacted if publication would present a clear and specific threat to the safety and security of the facility. The nature of the information redacted must be disclosed in the Report. Review of Annual Statistical Report 20-14 - 2015 verifies there is no material, which would present a clear and specific threat to the safety and security of the facility. Interview with PREA Coordinator verifies no redactions occur due to the nature of the reporting.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.88 AS PROVISION 115.88(b) & 115.88(c) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO PLACE AMENDED 2014 – 2015 ANNUAL REPORT ON AGENCY WEBSITE FOR PUBLIC ACCESS

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 4/12/16:

AUDITOR VERIFIED THAT AGENCY MADE 2014/2015 ANNUAL REPORT AVAILABLE ON AGENCY'S WEBSITE, ACCESSIBLE TO THE PUBLIC IN ACCORDANCE WITH STANDARD PROVISION 115.88(c). AUDITOR HAS DETERMINED THAT AGENCY COMPLIES WITH EACH PROVISION OF STANDARD 115.88.

115.89	Data storage, publication and destruction
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor comments, including corrective actions needed if does not meet standard

- 115.89(a) Policy 14.15 mandates Retention of data and records of any claims associated with any sexual offense, sexual assault, including but not limited to rape, and sexual misconduct will be securely maintained with the PREA Coordinator per Departmental Policy. Interview with PREA Coordinator indicates he is responsible for retention and security of data related to aggregated data collection.
- 115.89(b) Policy 14.15 mandates the Department's PREA Data Report shall be made readily available to the public through the Department's website or through other means as necessary. Annual Report 2014-2015 is not available on Agency Website.
- 115.89(c) Policy 14.15 mandates Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Review of Annual Report 2014-2015 verifies no personal identifiers involved in the report.
- 115.89(d) Policy 14.15 mandates that all data collected per PREA regulations shall be securely retained for at least 10 years after the date of the initial collection unless federal, state, or local law requires otherwise. Agency has maintained sex abuse data since 2012 and has made comparisons from that data in the Annual Statistical Report 2014-2015. Data is maintained in accordance with Standard provision 115.89(d).

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.89 AS PROVISION 115.89(b) IS NON-COMPLIANT

CORRECTIVE ACTION:

1. AGENCY TO MAKE ANNUAL REPORT 2014 – 2015 AVAILABLE ON AGENCY WEBSITE TO COMPLY WITH STANDARD PROVISION 115.89(b).

AGENCY TO PROVIDE STATUS BY FEBRUARY 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MAY 19, 2016.

CORRECTIVE ACTION COMPLETION 4/12/16:

AUDITOR VERIFIED THAT AGENCY MADE 2014/2015 ANNUAL REPORT AVAILABLE ON AGENCY'S WEBSITE, ACCESSIBLE TO THE PUBLIC IN ACCORDANCE WITH STANDARD PROVISION 115.89(b). AUDITOR HAS DETERMINED THAT AGENCY COMPLIES WITH EACH PROVISION OF STANDARD 115.89.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Auditor Signature

6/18/16
Date