

PREA AUDIT: AUDITOR'S FINAL SUMMARY

REPORT PRISONS & JAILS



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|--|---------------|---|---------------|
| Name of facility: Elmwood Men's Facility | | | |
| Physical address: 701 South Abel Street Milpitas CA 95036 | | | |
| Date report submitted: MARCH 31 , 2017 | | | |
| Auditor Information | | | |
| Address: PO BOX 732 BENICIA, CA 94510-0732 | | | |
| Email: eiw@comcast.net | | | |
| Telephone number: (707) 333-8303 | | | |
| Date of facility visit: August 15, 2016 to August 19, 2016 | | | |
| Facility Information | | | |
| Facility mailing address: <i>(if different from above)</i> | | | |
| Telephone number: (408) 957-5300 | | | |
| The facility is: | COUNTY | | |
| | | | |
| Facility Type: | JAIL | | Other: |
| | | | |
| Name of Facility Head: Tim Davis | | Title: Captain | |
| Email address: tim.davis@doc.sccgov.org | | Telephone number: (408) 957-5303 | |
| Name of PREA Compliance Manager (if applicable): Fernando Gonzales | | Title: Deputy | |
| Email address: fernando.gonzales@doc.sccgov.org | | Telephone number: (408) 957-5309 | |
| Agency Information | | | |
| Name of agency: Santa Clara County Sheriff's Office | | | |
| Governing authority or parent agency: <i>(if applicable)</i> | | | |
| Physical address: 55 West Younger Avenue, San Jose CA 95110 | | | |
| Mailing address: <i>(if different from above)</i> | | | |
| Telephone number: (408) 808-3673 | | | |
| Agency Chief Executive Officer | | | |
| Name: Carl Neusel | | Title: Undersheriff/Chief | |

| | | |
|---|--------------------------|----------------|
| Email address: Carl.neusel@sheriff.sccgov.org | Telephone number: | (408) 808-4900 |
| Agency-Wide PREA Coordinator | | |
| Name: Blanca Hoyt | Title: Captain | |
| Email address: blanca.hoyt@doc.sccgov.org | Telephone number: | (408) 896-6959 |

AUDIT FINDINGS

NARRATIVE:

The Santa Clara County Elmwood Men’s Facility PREA On-Site Audit was conducted from 8/15/16 to 8/19/16. During the Pre-Audit Phase, the PREA Coordinator provided the Pre-Audit Questionnaire for review by the auditor. On 6/23/16 Notices of the Audit was posted in general areas of the facility accessible to both residents and staff. Notices were provided in English and Spanish. PREA Coordinator provided auditor with dated photos of Notice locations. Auditor and PREA Coordinator communicated throughout the Pre-Audit phase to discuss clarification issues with the Pre-Audit Questionnaire and to correct deficiencies identified prior to the On-Site Audit Phase. The audit began on 8/15/16 with short entry briefing with the PREA Coordinator and facility management staff. A summary of the complete Audit process was explained. The Pre-Audit, On-Site Audit, Post-Audit and Corrective Action phases were explained and discussed. Auditor went into detail explaining how an auditor conducts each stage of the On-Site audit process. All questions were answered and the physical plant review was conducted, viewing the Elmwood Men’s Main Facility and the Ranch Campus Facility. Accompanying the Auditor throughout the Physical Plan Review were three Agency PREA Compliance Managers. Physical Plant Review observations were as follows:

Living Unit: WEST & EAST BUILDING HOUSING UNITS

PREA Information Posted? YES
Auditor Notice Posted? YES
Opposite Sex Viewing? NONE
Camera Placement? IN CONTROL AREA FACING ENTRY DOORS TO PODS
Announcement made? YES How: FEMALE ON DECK
Informal Discussion with Staff (Not Interviews): 1ST RESPONDER QUESTIONS & HAD FEMALE DEPUTY DEMONSTRATE ENTERING A HOUSING UNIT TO CONDUCT COUNT.
Other Notes: REEFER PANTRY #303 UNLOCKED
Phones: YES
Grievance Process: GRIEVANCE LOCK BOXES IN EACH HOUSING POD. INMATES HAVE ACCESS TO GRIEVANCE FORMS WITHOUT ASKING A DEPUTY FOR IT & PLACE COMPLETED FORM IN THE BOX FOR UPPER LEVEL STAFF TO RETRIEVE AT EVERY SHIFT.
Showers and Bathrooms (privacy, opposite gender viewing?): NON-COMPLIANT. NEED SHOWER DOORS OR MODESTY PANELS TO BE PREA COMPLIANT
Recreation Areas/TV/Multi-Purpose: YES IN MIDDLE OF POD
Other: WHEN STAFF ENTER HOUSING SECTION, THERE ARE 4 HOLDING CELLS ON BOTH SIDES OF HALLWAYS WHICH PROVIDE FOR CROSS GENDER VIEWING DURING TOILETING. FROSTING ON LOWER PART OF WINDOWS WOULD BRING THE CELLS INTO PREA COMPLIANCE.

Living Unit: M-2 & M-3 BUILDING (HOUSING UNITS - A,B,C,D) – M-2 HOUSES PC INMATES

PREA Information Posted? YES, AT PHONES IN EACH UNIT
Auditor Notice Posted? YES
Opposite Sex Viewing? YES – BOTH TOILETS AND SHOWERS
Camera Placement? HALLWAY ENTRY PROVIDES DIRECT SUPERVISION W/CAMERAS AT CONTROL
Announcement made? NOT OBSERVED

Other Notes: UNIT M-3 IS MIRROR IMAGE OF M-2. BUILDING IS BEING REMODELED AND CLOSED TO INMATE HOUSING FOR NEXT 9 MONTHS.

Phones: YES – IN EACH POD

Grievance Process: BOXES IN EACH HOUSING POD. INMATES HAVE ACCESS TO GRIEVANCE FORMS WITHOUT ASKING A DEPUTY FOR IT & PLACE COMPLETED FORM IN THE BOX FOR UPPER LEVEL STAFF TO RETRIEVE AT EVERY SHIFT.

Showers and Bathrooms (privacy, opposite gender viewing?): NON-COMPLIANT, WINDOW FROSTING NEEDED FOR COMPLIANCE.

Recreation Areas/TV/Multi-Purpose YES, IN PODS

Living Unit: M-4 & M-5 BUILDING (HOUSING AREAS A, B, C, D) M-4 HOUSES PC INMATES

PREA Information Posted? YES – 5 POSTERS IN EACH UNIT AND INTERVIEW ROOMS

Auditor Notice Posted? YES

Opposite Sex Viewing? YES - NEED FROSTING ON 3 HOLDING CELL WINDOWS AS YOU ENTER UNIT

Camera Placement? NO CAMERAS – DIRECT SUPERVISION & MIRRORS

Announcement made? YES How: FEMALE IN UNIT

Phones: YES – NEAR PREA SIGNAGE

Grievance Process: GRIEVANCE LOCK BOXES IN EACH HOUSING POD. INMATES HAVE ACCESS TO GRIEVANCE FORMS WITHOUT ASKING A DEPUTY FOR IT & PLACE COMPLETED FORM IN THE BOX FOR UPPER LEVEL STAFF TO RETRIEVE AT EVERY SHIFT.

Supervision (staff to inmate ratio): 7 DEPUTIES ASSIGNED TO BUILDING

Showers and Bathrooms (privacy, opposite gender viewing?): SHOWERS & BATHROOMS IN PODS ARE PREA COMPLIANT

Recreation Areas/TV/Multi-Purpose: PREA SIGNAGE IN RECREATION AREA

Living Unit: RANCH - BUILDING 1 & 2

PREA Information Posted? YES

Auditor Notice Posted? YES

Opposite Sex Viewing? NONE

Camera Placement? NONE – INDIRECT SUPERVISION

Announcement made? YES How: FEMALE ON DECK

General Discussion with Inmates (Not Interviews): ASKED QUESTIONS REGARDING PREA REPORTING OPTIONS AND METHODS

Phones: ON BROADWAY, NOT IN UNITS. RECOMMEND PREA SIGNAGE NEAR PHONES

Grievance Process: GRIEVANCE LOCK BOX & GRIEVANCE FORM ACCESS LOCATED BY WINDOW A & SPECIAL HOUSING WHICH PROVIDES INMATES EASY ACCESS.

Showers and Bathrooms (privacy, opposite gender viewing?) PREA COMPLIANT

Recreation Areas/TV/Multi-Purpose RANCH YARD, DAY ROOM AREA & AROUND HOUSING UNIT

Living Unit: RANCH - BUILDING #3

PREA Information Posted? YES

Auditor Notice Posted? YES

Opposite Sex Viewing? NONE

Camera Placement? NONE – INDIRECT SUPERVISION

Announcement made? YES How: FEMALE ON DECK

General Discussion with Inmates (Not Interviews): ASKED QUESTIONS REGARDING ANNOUNCEMENT. INMATES RESPONDED THAT FEMALE DEPUTIES CONSTANTLY ANNOUNCE.

Phones: ON BROADWAY, NOT IN UNITS. PREA SIGNAGE NEEDED NEAR PHONES

Grievance Process: GRIEVANCE LOCK BOX & GRIEVANCE FORM ACCESS LOCATED BY WINDOW A & SPECIAL HOUSING WHICH PROVIDES INMATES EASY ACCESS.

Showers and Bathrooms (privacy, opposite gender viewing?): SEMI-COMPLIANT, 1 SHOWER NEEDS PARTIAL SCREEN AS IT PROVIDES FOR CROSS-GENDER VIEWING.

Recreation Areas/TV/Multi-Purpose RANCH YARD, DAY ROOM AREA & AROUND HOUSING UNIT. BACK YARD AREA IS LARGE BLIND SPOT.

Living Unit: RANCH - BUILDING 4&5, 6&7 (2 STORY HOUSING UNIT)

PREA Information Posted? YES
Auditor Notice Posted? YES
Opposite Sex Viewing? YES – TOILET AREA
Camera Placement? NONE – INDIRECT SUPERVISION
Announcement made? YES How: FEMALE ON DECK
General Discussion with Inmates (Not Interviews): ASKED QUESTIONS REGARDING ANNOUNCEMENT. INMATES RESPONDED THAT FEMALE DEPUTIES ANNOUNCE WHILE COMING INTO THE UNIT.
General Discussion with staff (Not Interviews): ASKED QUESTIONS REGARDING LOGGING IN WELFARE ROUNDS & BLIND-SPOT CHECKS. 8 DEPUTIES ASSIGNED PER SHIFT, SUPERVISOR CONDUCTS HOURLY ROUNDS & DOCUMENTS IN MAIN BUILDING.
Phones: ON BROADWAY, NOT IN UNITS. PREA SIGNAGE NEEDED NEAR PHONES
Grievance Process: GRIEVANCE LOCK BOX & GRIEVANCE FORM ACCESS LOCATED BY WINDOW A & SPECIAL HOUSING WHICH PROVIDES INMATES EASY ACCESS.
Showers and Bathrooms (privacy, opposite gender viewing?): TOILET NON-COMPLIANT, CROSS-GENDER VIEWING. NEED PARTIAL SCREEN FOR UNITS #4 & #6
Recreation Areas/TV/Multi-Purpose RANCH YARD, DAY ROOM AREA & AROUND HOUSING UNIT. INDIRECT SUPERVISION FOR LARGE AREA, RECOMMEND CAMERAS OR INCREASED STAFF PRESENCE.

