

PREA Facility Audit Report: Final

Name of Facility: Sonoma County Main Adult Detention Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/14/2022

Date Final Report Submitted: 12/12/2022

| Auditor Certification | |
|---|---|
| The contents of this report are accurate to the best of my knowledge. | <input type="checkbox"/> |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review. | <input type="checkbox"/> |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/> |
| Auditor Full Name as Signed: Eric Woodford | Date of Signature: 12/12/2022 |

| AUDITOR INFORMATION | |
|-------------------------------------|-----------------|
| Auditor name: | Woodford, Eric |
| Email: | eiw@comcast.net |
| Start Date of On-Site Audit: | 03/28/2022 |
| End Date of On-Site Audit: | 03/31/2022 |

| FACILITY INFORMATION | |
|-----------------------------------|--|
| Facility name: | Sonoma County Main Adult Detention Facility |
| Facility physical address: | 2777 Ventura Ave, Santa Rosa, California - 95403 |
| Facility mailing address: | |

| Primary Contact | |
|--------------------------|---------------------------------|
| Name: | Lt. Jason Squires |
| Email Address: | jason.squires@sonoma-county.org |
| Telephone Number: | 707-565-1602 |

| Warden/Jail Administrator/Sheriff/Director | |
|---|-------------------------------|
| Name: | Mark Essick |
| Email Address: | mark.essick@sonoma-county.org |
| Telephone Number: | 707-565-1400 |

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

| Facility Health Service Administrator On-site | |
|--|---------------------------------|
| Name: | Sara Vafaeenia |
| Email Address: | sara.vafaeenia@sonoma-cunty-org |
| Telephone Number: | 707-565-1495 |

| Facility Characteristics | |
|--|--------------------------|
| Designed facility capacity: | 914 |
| Current population of facility: | 700 |
| Average daily population for the past 12 months: | 703 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| Which population(s) does the facility hold? | Both females and males |
| Age range of population: | 18+ Adults |
| Facility security levels/inmate custody levels: | Minimum, Medium, Maximum |
| Does the facility hold youthful inmates? | No |
| Number of staff currently employed at the facility who may have contact with inmates: | 247 |
| Number of individual contractors who have contact with inmates, currently authorized to enter the facility: | 335 |
| Number of volunteers who have contact with inmates, currently authorized to enter the facility: | 20 |

| AGENCY INFORMATION | |
|--|--|
| Name of agency: | Sonoma County Sheriff