Living Unit: RANCH - BUILDING #9 (BUILDING #8, #10 & #11 CLOSED TO INMATE HOUSING DUE TO RENOVATION)

PREA Information Posted? YES
Auditor Notice Posted? YES
Opposite Sex Viewing? NONE
Camera Placement? NONE – INDIRECT SUPERVISION
Announcement made? YES How: FEMALE ON DECK
Other Notes: BUILDINGS #8, #10 & #11 CLOSED TO INMATE HOUSING DUE TO RENOVATION. ARCHITECTURAL CONFIGURATION IDENTICAL TO BUILDING #9
Phones: ON BROADWAY, NOT IN UNITS. PREA SIGNAGE NEEDED NEAR PHONES
Grievance Process: GRIEVANCE LOCK BOX & GRIEVANCE FORM ACCESS LOCATED BY WINDOW A & SPECIAL HOUSING WHICH PROVIDES INMATES EASY ACCESS.
Showers and Bathrooms (privacy, opposite gender viewing?): PREA COMPLIANT
Recreation Areas/TV/Multi-Purpose RANCH YARD, DAY ROOM AREA & AROUND HOUSING UNIT. BACK AREA LARGE BLIND SPOT, RECOMMEND CAMERAS OR INCREASED STAFF PRESENCE.

Living Unit: RANCH - BUILDING #12 & #13 (BUILDING #10 & #11 CLOSED TO INMATE HOUSING DUE TO RENOVATION)

PREA Information Posted? YES
Auditor Notice Posted? YES
Opposite Sex Viewing? NONE
Camera Placement? NONE – INDIRECT SUPERVISION
Announcement made? YES How: FEMALE ON DECK
Phones: ON BROADWAY, NOT IN UNITS. PREA SIGNAGE NEEDED NEAR PHONES
Grievance Process: GRIEVANCE LOCK BOX & GRIEVANCE FORM ACCESS LOCATED BY WINDOW A & SPECIAL HOUSING WHICH PROVIDES INMATES EASY ACCESS.
Showers and Bathrooms (privacy, opposite gender viewing?): NON-COMPLIANT. NEED MODESTY PANELS TO BE PROVIDED OR OTHER METHOD TO DISSUADE CROSS-GENDER VIEWING.
Recreation Areas/TV/Multi-Purpose RANCH YARD, DAY ROOM AREA & AROUND HOUSING UNIT. BACK AREA & CARD ROOM LARGE BLIND SPOT, RECOMMEND CAMERAS OR INCREASED STAFF PRESENCE.

Living Unit: RANCH – SPECIAL HOUSING (DISABLED UNIT)

PREA Information Posted? YES
Auditor Notice Posted? YES
Opposite Sex Viewing? YES IN THE INMATE SHOWER AREA
Camera Placement? NONE – INDIRECT SUPERVISION
Announcement made? YES How: FEMALE ON DECK
Phones: YES- PHONES IN UNIT

Grievance Process: GRIEVANCE LOCK BOX & GRIEVANCE FORM ACCESS LOCATED BY WINDOW A & SPECIAL HOUSING WHICH PROVIDES INMATES EASY ACCESS.

Showers and Bathrooms (privacy, opposite gender viewing?): NON-COMPLIANT, RECOMMEND SHOWER DOOR TO DISSUADE CROSS-GENDER VIEWING.

Recreation Areas/TV/Multi-Purpose RANCH YARD, DAY ROOM AREA & AROUND HOUSING UNIT. BACK AREA LARGE BLIND SPOT, RECOMMEND CAMERAS OR INCREASED STAFF PRESENCE.

Laundry

Hidden areas? HALLWAY TO EXIT TO CAMP – NO SUPERVISION

Camera Placement: MIRRORS ONLY, RECOMMEND CAMERAS INSIDE AND ON LOADING DOCK TO PROVIDE SEXUAL SAFETY FOR BOTH STAFF AND INMATES.

Supervision: 2 STAFF TO 12-20 INMATES – DIRECT SUPERVISION.

Hidden areas: CLOTHING EXCHANGE AREA LARGE BLIND SPOT

Informal Discussion with staff: ASKED REGARDING HOW LONG EMPLOYED AND IF RECEIVED PREA TRAINING. RESPONSE: 5 YEARS EMPLOYED AND ANNUAL PREA TRAINING.

Warehouse

Hidden areas? MULTIPLE BLIND SPOTS THROUGHOUT THE WAREHOUSE

Camera Placement: NONE -

Supervision: DIRECT SUPERVISION

Informal Discussion with staff: 9 CAMERAS PLANNED FOR WAREHOUSE & 1 ON LOADING DOCK

Old Support Service Building

Strip Areas (Private?): NONE

Interview Areas (Confidential): NONE

PREA Information Posted: NO PREA SIGNAGE

Cameras: NONE – CAMERAS RECOMMENDED.

Bathroom: STAFF BATHROOM ONLY (WAS UNLOCKED DURING ON SITE REVIEW WITH NO SUPERVISION). INMATES SUPERVISED WHEN ENTERING BUILDING.

Receiving and Discharge

Strip Areas (Private?): NONE

Interview Areas (Confidential): NONE

PREA Information Posted: YES

Phones: YES – PROVIDED FOR BOTH MALE AND FEMALE INMATE AREAS.

Grievance: INMATE GRIEVANCE LOCK BOXES PROVIDED IN THIS AREA.

Cameras? NO – MIRRORS ONLY BY BOTH MALE AND FEMALE AREAS. FEMALE OFFICERS PROCESS FEMALE INMATES PER AGENCY DIRECTIVE

Ask for Information Provided to Offenders: PROVIDED TO AUDITOR – HANDBOOK AND PREA SEXUAL AWARENESS HANDOUT

Captain's Area

Holding cells? M-8 BUILDING – 7 NON-COMPLIANT HOLDING CELLS. ALL NEED FROSTING TO COME INTO COMPLIANCE TO DISSUADE CROSS-GENDER VIEWING.

Camera Placement: 1 CAMERA LOOKING AT ENTRY DOOR. RECOMMEND CAMERA TO COVER HOLDING AREA

Visitation

Strip/Shakedown Area: N/A

PREA Information Posted? NO

Third Party Information Posted? NO 3RD PARTY SIGNAGE

Camera Placement: NONE

Chapel/ Religious Services - Ranch

Multi-Purpose Rooms: RANCH – PREA SIGNAGE AVAILABLE

Sacrament area:

Religious Education Area: CHAPLAINS OFFICE BUILDING
Storage Areas: CHAPLAINS OFFICE BLDG – RCP CHANGE AREA, LARGE BLIND SPOT
Cameras: NO CAMERAS - BLIND SPOT IN BACK BATHROOM

Education (Academic) - Ranch

Classrooms: CLASSROOM ROW (5 CLASSROOMS PLUS AUDITORIUM)
Camera Placement: NONE – PANIC BUTTONS IN EACH CLASSROOM TESTED QUARTERLY
Supervision: HOURLY SECURITY CHECKS – CAMERAS OR INCREASED SUPERVISION RECOMMENDED
PREA Information Posted? YES – IN EACH CLASSROOM

Front Entrance (Reception Area)

PREA Information Posted: NO PREA SIGNAGE
Third Party Info Posted: NO 3RD PARTY SIGNAGE

Info Center - RANCH

Court Holding Cells: COMPLIANT
PREA posters: YES
Camera Placement: MIRRORS & DIRECT SUPERVISION
Supervision: 2 DEPUTIES
Storage Areas: COMPLIANT
Bathroom: COMPLIANT
Courtyard Area: PATIO BLIND SPOTS. RECOMMEND MIRROR NEAR EXIT DOOR AND FENCE WITH GATE ON OTHER SIDE

Food Service/Kitchen - RANCH

Dining Rooms: RANCH - MAIN DINING ROOM OLD CHOW HALL. NO CAMERAS, NUMEROUS BLIND SPOTS IN PREP AREA, REEFER ROOMS AND DINING AREA.

Food Service/Kitchen - MAIN

Dining Rooms: NO CAMERAS, NUMEROUS BLIND SPOTS THROUGHOUT
Officer Dining Area: SERVED BY STAFF, NOT INMATES
Kitchen: DIRECT SUPERVISION OF STAFF (MINIMAL STAFFING)
Coolers: DIRECT SUPERVISION OF STAFF (MINIMAL STAFFING)
Freezers: DIRECT SUPERVISION OF STAFF (MINIMAL STAFFING)
Dry Goods Storage: BLIND SPOTS - DIRECT SUPERVISION OF STAFF (MINIMAL STAFFING)
Garbage Area: BACK AREA – NO CAMERAS LEADING TO GARBAGE AREA – BLIND SPOT
Dishroom: BLIND SPOT AREA
Tool Room: SUPERVISED SIGN IN/OUT OF TOOLS – DIRECT SUPERVISION
Camera Placement: NONE- DIRECT SUPERVISION (MINIMAL STAFFING)
Supervision: 1 DEPUTY PER SHIFT. 5-CULINARY STAFF SUPERVISE 15 INMATES IN AM & 25 – 30 IN PM
Isolated areas: THROUGHOUT ENTIRE KITCHEN AREA

Health Services

Reception Area: PREA SIGNAGE & 2-GRIEVANCE DROP BOXES
Exam Rooms: DIRECT SUPERVISION BY CUSTODY STAFF DURING TREATMENT
Treatment Rooms: DIRECT SUPERVISION BY CUSTODY STAFF DURING TREATMENT
Infirmary/Observation Rooms: N/A
Suicide Watch Room(s): DIRECT SUPERVISION BY CUSTODY STAFF – 2 STAFF IN AM, 1 STAFF IN PM.
DIRECTIVE WRITTEN TO MANDATE CROSS-GENDER ANNOUNCEMENT MADE IN HALLWAY PRIOR TO BEGINNING SECURITY CHECKS.
Ancillary Areas: HOLDING CELLS 1-6

Industries Area

Bathrooms: YES – ONE BATHROOM – LARGE BLINDSPOT, LOCATED IN DARK HALLWAY
Tool Rooms: SIGN-IN/OUT SHEET FOR TOOLS
Camera Placement: PLACEMENT IN TOOL AREAS AND SHOPS EXCEPT FOR LASER ROOM (LARGE WINDOW

ALLOWS FOR DIRECT SUPERVISION) AND MACHINE SHOP. CAMERAS DO NOT RECORD
Production Areas: UPHOLSTERY, WELDING, MACHINE, WOOD, AUTO BODY, LASER
Quality Control Areas: TOOL CRIB – LOCKED & CAMERA OVERSEES
Warehouse or Warehouse Area: OFF OFFICE AREA. INMATES OBTAIN SUPPLIES UNDER SUPERVISION OF STAFF. NO CAMERA IN WAREHOUSE.
Office Area: FOB KEY NEEDED, STAFF ONLY ALLOWED, NO CAMERA.
Hidden Areas? HALLWAY LEADING TO MACHINE SHOP AND WELDING TENT ARE LARGE BLIND SPOTS.

Administration

Offender Access? YES – UNDER DIRECT SUPERVISION OF STAFF
PREA Information: NO PREA SIGNAGE
Third Party Info: NO 3RD PARTY SIGNAGE

RECORDS REVIEW:

Following the physical plant review, interviews comprised of a sampling of 15 random inmates of varying characteristics and sampling of 15 random staff selected from each shift were conducted. On 8/15/16 Auditor began the resident & staff interviews, then conducted 15 Specialized Staff and Agency management interviews. During Inmate interviews, Mental Health practitioner and YWCA was available for emotional support if needed. No referrals for advocacy occurred during the interview process. Following the interviews, the auditor conducted a review of 29 Personnel files, 28 screening records, 13 investigative files and 22 training records. Document reviews were conducted 8/16/16. Following the document reviews, auditor completed the Specialized staff, Random Sample of Staff from each shift and Random Sample of Inmates. Resident population at time of physical plant review was 1923. Elmwood Men's Facility is an all male inmate facility.

FACILITY CHARACTERISTICS:

Elmwood Correctional Complex in Milpitas located at 701 Abel Street, Milpitas. The facility provides care, housing, and retention of approximately 2,600 medium- and minimum-security male inmates. The facility employs 265 correctional officers, and 25 administrative support personnel and hosts a large number of volunteers and programs staff. The entire Elmwood complex has an operating budget of about \$32 million a year.

The Elmwood buildings vary in shape and size, some designed for indirect supervision of inmates, others for direct supervision. Many are military style barracks for minimum-security inmates. Although the Elmwood site only minimum and medium security male inmates, the women's facility at Elmwood houses all security levels.

Inmate Programs

Weekend Work Program / Public Service Program

The Santa Clara County Programs Division delivers services which cover a vast number of recipients including, the Department of Correction, community based organizations, the inmate population and the community at large.

Reentry Services

In order to decrease the number of individuals incarcerated and under probation and parole supervision, the County of Santa Clara is focusing on developing a comprehensive effort that addresses the needs and risks of former offenders. The County's Reentry Program represents a new way of doing business.

Inmate Welfare Fund

The purpose of the Inmate Welfare Fund Committee is to implement the provisions of California Penal Code Section 4025 which allows the County to establish, maintain and operate a store (commissary and vending services) at the jail so that inmates may purchase confectionary items, postage, writing materials, toilet articles, and supplies. All commissions received from commissary sales shall be deposited into an inmate

welfare fund. The statute also requires that any money, refund, rebate, or commission received from an inmate telephone service provider be deposited into the inmate welfare fund.

CONCLUSION:

Upon completion of the Post Audit phase, 11 Standards were found to be non-compliant. The Interim Audit Summary Report was issued to the Agency Head and PREA Coordinator, placing the facility in Corrective Action. Auditor collaborated with the PREA Coordinator, Agency Management and Facility Staff to create a Corrective Action Plan to bring the Agency/Facility into compliance with the identified PREA Standards. Auditor determined the facility to meet all Standards by 3/21/17 after reviewing documentation provided by the Agency and conducting an on-site physical plant review. The Final Report is hereby issued to the Agency which provides the Auditor’s determinations and conclusion for each Standard to verify Agency is compliant with all 43 PREA Standards.

SUMMARY OF AUDIT FINDINGS:

On August 15, 2016 through August 19, 2016 a PREA audit tour was conducted at the Santa Clara County Men’s Facility, located in Milpitas, California. Summary of audit findings are as follows:

| INTERIM AUDIT SUMMARY REPORT | FINAL AUDIT SUMMARY REPORT |
|---|---|
| Number of Standards exceeded: <u>2</u> | Number of Standards exceeded: <u>4</u> |
| Number of Standards met: <u>27</u> | Number of Standards met: <u>37</u> |
| Number of Standards not met: <u>11</u> | Number of Standards not met: <u>0</u> |
| Number of Standards not applicable: <u>3</u> | Number of Standards not applicable: <u>2</u> |

115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.

- Exceeds Standard (substantially exceeds requirement of standard)
- 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.11

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| 115.12 | Contracting with other entities for the confinement of 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)
- Not Applicable

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

115.12(a) & 115.12(b) N/A – Standard 115.12 does not apply to this Agency/Facility as Agency has no contracts for the confinement of inmates.

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) Agency indicates staffing plans are created for each facility to provide for adequate level of staffing under Board of Corrections, video monitoring for protection of inmates and staff. Agency indicate average daily number of inmates at Elmwood Men's facility is 1991, same number the facility staffing plan was predicated upon. Agency provided compliant staffing plan for Elmwood Men's facility. Interview with Facility Commander and PREA Compliance Manager indicate Staffing Plan is specific to Elmwood Men's Facility. Staffing levels and determination of the need for video monitoring is made through consideration of the criteria outlined in Standard provision 115.13(a). During On-Site Physical Plant Review, Auditor noted a number of blind spots that were not identified in the Staffing Plan. These Blind Spots are identified in the Narrative of this report.
- 115.13(b) N/A - Agency indicates there have been no deviations from the staffing plan over the past 12 months.
- 115.13(c) Staffing plan is reviewed annually in collaboration with the PREA Coordinator to discuss adjustments to the plan, deployment of monitoring technology and/or allocation of resources to commit to the staffing plan to ensure compliance. Interview with PREA Coordinator indicates he is consulted regarding any assessments of or adjustments to the Staffing Plan on an annual basis in conjunction with the Annual Staff Transfer per PREA Policy 14.15. Review of Annual Staffing Plan dated 8/1/16 for Elmwood Men's Complex indicated a number of sexual abuse/harassments incidents over the past 12 months and assessed the staffing and video capabilities of the Complex. Realizing the Complex requires increased video monitoring to address inmate safety and prevention of sexual abuse, a request for video monitoring upgrade projects for all facilities was submitted to the County for consideration and approval. The request was approved and is being implemented. Staff conducts thorough physical searches of identified blind-spots in isolated areas in addition to welfare checks within the housing units and documents these actions. Approximately 850 fixed video surveillance cameras are scheduled to be installed at the Elmwood Complex with an anticipated completion date of September 2017. Agency is also averaging 3 new Correctional Deputy Academy classes annually which will increase staffing levels to ensure the overall securing of all facilities.
- 115.13(d) Policy 14.15 mandates intermediate or higher level staff conduct unannounced rounds to identify and deter staff and prohibits staff from alerting other staff of the conduct of such rounds. Agency provided Administrative directive #2016-015 for staff training and instructions specific to conducting and documenting unannounced rounds for each shift. Interview with intermediate staff indicate unannounced rounds are conducted on each shift. Rounds are documented in the Post and Welfare log books. Unannounced rounds are conducted randomly at different times every shift, using different routes throughout the facility. During the On-Site Review, auditor observed Sergeants conducting unannounced rounds, interacting with staff and observing the physical plant. Random review of 214 shifts over the past 12 months from the Elmwood Main Facility complex indicated intermediate and higher level staff routinely document unannounced rounds in the housing unit log books or at the housing unit central control with only 9 non-compliant shifts. Agency to provide auditor with a random sample of the Ranch electronic supervisory logs to verify unannounced rounds compliance in that area.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.13 AS PROVISION 115.13(d) IS NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.13(a): AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT BLIND SPOTS IDENTIFIED IN THE NARRATIVE SECTION OF THIS REPORT (PAGES 2 THRU 6) HAVE BEEN ELIMINATED THROUGH PREA AUDIT: AUDITOR'S SUMMARY REPORT

METHODS SUCH AS ADDITIONAL STAFFING, CHANGE IN STAFFING PATTERN OR ELECTRONIC MONITORING.

115.13(d): AGENCY TO PROVIDE AUDITOR WITH RANDOM SAMPLE OF ELMWOOD RANCH FACILITY ELECTRONIC SUPERVISORY LOGS TO VERIFY UNANNOUNCED ROUNDS FOR VERIFICATION OF COMPLIANCE BETWEEN SEPTEMBER 17TH TO DECEMBER 17TH, 2016.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 3/14/17:

115,13(a): DURING ON-SITE CORRECTIVE ACTION REVIEW ON 3/14/17, AUDITOR WAS PROVIDED ADMINISTRATIVE DIRECTIVES @2016-006, 2017-004 AND MANAGEMENT DIRECTIVE DATED 3/15/17 WHICH ENHANCED POLICY #14.15 TO MANDATED STAFFING COVERAGE FOR THE FOLLOWING BLIND SPOTS IDENTIFIED IN THE NARRATIVE SECTION OF THIS REPORT – PAGES 2 THRU 6 AND INSTRUCT STAFF TO CONDUCT AND DOCUMENT WELFARE/BLINDSPOT CHECKS IN LOGS EVERY 60 MINUTES DURING EACH SHIFT. SUPERVISORS ARE ALSO MANDATED TO SIGN OFF ON SHIFT WELFARE/BLINDSPOT CHECKS AND CONDUCT THEIR OWN WELFARE/BLINDSPOT CHECKS DURING THEIR UNANNOUNCED VISITS ON EACH SHIFT:

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|------------------------------|--|
| RANCH BUILDING #3 | RANCH BUILDING #9 |
| RANCH BUILDING #12 & #13 | RANCH SPECIAL HOUSING |
| LAUNDRY | WAREHOUSE |
| RANCH CHAPLAIN'S OFFICE BLDG | RANCH RELIGIOUS SERVICES BUILDING (CHAPEL) |
| RANCH INFO CENTER | RANCH KITCHEN |
| MAIN KITCHEN | INDUSTRIES AREA |

AUDITOR OBSERVED WELFARE/BLINDSPOT CHECKS LOGS AND SPOKE WITH STAFF WHO DOCUMENT THESE LOGS. STAFF HAD ALWAYS CONDUCTED WELFARE/BLINDSPOT CHECKS, BUT THE CHECKS WERE NOT DOCUMENTED. THE DOCUMENTATION BEGAN IN FEBRUARY AND CONTINUES TO THIS DAY. AUDITOR'S OBSERVATION OF THE WELFARE/BLINDSPOT LOGS VERIFIES THE STAFF & SUPERVISOR STATEMENTS.

115.13(d): ON 2/9/17 AGENCY PROVIDED AUDITOR WITH RANDOM SAMPLE OF 20 ELMWOOD RANCH FACILITY ELECTRONIC SUPERVISORY LOGS COLLECTED BETWEEN SEPTEMBER 17TH TO FEBRUARY 4TH, 2017. REVIEW OF LOGS VERIFY UNANNOUNCED ROUNDS ARE INSTITUTIONALIZED AND COMPLIES WITH STANDARD PROVISIO 115.13(d).

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.13

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| 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)
- Not Applicable

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

- 115.14(a) N/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 and mandates "sight and sound separation between juvenile and adult inmates".
- 115.14(b) N/A - Observation during facility review indicates there are no youthful offenders housed in the Elmwood Men's Facility.
- 115.14(c) N/A - Standard provision 115.14(c) not applicable to Santa Clara Elmwood Men's Facility as they do not house youthful inmates.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.14

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| 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. 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. Curriculum for Cross-Gender Supervision training for custody staff has been provided by Agency and is compliant with Standard 115.15. 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) Policy 14.15 prohibits cross gender pat-down searches of female inmates absent exigent circumstances. Over the past 12 months, no cross gender pat down searches have been conducted. Curriculum for Cross-Gender Supervision training for custody staff has been provided by Agency and is compliant with Standard 115.15. 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. Curriculum for Cross-Gender Supervision training for custody staff has been provided by Agency and is compliant with Standard

115.15. 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) Policy 14.15 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. Policy also includes narrative which mandates facility provide shower screens for Transgender and Intersex inmates for privacy purposes. Curriculum for Cross-Gender Supervision training for custody staff has been provided by Agency and is compliant with Standard 115.15. Interview with Random Sample of 15 inmates and Random Sample of 15 Staff indicates inmates are provided the ability to perform bodily functions and shower without non-medical staff of the opposite gender viewing body parts. Observation of Elmwood Main Facility physical plant allows for cross-gender viewing in housing units East & West (shower doors are planned to be installed), M-2 & M-3 Buildings, where frosting is planned for windows to bathroom to dissuade cross-gender viewing from outside the housing units, M-4 & M-5 Buildings where frosting is planned for holding cell windows located along building entry hallways and transportation holding areas. The Ranch housing section Buildings #3, thru 9 are compliant as long as cross-gender staff conduct announcements upon entering the housing units and cross-gender viewing is incident to routine count or security checks. Both inmates and staff indicate cross gender announcements are being conducted on a regular basis in both the Elmwood Main Facility and the Ranch facility as evidenced by Auditors observations during the physical plant review. During the visit of one housing unit, a new Deputy failed to announce once entering a housing unit and was noticed by a Training Deputy. The Training Deputy immediately counseled the new Deputy on the announcement protocol and instructed her to research Policy 14.15, the PREA Standard guidelines and report, in writing, explaining the responsibilities of Staff entering the housing unit of inmates of the opposite gender to include the reasoning behind this mandate. This action by the Training Officer exceeds Standard provision 115.15, ensuring staff follow policy and procedure as it relates to Standard 115.15.
- 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. Over the past 12 months no search of transgender or intersex inmate for the sole purpose of determining the inmate's genital status has been conducted. Interview with Random Sample of 15 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). Interview with Random Sample of 15 staff verifies their training on how to conduct corss-gender pat-down searches and the prohibition of searching of transgender and intersex inmates for the sole purpose of determining their genital status. Training included conducting searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.15 AS PROVISION 115.15(d) IS NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.15(d):
- 1 - AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT SHOWER DOORS ARE INSTALLED IN M-8 BUILDING EAST & WEST UNITS
 - 2 - AGENCY TO PROVIDE AUDITOR WITH VERIFICATION FROSTING FOR BATHROOM WINDOWS FOR BUILDINGS M-2 AND M-3 HAVE BEEN INSTALLED
 - 3 - AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT HOLDING CELL WINDOWS LOCATED ALONG BUILDING M-4 & M-5 ENTRY HALLWAYS AND TRANSPORTATION HOLDING CELLS WINDOWS BE FROSTED TO DISSUADE CROSS-GENDER VIEWING.
 - 4 - AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT RANCH BUILDING #3 PROVIDES COMPLIANCE SCREEN FOR THE SHOWER AREA TO DISSUADE CROSS-GENDER VIEWING.
 - 5 - AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT RANCH BUILDING 4&5, 6&7 PROVIDES COMPLIANCE SCREEN FOR TOILET AREA TO DISSUADE CROSS-GENDER VIEWING.

- 6 - AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT RANCH BUILDING 12 & 13 IS PROVIDED SCREENS OR MODESTY PANEL TO DISSUADE CROSS-GENDER VIEWING
- 7 - AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT RANCH BUILDING #3 IS PROVIDED SCREENS OR MODESTY PANEL TO DISSUADE CROSS-GENDER VIEWING

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 3/14/17:

- 115.15(d):
- 1 – DURING ON-SITE CORRECTIVE ACTION REVIEW, AUDITOR OBSERVED SHOWER DOORS INSTALLED TO REMOVE CROSS-GENDER VIEWING DURING SHOWERING IN M-8 HOUSING UNIT. HOLDING CELLS 1-8 IN BOTH WEST & EAST HOUSING UNITS HAVE BEEN FROSTED TO REMOVE CROSS-GENDER OPPORTUNITY BEFORE ENTERING HOUSING UNIT. CELL#4 IS HAS BEEN CONVERTED TO STORAGE UNIT & NO LONGER USED AS HOLDING CELL. M-8 INTAKE & TRANSPORTATION HOLDING CELLS ARE FROSTED TO DISSUADE CROSS-GENDER VIEWING DURING INMATE TOILETING
 - 2 - DURING ON-SITE CORRECTIVE ACTION REVIEW, AUDITOR OBSERVED FROSTING ON ALL BATHROOM WINDOWS TO DISSUADE CROSS-GENDER VIEWING DURING TOILETING. M-3 HOUSING UNIT IS CLOSED & UNDER CONSTRUCTION.
 - 3 - DURING ON-SITE CORRECTIVE ACTION REVIEW, AUDITOR OBSERVED FROSTING ON HOLDING CELL WINDOWS 1,3 &4 IN BOTH HOUSING UNITS. HOLDING CELL #2 HAS PRIVACY WALL.
 - 4 – AGENCY PROVIDED AUDITOR WITH PHOTO OF SUICIDE HOOKS & SHOWER CURTAIN FOR PREA COMPLIANCE.
 - 5 – AGENCY PROVIDED AUDITOR WITH PHOTO OF TOILET AREA SCREEN WHICH PROVIDES PREA COMPLIANT SCREENING IN THE TOILET AREA TO DISSUADE CROSS-GENDER VIEWING FOR BUILDING #4. BUILDING #5, 6 & 7 TOILET AREA CLEARED BY STAFF ANNOUNCEMENT WHEN ENTERING HOUSING UNIT AND RE-ANNOUNCED WHEN ENTERING THE BATHROOM AREA PER ADMINISTRATIVE DIRECTIVE #2017-004.
 - 6 – AGENCY PROVIDED AUDITOR POLICY #14.15 & ADMINISTRATIVE DIRECTIVES #2015-006 & #2017-004 WELFARE/BLINDSPOT CHECKS WHICH INCLUDES RANCH BUILDING 12 & 13 SHOWERS & BATHROOMS MANDATING STAFF RE-ANNOUNCEMENT BEFORE ENTERING BATHROOM AREA.
 - 7 – AGENCY PROVIDED PHOTO OF RANCH BUILDING #3 SHOWER AREA WITH NEWLY INSTALLED SUICIDE HOOKS AND SHOWER CURTAIN TO DISSUADE CROSS-GENDER VIEWING.

AUDITOR HAS DETERMINED AGENCY EXCEEDS STANDARD 115.15(d)

115.16**Inmates 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. Agency has provided auditor with Language Line-Voiance and Partners in Communications Interpreter contracts, which complies with Standard 115.16. Interview with Agency Head and Disabled Inmates indicate Agency works with disabled inmates to assist them with effective communication and understanding of the PREA education. There are numerous methods inmates are provided different modes of communication.
- 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. Interview with Disabled Inmates indicate interpreters are available at any time they need to communicate to staff or visa versa. Auditor observed staff certified in Spanish to interpret during an inmate interview. The inmate approved of this method of communication prior to starting the interview. Auditor also noticed TTY & TTD machines available to inmates during the physical plant review.
- 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 Responder duties or of the investigation of inmate's allegations. Interview with Random Sample of 15 inmates and 15 staff indicate no inmate interpreter has been used at the Elmwood Complex to serve to interpret a sexual abuse allegation. Staff knows use of inmate interpreters are prohibited by policy barring exigent circumstances. 100% of all staff interviewed knows to either use Staff interpreter or contract interpreters provided by Agency.

Numerous methods provided by Agency for effective communication with inmates to include Agency's required training of staff to provide services to disabled and LEP inmates with regards to effective communication exceeds PREA Standard 115.16.

AUDITOR HAS DETERMINED AGENCY EXCEEDS STANDARD 115.16

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 17 randomly selected 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 indicates over the past 12 months 60 staff were hired who may have contact with inmates who have had criminal background record checks. This is 100% of the total number of new employees hired during that period. 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 17 randomly selected 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 11 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 10 contractors & 2 volunteers were provided to auditor for verification of compliance.
- 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 record. Upon a hit, an auto-generated letter is provided to the Department. Internal Affairs conducts 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. Agency provided auditor with copies of employee application forms (Personal History Statement, Pre-Background Questionnaire and Pre-background Interview Questionnaire) for verification of compliance.
- 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 consistent Standard provision 115.17(h) requirement 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 MEETS STANDARD 115.17

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| 115.18 | Upgrades to facilities and technology |
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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)
- Not Applicable

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

- 115.18(a) N/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 plan 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) N/A - Interview with Facility Chief and Undersheriff both verify no electronic monitoring or surveillance system installed since August 20, 2012, however, Agency leadership is conducting a pilot program for custody staff body cameras. Agency has completed a video technology review of the Elmwood Complex and obtained approval to install 800 cameras throughout the facility.

AUDITOR HAS DETERMINED STANDARD 115.18 IS NOT APPLICABLE TO THIS AGENCY

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| 115.21 | Evidence protocol & forensic medical examinations |
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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

- 115.21(a) PREA Policy 14.15 and Department policy 9.29 – Criminal Investigations provides narrative which mandates use of uniform evidence protocol for sex abuse allegation investigations and outlines said protocol for Santa Clara County. Interview with random staff indicates limited knowledge of protocol used when obtaining usable physical evidence for administrative proceedings & criminal prosecutions. Agency provided auditor with Elmwood Men’s Facility Evidence Protocol which is in compliance with Standard 115.21. Interview with random sample of 15 staff indicates **extensive** knowledge of protocol used when

obtaining usable physical evidence for administrative proceedings & criminal prosecutions.

- 115.21(b) PREA Policy 14.15 mandates staff investigating allegations of sexual abuse shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecution. Said protocol shall be developmentally appropriate for youth, where applicable. Policy includes detailed responsibilities for 1st responders, medical, mental health, advocacy, facility leadership and investigators in a Coordinated Response plan.
- 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. No forensic medical exams have been conducted over the past 12 months. 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 no inmates have had forensic examinations provided over the past 12 months, however, auditor review of grievances indicated 1 inmate alleged sexual abuse, investigation was initiated and forensic examination was immediately conducted. At the Santa Clara County Valley Medical Center.
- 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 Rape Crisis Center MOU active from 7/1/15 to 6/30/18 which provides for emotional support, victim advocacy and reporting. 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. Review of inmate sex abuse allegation investigative report and supplemental report, where a forensic examination was conducted at the hospital, provided no indication or verification that a victim advocate was requested or present during the forensic examination. Mental health did interview inmate following the examination.
- 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. Review of inmate sex abuse allegation investigative report and supplemental report, where a forensic examination was conducted at the hospital, provided no indication or verification that Agency offered a victim advocate, requested or provided and advocate for emotional support before or during the forensic examination.
- 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(d) & 115.21(e) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

115.21(d) & (e): AGENCY TO PROVIDE REFRESHER TRAINING TO SPECIAL INVESTIGATORS AND CUSTODY STAFF TO INFORM THEM OF PREA MANDATE THAT A VICTIM ADVOCATE IS TO BE OFFERED AND, IF ACCEPTED, PROVIDED TO VICTIMS OF SEXUAL ABUSE TO PROVIDE EMOTIONAL

SUPPORT DURING THE INVESTIGATIVE PROCESS TO INCLUDE FORENSIC EXAMINATIONS. AGENCY TO PROVIDE AUDITOR WITH VERIFICATION THAT REFRESHER TRAINING WAS PROVIDED FOR BOTH STAFF AND SPECIAL INVESTIGATORS.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 3/7/17:

115.21(d) & (e): ON 10/11/16, THE PREA COORDINATOR SENT A DIRECTIVE TO ALL BUREAU AND JAIL CRIMES UNIT BADGE STAFF MANDATING THE OFFER OF VICTIM ADVOCACY TO ALL SEXUAL ABUSE VICTIMS. THE VICTIM ADVOCACY CENTER (YWCA) CONTACT NUMBER WAS PROVIDED. THE DIRECTIVE ALSO MANDATES STAFF DOCUMENT THEY OFFERED THIS SERVICE IN THE INCIDENT OR EMPLOYEE'S REPORT. JAIL CUSTODY STAFF WAS TRAINED ON THIS DIRECTIVE DURING SHIFT STAFF MEETINGS. AGENCY PROVIDED AUDITOR WITH REFRESHER TRAINING POWERPOINT FOR SPECIAL INVESTIGATORS SINCE THEY ARE ASSIGNED TO THE SHERIFF'S CRIMES UNIT. THE CURRICULUM INFORMS THEM OF PREA MANDATE THAT A VICTIM ADVOCATE IS TO BE OFFERED AND, IF ACCEPTED, PROVIDED TO VICTIMS OF SEXUAL ABUSE TO PROVIDE EMOTIONAL SUPPORT DURING THE INVESTIGATIVE PROCESS TO INCLUDE FORENSIC EXAMINATIONS. AGENCY PROVIDED AUDITOR WITH ACKNOWLEDGEMENTS OF THIS REFRESHER TRAINING FROM ALL IDENTIFIED SPECIAL INVESTIGATORS.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.21

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| 115.22 | Policies to ensure referrals of allegations for 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

- 115.22(a) PREA Policy 14.15 mandates Agency ensures administrative or criminal investigations are completed for all allegations of sex abuse & sex harassment. Agency reports that in past 12 months, a total of 54 sex abuse & sex harassment allegations were received, Agency wide. Out of the 55 total number of allegations of sexual abuse/harassment received, 18 resulted in administrative investigations and 23 were referred for criminal investigation. 16 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. Review of Elmwood Men’s facility investigations determined 13 cases were investigated over past 12 months. Out of the 14 cases, 1 case was referred for criminal investigation and is currently ongoing. The remaining cases were administrative investigations.
- 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 provided the following narrative, “In response to a report of inmate sexual abuse, sexual assault or sexual misconduct, the immediate supervisor will advise the Watch Commander, who will assess the situation and ensure the appropriate response and notifications have been made pursuant to the critical incident policy; and coordinate the appropriate response action with medical and mental health, investigators, and inmate advocates.” Complete documentation of referrals of allegations of sexual abuse/harassment specific to Elmwood Men’s Facility were provided to auditor during the on-site review.
- 115.22(c) N/A - 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 MEETS STANDARD 115.22

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| 115.31 | Employee 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

- 115.31(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. PREA training curriculum, Orientation and Employee handouts were provided to auditor and covers all criteria outlined in Standard provision 115.31(a). Documentation covers Zero Tolerance, Inmate rights, Reporting, Effective Communication and Sexual Harassment. Training Powerpoint is the complete PREA Training platform for Employee Education. 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, to include sign-in sheets and acknowledgement forms for all custody staff. Training acknowledgement forms were provided for all volunteers, contractors, medical & mental health staff. 2016 was year for refresher training.
- 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.
- 115.31(c) In the past 12 months 331 staff (100% of those employed), were trained or retrained on PREA requirements. Employees who have contact with inmates receive bi-annual refresher training.
- 115.31(d) Agency indicates they document employee training in PREA through signature and acknowledgment. Electronic and hard copy PREA training verification documentation provided during on-site review.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.31

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| 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 #18 mandates all volunteers & contractors who have contact with inmates be trained in PREA. To date 364 (100%) of contractors & volunteers have been trained in PREA. During on-site review, Agency provided Auditor with copies of volunteer & contractor training records and acknowledgment of understanding. Interview with volunteer and contractor indicate they both have received PREA training along with custody staff to include 1st Responder responsibilities as non-custody staff and Zero Tolerance. The signed statement of acknowledgement to verify they understand the PREA training received.

- 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. Interview with volunteer and contractor indicate they both have received PREA training along with custody staff to include 1st Responder responsibilities as non-custody staff and Zero Tolerance.
- 115.32(c) Policy 14.15 mandates the facility PREA Manager maintain the PREA training documentation of contractors and volunteers. Training acknowledgement forms and sign in sheets to verify compliance with this Standard provision was provided to auditor during on-site review. Training acknowledgement forms and sign in sheets to verify compliance with this Standard provision was provided to auditor during on-site review.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.32

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| 115.33 | Inmate education |
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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

- 115.33(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. At the intake desk, a laminated poster affixed to the Booking and Classification desk outlines Inmate Rights under PREA. All inmates are required to read the Comprehensive Education poster to determine understanding of their rights and English proficiency or other disability that may hinder effective communication. Over the past 12 months 14,442 inmates were provided this information at intake. Inmate Sexual Assault Awareness pamphlets, provided at intake, are printed in English, Spanish and Vietnamese for effective communication in compliance with Standard 115.33. 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. Intake booking and initial classification is conducted at Main Jail. booking processes inmates and provides documentation at the end of their Intake session before moving to Classification. The Elmwood intake area ensures inmates have Zero Tolerance information, inmate handbook and Sexual awareness pamphlet when transferred from Main Jail to the Elmwood facility.
- 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. Over the past 12 months 14,442 inmates received such education within 30 days of intake. Intake staff indicate provision of comprehensive education during intake/booking and ongoing education while housed in the facilities. Auditor observation at the Elmwood Intake Desk processes verified Intake Staff statements. Interview with random sample of 15 inmates indicate 7 of the 15 inmate interviewed verified they were provided handbook and pamphlet at intake. 8 of the inmates interviewed indicated they did not receive any type of comprehensive education. Auditor reviewed the screening files of the 8 inmates in question. The inmates signed for the inmate handbook and verified receiving comprehensive PREA education through signed acknowledgement documentation. Auditor reviewed 21 randomly selected intake screening records. Auditor verified all 21 inmates received comprehensive education through signed acknowledgement documentation.

- 115.33(c) Directive memorandum dated 4/15/16 mandates staff to offer and provide the Sexual Assault Awareness education pamphlet in one of 3 languages of their choice to any female inmate transferred between Elmwood Women’s Facility and the Main Jail. Elmwood Men’s facility does not house female inmates and retraining upon transfer to the Main Jail is not required as the policies and directives are similar. Policy 14.15 PREA education for inmates are provided during initial Intake and Classification and also available in housing unit on dedicated channel.
- 115.33(d) Agency provided directive specific to classification staff which mandates protocol which identifies inmates who are limited in their reading skills or otherwise disabled. 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.” 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.
- 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 21 randomly selected intake screening records. Auditor verified all 21 inmates received comprehensive education through signed acknowledgement documentation.
- 115.33(f) PREA education is provided continuously through posters in housing units and inmate handbooks provided at intake. 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. Inmate Sexual Assault Awareness pamphlets, provided at visiting waiting room and intake, are printed in English, Spanish and Vietnamese for effective communication in compliance with Standard 115.33. Continuous PREA education video is available on all televisions in the housing units. Interview with random sample of 15 inmates and informal inmate interviews indicate they are familiar with television channel dedicated to the PREA video, they choose not to view it as they have control of the remotes in their housing unit.

RECOMMENDATION: Agency should have the televisions turned to the PREA video channel at least once a week as is the practice at the Main Jail to provide continuous education for inmates who do not read the handbook or PREA pamphlet and those who are disabled or Limited English Proficient. □

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.33

115.34**Specialized training: 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

- 115.34(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 10 investigators for sex abuse cases. Interview with Investigative staff indicate they receive training in conducting Sexual Abuse Investigations in a confinement setting through either NIC or POST. Agency provided auditor with 9 certificates of Special Investigator training which auditor verified as compliant. There is 1 missing certificates.
- 115.34(b) NIC and POST Sexual Assault 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 Investigative staff indicate their training include Miranda, Garrity and Lybarger warnings.
- 115.34(c) Out of the 10 sexual abuse investigators, 9 have provided verification of investigator training via NIC Investigation in a confinement setting. Auditor is awaiting documentation verification for 1 investigators.
- 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.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.34 AS PROVISIONS 115.34(a) & 115.34(c) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

115.34(a) & (c): AGENCY TO PROVIDE AUDITOR WITH SPECIAL INVESTIGATOR TRAINING CERTIFICATION FOR THE 10TH INVESTIGATOR.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 9/24/16:

115.34(a) & (c): AGENCY PROVIDED AUDITOR WITH PREA COMPLIANT SPECIAL INVESTIGATOR TRAINING CERTIFICATION FOR THE 10TH INVESTIGATOR.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.34

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

- 115.35(a) Policy 14.15 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 indicates 80 medical and mental health practitioners who work regularly at the facility who received training, and indicate 100% % have received PREA training. Interview with Medical and Mental Health Staff indicate they have received training on all 4 criteria outlined in Standard provision 115.35(a). Most of the training received was addressed during their professional certification training in addition to the PREA training. Review of training records verify that all medical and mental health practitioners who work regularly at the Elmwood Men’s facility have been trained.
- 115.35(b) N/A - Standard provision 115.35(b) is not applicable to this Agency/Facility. No forensic examinations are conducted at the SCCJ Elmwood Men’s Facility or Main Jail where the main clinic is located. Forensic examinations are conducted at Santa Clara Valley Medical Center.
- 115.35(c) Policy 14.15 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 provided training records or acknowledgment & understanding documentation for the PREA training for medical or mental health staff for verification of compliance.
- 115.35(d) Policy 14.15 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 provided training records or acknowledgment & understanding documentation for the PREA training for medical or mental health staff for verification of compliance.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.35

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| 115.41 | Screening for risk of victimization and abusiveness |
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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

- 115.41(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. This requirement is not exclusive to custody environments. Interview with Risk Screening Staff indicate all inmates are assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. Interview with random sample of 15 inmates indicate they were screened by Classification after booking. Review of random sample of 21 screening files indicate all received screening from classification within 72 hours of intake.

- 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. Over the past 12 months 9674 inmates whose length of stay in the facility for 72 hours or more were screened per PREA mandate. 100% of all inmates whose length of stay in the facility for 72 hours or more were screened. Interview with random sample of 15 inmates indicate they were screened by Classification after booking. Review of random sample of 21 screening files indicate all received screening from classification within 72 hours of intake.
- 115.41(c) The classification worksheet proves as an objective screening instrument & provides response from inmate and observation from classification staff to make a determination to inmates housing and programming in a manner that provides for the inmate's safety.
- 115.41(d) The intake classification worksheet-final 061416, (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. Auditor review of the intake classification worksheet-final 061416, (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.
- 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 reported by Agency as 11. Review of 21 randomly selected screening files indicate none of the inmates were provided a 30 day reassessment. Review of electronic documentation (classification notes) did not provide written information with regards to a 30-day assessment except for a Transgender Inmate after Mental Health information was received and the inmate was reclassified. Interview with Classification Staff indicate only Security Level 1 & 2 inmates are housed at Elmwood Men's Facility and no 30 day reassessments are conducted on the Level 1 & 2 inmates.
- 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. Review of 21 randomly selected screening files indicate none of the inmates were provided a 30 day reassessment. Review of electronic documentation (classification notes) did not provide written information with regards to a 30-day assessment except for a Transgender Inmate after Mental Health information was received and the inmate was reclassified. Interview with Classification Staff indicate only Security Level 1 & 2 inmates are housed at Elmwood Men's Facility and no 30 day reassessments are conducted on the Level 1 & 2 inmates.
- 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 Risk Screening Staff indicate inmates are not disciplined for not answering questions or disclosing information as it relates to the Classification PREA questions.
- 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. Interview with the PREA Coordinator, PREA Compliance Manager and Risk Screening Staff indicate screening files are kept security with the Classification office under lock & key. Only need to know personnel may review the files under Classification Staff observation.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.41 AS PROVISIONS 115.41(f) & 115.41(g) ARE NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.41(f) & (g):
- 1 - AGENCY TO EITHER AMEND CLASSIFICATION POLICY OR CREATED DIRECTIVE FOR CLASSIFICATION TO MANDATE ALL LEVEL 1 & 2 INMATES BE PROVIDED RE-ASSESSMENT WITHIN 30-DAYS OF INTAKE IN ACCORDANCE WITH STANDARD 115.41
 - 2 - AGENCY TO PROVIDE AUDITOR WITH RANDOM SAMPLE OF ELMWOOD MEN'S INMATE SCREENING FILES FOR INMATES WHO ENTERED THE FACILITY BETWEEN SEPTEMBER 18TH AND DECEMBER 17TH 2016 TO VERIFY COMPLIANCE WITH INITIAL ASSESSMENT AND 30-DAY REASSESSMENT MANDATE OF PREA STANDARD 115.41

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 3/14/17 :

- 115.41(f) & (g):
- 1 - CLASSIFICATION DIRECTIVE CREATED BY AGENCY ON 11/15/16 AND PROVIDED TO AUDITOR. DIRECTIVE MANDATES THAT CLASSIFICATION UNIT IS RESPONSIBLE FOR MONITORING AND REVIEWING INMATE FILES IN ACCORDANCE WITH PREA REQUIREMENTS. THE DIRECTIVE MANDATES INCLUDE THE PREA REQUIREMENT FOR REASSESSMENT OF ALL INMATES WITHIN 30-DAYS OF INTAKE AND ADDRESSES THE REQUIRED TWICE ANNUAL REASSESSMENT OF TRANSGENDER INMATES.
 - 2 – AUDITOR CONDUCTED ON-SITE CORRECTIVE ACTION REVIEW AND RANDOMLY SELECTED SCREENING FILES OF 20 INMATES WHO WERE BOOKED INTO THE SANTA CLARA COUNTY JAIL SINCE JANUARY 2017. REVIEW OF EACH OF THESE SCREENING FILES DETERMINED THAT 19 INMATES WERE PROVIDED THEIR 30-DAY REASSESSMENTS WITHIN 30 DAYS OF INTAKE. THIS PRACTICE APPEARS TO BE INSTITUTIONALIZED WITHIN THE CLASSIFICATION SYSTEM. 1 FILE INDICATED THE REASSESSMENT WAS FOUND TO BE 8 DAYS LATE. AGENCY HAS A 95% SUCCESS RATE FOR CONDUCTING 30-DAY REASSESSMENTS.

AUDITOR HAS DETERMINED 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 and Risk Screening Staff indicate risk screening information is utilized for housing and programming assignments.
- 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". Auditor reviewed 21 randomly selected screening files and verified written documentation from Screening Staff on the Objective Screening Instrument and also on Classification Case Notes related to answers gleaned from the screening instruments, Classification Officer observations and any information received from Medical & Mental Health practitioners to make individual determinations for each inmate with regards to housing and programming assignments.
- 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. Interview with inmate of the LGBTI community states Classification & Psych asked questions about their safety within the facility. The inmate was placed in a Protective Custody housing unit for protection based on the information provided. The inmate has no problem with the current housing placement.
- 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 indicates Transgender and Intersex inmates are reassessed at least twice a year to review any threats to safety experience by the inmate. Interview with Risk Screening Staff indicates only Security Level 1 & 2 inmates are housed at Elmwood Men's Facility and no 30 day reassessments are conducted on the Level 1 & 2 inmates. Auditor reviewed screening records for Transgender inmate & found a 30-day reassessment was conducted due to information received from Mental Health which triggered a reassessment in the Classification notes. There is no tracking method to inform Classification Staff of reassessments for Transgender inmates twice a year.
- 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. Interview with PREA Compliance Manager and Risk Screening Staff indicate a Transgender or Intersex inmate's own views with respect to his or her own safety shall be give serious consideration absent concerns over safety and security of the institution and the inmate.
- 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 and Risk Screening Staff indicate a Transgender or Intersex inmate has the opportunity to shower separately from other inmates. Transgender or Intersex inmates are housed in the Elmwood Men's Main Facility or in Main Jail. Observation of Elmwood Main Men's Facility verifies single showers with privacy doors available for that purpose. Showers are under direct supervision of staff.
- 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. Interview with PREA Compliance Manager and PREA Coordinator indicate there are not dedicated housing units for LGBTI inmate placement.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.115.42 AS PROVISION 115.42(d) IS NON-COMPLIANT.

CORRECTIVE ACTION:

- 115.42(d): 1 - AGENCY TO PROVIDE AUDITOR OF TRACKING METHOD TO ENSURE TRANSGENDER AND INTERSEX INMATES ARE RE-ASSESSED TWICE ANNUALLY IN ACCORDANCE WITH STANDARD 115.42.
- 2 - AGENCY TO PROVIDE AUDITOR WITH INMATE SCREENING FILES OF ANY TRANSGENDER OR INTERSEX INMATE HOUSED AT ELMWOOD MEN’S FACILITY OVER THE PAST 12 MONTHS TO VERIFY RE-ASSESSMENTS ARE BEING CONDUCTED TWICE ANNUALLY

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 3/14/17 :

- 115.42(d): 1 - CLASSIFICATION DIRECTIVE CREATED BY AGENCY ON 11/15/16 AND PROVIDED TO AUDITOR. DIRECTIVE MANDATES THAT CLASSIFICATION UNIT IS RESPONSIBLE FOR MONITORING AND REVIEWING INMATE FILES IN ACCORDANCE WITH PREA REQUIREMENTS. THE DIRECTIVE MANDATES INCLUDE THE PREA REQUIREMENT FOR REASSESSMENT OF ALL INMATES WITHIN 30-DAYS OF INTAKE AND ADDRESSES THE REQUIRED TWICE ANNUAL REASSESSMENT OF TRANSGENDER INMATES.
- 2 – AGENCY PROVIDED AUDITOR WITH 6 SCREENING FILES OF TRANSGENDER INMATES WHO HAD INTAKE DATE OVER THE PAST 12 MONTHS. NONE OF THE 6 INMATES WERE HOUSED AT THE MAIN JAIL, NOT ELMWOOD MEN’S FACILITY. THESE INMATES RECEIVED THEIR 72-HOUR PREA COMPREHENSIVE EDUCATION AND 30-DAY REASSESSMENTS. THE INMATES WERE NOT HOUSED PAST 12 MONTHS TO TRIGGER THE TWICE ANNUAL REVIEW.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.42

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| 115.43 | 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

- 115.43(a) Policy 14.15 mandates the prohibition of placing inmates at high risk of sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a 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. No inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Interview with Facility Commander indicates Agency prohibits placement of inmates at high risk for sexual victimization in involuntary segregated housing unless all available alternatives have been made and an immediate assessment of all available alternatives are conducted.
- 115.43(b) Policy 14.15 mandates 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.

- 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 Commander and Staff who Supervise Inmates in Segregated Housing indicates Agency prohibits placement of inmates at high risk for sexual victimization in involuntary segregated housing unless all available alternatives have been made and an immediate assessment of all available alternatives are conducted. Inmates are moved within 24 hours if the case arises.
- 115.43(d) There have been no involuntary assignment of inmates to segregated housing for longer than 30 days
- 115.43(e) 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.43

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| 115.51 | Inmate 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. Contact information is provided to inmates through the inmate handbook and the Sexual Assault Awareness Pamphlet. Interview with random sample of 15 staff indicate inmates are provided multiple internal ways to privately report sexual abuse/harassment and retaliation through 3rd party, grievance process, and Internal Affairs. Interview with 15 randomly selected inmates indicate they can report through 3rd party, emergency call button in cell, contact staff and Rape Crisis Hotline.
- 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. This information is on posters mounted in all housing units and areas available to both inmates and staff. Agency also posted contact numbers for outside agencies on metal beams over each row of phones at the Ranch. Contact information is in both English & Spanish. 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. Interview with PREA Compliance Manager and Random Sample of 15 Inmates indicate they can report through Rape Crisis Hotline, Chaplin, Medical & Mental Health Staff and Internal Affairs. Staff also indicate they provide immigrant inmates held on local charges contact information for Relevant Consulate officials upon request.
- 115.51(c) Policy 14.15 mandates staff to accept reports made verbally, in writing, anonymously & from 3rd parties & promptly document any verbal reports. Interview with random sample of 15 inmates and 15 staff indicate reports can be made verbally, in writing, through 3rd party. Staff indicate they immediately document all verbal reports.
- 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 15 staff

indicate they can privately report sexual abuse/harassment of inmates through the Rape Crisis Hotline, outside law enforcement agencies and Santa Clara County Human Resources.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.51

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| 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. Inmate Handbook (Revised June 2011) states "Grievances concerning any allegations of sexual harassment, sexual abuse or sexual misconduct by staff or inmates will also be considered a priority as well. If you are alleging sexual harassment, sexual abuse or sexual misconduct by staff or another inmate, you do not have to use any informal grievance process to voice your concerns. You may go straight to the formal grievance process. There will be no time limitations imposed on when you can submit a grievance concerning sexual harassment, sexual abuse or sexual misconduct." During On-Site facility review, Auditor observed locked Grievance boxes throughout the facility and located in every housing unit at the Elmwood Main Men's facility and key locations at the Ranch facility. Interview with upper-level staff, custody staff and inmates all indicate Grievances are picked up by Shift Sergeants at least once per shift.
- 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. Revised inmate handbook which informs inmates of the updated PREA related grievance procedures on page #9. Handbook includes narrative which states inmates are not required to use the informal process for PREA related grievances and no time limit to submit PREA related grievances. Emergency grievances are handled as a priority. agency has installed locked grievance boxes in all housing units and along the hallways of the south segregated housing unit for inmates to anonymously 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.
- 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, 13 grievances were filed that alleged sexual abuse. Agency alleges response was provided within 90 days. Auditor reviewed 13 PREA related grievances from the Elmwood Men's Facility. All grievances had initial response within 5 days and issues were resolved in writing within 2 weeks. There was one grievance that was handled immediately which resulted in an immediate investigation and forensic examination.
- 115.52(e) No 3rd party reports or declination of 3rd party assistance information. Policy 14.15 mandates that should a third party file such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.
- 115.52(f) Policy 14.15 mandates that after staff receives an emergency grievance alleging an inmate is subject to a

substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. In the past 12 months, there have been 13 imminent sexual abuse grievances filed. All had an initial response within 48 hours. 4 of those grievances reached final decisions within 4 days.

115.52(g) 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 MEETS STANDARD 115.52

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| 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.

115.53(b) Sexual Assault Awareness Pamphlet and Inmate Handbook are provided to all inmates at intake. They provide reporting rules governing confidentiality, disclosures and monitoring. PREA Posters available in every housing unit and general areas throughout the facility provide same information. Interview with random sample of inmates & inmate who reported sexual abuse indicate their belief that all phones are monitored. PREA Posters, Inmate Handbook and Sexual Awareness Pamphlet, which provide confidential phone contact information to Rape Crisis Center, include narrative indicating that the contact is not monitored by Agency. When auditor used the toll-free access number, the call went straight through to the Rape Crisis Center and was answered by an advocate who indicated the phone call was not monitored.

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

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.53

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| 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

115.54(a) 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).

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.54

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| 115.61 | Staff and agency reporting 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

115.61(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. Agency provides each custody staff member with a PREA Quick Reference card to be carried on their person at all times during shift which provides 1st responder responsibilities in the event of an allegation of sexual abuse. During formal and informal interviews of staff, Auditor randomly requested to see the card. Each staff member proudly displayed the card from their pockets. Staff responded to the Auditor's 1st Responder questions without looking at the card, which verifies the custody 1st Responder protocol is institutionalized and Agency **exceeded** the requirements of Standard 115.61 to ensure Staff had all the tools necessary to respond to an allegation of sexual abuse/harassment or imminent sexual abuse allegation.

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 practitioner's duty to report & inform of limitations of confidentiality at the initiation of services. Interviews with Medical and Mental health staff indicates they are aware their duty to inform inmates of their limits of confidentiality and duty to report at the initiation of services. They do not always provide this information to inmates at the initiation of services. There is no documentation available to verify requirements of Standard 115.61(c) is being met. Nothing available in case notes or inmate files. 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 allegations of sexual abuse by victims under age of 18 years or vulnerable adults. Interview with Facility Commander and PREA Coordinator indicate these cases are referred to Jail Crimes unit for investigation and responded to as we would any other sexual abuse investigations. In the case of an 18 year old victim, CPS would be notified and in the case of a vulnerable adult, proper notifications by law, such as Elder Abuse Agency, would be notified.
- 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 Commander indicates all allegations of sexual abuse/harassment from whatever source is referred to the Agency Special Investigators (Jail Crimes Unit) to investigate.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.61 AS PROVISION 115.61(c) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.61(c): AGENCY TO CREATE CONSENT FORM OR LOG OR DIRECTIVE TO MANDATE INFORMATION INCLUDED IN CASE NOTES WHICH DOCUMENTS MEDICAL AND MENTAL HEALTH PRACTITIONERS INFORM INMATES OF THEIR LIMITS OF CONFIDENTIALITY AND DUTY TO REPORT AT THE INITIATION OF SERVICES.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 1/14/16:

115.61(c) - AGENCY CREATED AND PROVIDED THE SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM ADULT CUSTODY HEALTH SERVICES CORRECTION PLAN FOR THE PREA DEFICIENCIES. THIS PLAN, CALLED THE NOTICE OF PRIVACY PRACTICES (NPP), MANDATES MEDICAL AND MENTAL HEALTH PRACTITIONERS TO PROVIDE INFORMATION REGARDING REPORTING OBLIGATIONS AND CONFIDENTIALITY AS PART OF RECEIVING INFORMATION ABOUT THE NOTICE OF PRIVACY PRACTICES AT THE INTAKE/BOOKING STAGE. A COPY OF THIS MANDATE WILL BE POSTED ON THE WALL IN THE BOOKING AND CLINIC AREAS. FOR REPORTING PRIOR SEXUAL VICTIMIZATION THAT DID NOT OCCUR IN AN INSTITUTIONAL SETTING, MEDICAL AND MENTAL HEALTH PRACTITIONERS WILL HAVE THE INMATE SIGN A HIPPA COMPLIANT AUTHORIZATION FORM BEFORE INCIDENT IS REPORTED TO CUSTODY BUREAU/SHERIFF'S OFFICE. INMATE WILL SIGN THE NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AT BOOKING. ATTACHMENT B OF THIS MANDATE OUTLINES THE RESPONSIBILITY OF MEDICAL AND MENTAL HEALTH PRACTITIONERS TO COMPLY WITH STANDARD PROVISION 115.61(c).

AUDITOR HAS DETERMINED THAT AGENCY EXCEEDS STANDARD 115.61

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| 115.62 | Agency protection 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

115.62(a) 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. Agency reports no inmate was subject to substantial risk of imminent sexual abuse over the past 12 months. 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.62

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| 115.63 | Reporting to other confinement facilities |
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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

115.63(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) Policy 14.15 mandates 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) Policy 14.15 mandates 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.

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. 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.63

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| 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. Agency reports there have been 49 allegations that an inmate was abused over the past 12 months, Agency wide. 1st security staff member to respond to the report separated the alleged victim & abuser during 12 incidents. All of the 12 incidents, staff were notified within a time period that still allowed for the collection of physical evidence. There were 12 incidents, which allowed for protecting the crime scene, ensured victim and abuser did not take actions to destroy evidence. Agency provides each custody staff member with a PREA Quick Reference card to be carried on their person at all times during shift which provides 1st responder responsibilities in the event of an allegation of sexual abuse. During formal and informal interviews of staff, Auditor randomly requested to see the card. Each staff member proudly displayed the card from their pockets. Staff responded to the Auditor's 1st Responder questions without looking at the card, which verifies the custody 1st Responder protocol is institutionalized and Agency **exceeded** the requirements of Standard 115.61 to ensure Staff had all the tools necessary to respond to an allegation of sexual abuse/harassment or imminent sexual abuse allegation.
- 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 5 instances where a non-security member was the first responder. In all 5 cases, non-security staff notified security staff, none requested the alleged victim not take any actions that could destroy evidence. Interview with random sample of staff and non-security staff responses verifies compliance with Standard provision 115.64(b).

AUDITOR HAS DETERMINED AGENCY EXCEEDS STANDARD 115.64

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| 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

115.65(a) Policy 14.15 provides for written response protocol specific to Santa Clara County Elmwood Men’s facility, 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.65

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| 115.66 | Preservation of ability to protect inmates 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.

115.66(b) N/A - Standard provision 115.66 does not apply to this Agency/Facility per DOJ.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.66

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. Agency provided auditor with the name, title and department of staff member who monitors for possible retaliation.
- 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. Agency provided 15 documented face to face followup monitoring instances for inmates who had previously made allegations of sexual abuse, to verify Agency's compliance with Standard 115.67. 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 and Facility PREA Compliance Managers.
- 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 in the case of an inmate, he/she is engaged and informed regarding the monitoring process. They are moved to a safe environment (housing unit) and referred to Mental Health to provide emotional support. Monitoring conducted by classification for 30 to 60 days to ensure no retaliation is occurring. PREA Compliance Manager also monitors. In the case of Staff, they are monitored constantly by PREA Coordinator and EAP. There is continual followup and disciplinary action taken upon the perpetrator. Monitoring is established through continual contact. Teams are admonished via squad meetings to educate them to look after each other
- 115.67(f) N/A - Standard provision 115.67(f) does not apply to Agency/Facility per DOJ

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.67

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| 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

115.68(a) Policy 14.15 mandates 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. Over the past 12 months no inmates who alleged to have suffered sexual were held in involuntary segregated housing awaiting completion of an assessment.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.68

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| 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 Investigative Staff indicate sexual abuse investigations are initiated immediately upon notification to include 3rd party reports.
- 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 10 sexual abuse investigators. 7 investigators have provided certificates of completion of the NICIC Investigation in Correctional Setting course. Auditor is awaiting training verification for the remaining 3. Interview with Investigative Staff indicate they receive specialized training through either POST or NIC to conduct Investigations in a Confinement Setting. The training includes Miranda, Garrity and Lybarger admonishments, interviewing techniques and evidence collection.
- 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. Interview with Investigative Staff indicate they employ the services of the Agency Crime Scene Investigation Unit to secure crime-scene evidence and Forensic Nurses from the hospital to obtain and secure forensic evidence.
- 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. Interview with Investigative Staff indicate Criminal Investigative Unit does not conduct compelled interviews. Interview with Internal Affairs Unit indicate they conduct compelled interviews only with the approval of prosecutor.
- 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 credibility is established through the investigative process to determine if there is enough evidence to sustain the 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. Interview with Internal Affairs Investigative Staff indicate they review policies and procedures to determine if violation of either or both. Discipline or corrective action may be taken due to the violation. Investigations are documented in written reports and include any information gleaned from a documented Criminal Investigation, to include interviews, forensic examinations, additional reports from other investigations, policy violations, findings and physical evidence.
- 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.
- 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. Agency indicates 2 Agency-wide substantiated allegations of conduct that appear to be criminal were referred for prosecution since August 20, 2012. Interview with Investigative Staff indicate no allegations of sexual conduct that appear to be criminal were referred to the DA office from the Elmwood Men's Facility Unit. Auditor reviewed all 13 investigations from the Elmwood Men's Facility and none of them were referred to the DA for prosecution. None of them were considered criminal in nature.
- 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.
- 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 indicate the departure of Staff, victim or inmate perpetrator from the facility or Agency does not provide a basis for terminating the investigation. The investigation continues to completion and referred to DA office for prosecution if sustained as a possible criminal matter.
- 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 PROVISION 115.71(b) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.71(b): AGENCY TO PROVIDE AUDITOR WITH SPECIAL INVESTIGATOR TRAINING CERTIFICATION FOR THE 10TH SPECIAL INVESTIGATOR

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 9/24/16:

115.71(b): AGENCY PROVIDED AUDITOR WITH PREA COMPLIANT SPECIAL INVESTIGATOR TRAINING CERTIFICATION FOR THE 10TH INVESTIGATOR.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.71

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| 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

115.72(a) Policy 14.15 mandates 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. Interview with Investigative Staff indicate they impose no standard higher than preponderance of the evidence for sexual abuse/harassment cases. Review of all 13 Sexual Abuse allegations from Elmwood Men's Facility verifies compliance.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.72

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| 115.73 | Reporting to 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

115.73(a) Policy 14.15 mandates Agency inform the alleged victim whether the allegation was determined to be substantiated, unsubstantiated or unfounded. Agency indicates 39 criminal/administrative investigations of alleged inmate sexual abuse were completed by Agency & 28 were notified in writing with regards to the results of the investigations. Agency provided copies of the documented notifications. Interview with Facility Captain & Investigative staff indicate the victim is notified of the outcome of the investigation to inform them of the findings. Criminal investigators indicate Crimes Unit notifies 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).

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. 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.

- 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. A review of notification letters verifies Agency informs the victim of the outcome of the investigation but also as to the whereabouts of the perpetrator. Placement if in custody and informs the victim if perpetrator is out of custody.
- 115.73(e) Policy 14.15 mandate all such notifications are documented. In past 12 months, Agency reports 28 notifications were provided to inmates and all were documented. All 28 documented notifications were provided to auditor 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 MEETS STANDARD 115.73

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| 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) Policy 14.15 mandate 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) Policy 14.15 mandate 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.76

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| 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.77

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| 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) Policy 14.15 mandate 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 5 administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility.
- 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 and Mental Health Staff indicates there are no specific programs for predators. If they were to request a counseling program to address their predatory issues they can be referred to a regular practitioner who runs the Trauma Recovery Group which is conducted inside the facility.
- 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. 1 investigation of inmate sexual conduct with staff in past 12 months is still pending investigative process.
- 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 MEETS STANDARD 115.78

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

- 115.81(a) 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. Agency indicates that all inmates who disclosed prior victimization during screening were offered a follow up meeting with a medical or mental health professional. Interview with Risk Screening Staff indicates should an inmate disclose any prior sexual victimization during screening, they are referred to Mental Health either before or immediately following Classification. Inmate who disclosed Sexual Victimization at Risk Screening was interviewed and indicated he was not referred to Mental Health when he disclosed prior victimization during screening. Auditor reviewed this inmate's screening record and determined he was in fact referred to Mental Health after Classification and was seen by the Mental Health Practitioner within 2 days of the referral.
- 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(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. Agency indicates that all inmates who disclosed prior victimization during screening were offered a follow up meeting with a medical or mental health professional. Interview with Risk Screening Staff indicates should an inmate disclose any prior sexual victimization during screening, they are referred to Mental Health either before or immediately following Classification. Inmate who disclosed Sexual Victimization at Risk Screening was interviewed and indicated he was not referred to Mental Health when he disclosed prior victimization during screening. Auditor reviewed this inmate's screening record and determined he was in fact referred to Mental Health after Classification and was seen by the Mental Health Practitioner within 2 days of the referral.
- 115.81(d) 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). Interview with Medical and Mental Health practitioners indicate medical records are accessed only through the Medical and Mental Health electronic system. They share information only with Classification for housing, programming, safety and security issues and upper management on a need to know basis.
- 115.81(e) Policy 14.15 mandates Mental Health/Medical staff would obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting. Interview with Medical and Mental Health practitioners indicate they are aware their duty to inform inmates of their limits of confidentiality and duty to report at the initiation of services. They do not always provide this information to inmates at the initiation of services. There is no documentation available to verify requirements of Standard 115.81(e) is being met. Nothing available in case notes or inmate files.

AUDITOR HAS DETERMINED AGENCY DOES NOT MEET STANDARD 115.81 AS PROVISION 115.81(e) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.81(e): AGENCY TO CREATE CONSENT FORM OR LOG OR DIRECTIVE TO MANDATE INFORMATION INCLUDED IN CASE NOTES WHICH DOCUMENTS MEDICAL AND MENTAL HEALTH PRACTITIONERS INFORM INMATES OF THEIR LIMITS OF CONFIDENTIALITY AND DUTY TO REPORT AT THE INITIATION OF SERVICES.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 1/14/16:

115.81(e) - AGENCY CREATED AND PROVIDED THE SANTA CLARA VALLEY HEALTH & HOSPITAL SYSTEM ADULT CUSTODY HEALTH SERVICES CORRECTION PLAN FOR THE PREA DEFICIENCIES. THIS PLAN, NAMED THE NOTICE OF PRIVACY PRACTICES, MANDATES MEDICAL AND MENTAL HEALTH PRACTITIONERS TO PROVIDE INFORMATION REGARDING REPORTING OBLIGATIONS AND CONFIDENTIALITY AS PART OF RECEIVING INFORMATION ABOUT THE NOTICE OF PRIVACY PRACTICES AT THE INTAKE/BOOKING STAGE. A COPY OF THIS MANDATE WILL BE POSTED ON THE WALL IN THE BOOKING AND CLINIC AREAS. FOR REPORTING PRIOR SEXUAL VICTIMIZATION THAT DID NOT OCCUR IN AN INSTITUTIONAL SETTING, MEDICAL AND MENTAL HEALTH PRACTITIONERS WILL HAVE THE INMATE SIGN A HIPPA COMPLIANT AUTHORIZATION FORM BEFORE INCIDENT IS REPORTED TO CUSTODY BUREAU/SHERIFF'S OFFICE. INMATE WILL SIGN THE NOTICE OF PRIVACY PRACTICES ACKNOWLEDGEMENT AT BOOKING. ATTACHMENT B OF THIS MANDATE OUTLINES THE RESPONSIBILITY OF MEDICAL AND MENTAL HEALTH PRACTITIONERS TO COMPLY WITH STANDARD PROVISION 115.81(e).

AUDITOR HAS DETERMINED THAT AGENCE EXCEEDS STANDARD 115.81

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| 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) Policy 14.15 mandates Alameda County Health Services shall offer medical and mental health evaluations and timely unimpeded access to emergency medical treatment and 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. Interview with Medical and Mental Health Staff indicates inmates are provided medical and mental health evaluations and timely unimpeded access to emergency medical treatment and crisis intervention services to all inmates who have been sexually victimized in any correctional setting consistent with the community level of care. Auditor observed the Medical Unit and verifies the care is consistent with the community.

- 115.82(b) Policy 14.15 provides sex abuse response protocol for Santa Clara County Elmwood Complex, which complies with this provision. Interview with Security Staff indicates they follow the written protocol and procedures provided on their 1st Responder cards to take preliminary steps to protect the victim until Medical and Mental Health arrive. Non-Security Staff 1st Responders indicate they separate the victim, immediately contact custody staff and remain to provide emotional support and assistance until Medical and Mental Health practitioners arrive. Medical and Mental Health practitioners are on duty 24/7.
- 115.82(c) Policy 14.15 mandates 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). Interview with Medical and Mental Health Staff indicates inmate victims of sexual abuse are provided timely information regarding emergency contraception and STD prophylaxis to include followup care without cost to the inmate.
- 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.82

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| 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.
- 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. Interview with Medical and Mental Health Staff indicate when an inmate is being treated for any medical or mental health issues, there are individual treatment plans that follow them through transfers to other facilities and referrals to community providers upon their release from custody.
- 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 SCCJ Elmwood Men’s facility is an all male facility.
- 115.83(e) N/A - Standard provision 115.83(d) does not apply as SCCJ Elmwood Men’s facility 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. Review of investigative records found a forensic exam was conducted on another inmate who reported sexual abuse but the findings were negative and investigation was concluded as unfounded.
- 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.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.83

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| 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 8 criminal or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Auditor reviewed 11 Incident Review Board Reports from the Elmwood Men's Facility and 2 reports from the Elmwood Women's Facility. The reports are comprehensive, complete, provide recommendations, if needed, to provide sexual safety for inmates at these facility.
- 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 2 criminal or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents. Agency completed the Incident Review Board actions on the remaining investigative cases by April 2016. Agency has institutionalized Standard provision 115.86(c). Agency provided 13 Incident Review Board documented results of Agency wide investigations.
- 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 Commander indicates the Incident Review Team is comprised of upper level management officials with input from staff, investigators, Medical and Mental Health practitioners. Review of Incident Review Team reports verifies compliance with Standard provision 115.86(c).
- 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 Commander, PREA Compliance Manager and member of the Incident Review Team indicates the Incident Review Team considers all 6 criteria as outlined in Standard provision 115.86(d). Review of each Incident Review Team report verifies compliance with the Standard provision.
- 115.86(e) Policy 14.15 mandates 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 provided Auditor with Incident Review Board Action Plan Summary dated June 2016 which provides a summary of Incident Review Board findings, recommendations and action plans that have been undertaken to address the recommendations.

AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.86

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| 115.87 | Data collection |
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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

- 115.87(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. Agency provided Auditor with completed Survey of Sexual Violence used to update the Annual Report.
- 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. Review of Agency Annual Statistical Report from 8/1/14 to 7/31/15 provides aggregated 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. Review of agency annual statistical report from 8/1/14 to 7/31/15 provides statistical data from the Main Jail facility, Elmwood Men’s Facility and Elmwood Women’s Facility, in compliance with standard provisions 115.87(a)/(c) and 115.87(b). Agency provided auditor with 13 incident review reviews completed by the Incident Review Team that was used in their calculations in the Annual Report.
- 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 MEETS STANDARD 115.87

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| 115.88 | Data review for corrective action |
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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

- 115.88(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 has obtained funding through a grant to update the current JMS system and obtain an IA-PRO system to collect data in accordance with PREA mandates. The Agency has also obtained approval through the County Board of Supervisors for increased video surveillance in each of the Agency’s correctional facilities as a capital project. 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 2015 - 2016 includes aggregated data & corrective action processes. The Annual Report identifies prevention measures taken on behalf of Santa Clara County Sheriff’s Office to provide sexual safety for inmates under their supervision.
- 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 2015-2016 review found annual statistical comparisons from 2012 to 2016. 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) The 2015/2016 Annual Statistical Report is not available on the Agency website. Interview with Undersheriff indicate he reviews and approves each Annual Report.

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 2015 - 2016 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(c) IS NON-COMPLIANT.

CORRECTIVE ACTION:

115.88(c): AGENCY TO PLACE 2015/2016 ANNUAL REPORT ON THE AGENCY WEBSITE FOR AUDITOR VERIFICATION OF COMPLIANCE.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 9/23/16:

AGENCY PLACED THE PREA COMPLIANT ANNUAL REPORT 2015-2015 ON AGENCY WEBSITE. AUDITOR VERIFIED THE COMPLIANCE

AUDITOR HAS DETERMINED AGENCY MEETS 115.88

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| 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 2015-2016 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 2015-2016 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 2015-2016. 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:

115.89(b): AGENCY TO PLACE 2015/2016 ANNUAL REPORT ON THE AGENCY WEBSITE FOR AUDITOR VERIFICATION OF COMPLIANCE.

AGENCY TO PROVIDE 90 DAY STATUS REPORT BY DECEMBER 17, 2016 AND VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180 DAY CORRECTIVE ACTION PERIOD DEADLINE: MARCH 17, 2017.

CORRECTIVE ACTION COMPLETION 9/23/16:

AGENCY PLACED THE PREA COMPLIANT ANNUAL REPORT 2015-2015 ON AGENCY WEBSITE. AUDITOR VERIFIED THE COMPLIANCE

AUDITOR HAS DETERMINED AGENCY MEETS 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.

3/31/17

Auditor Signature

Date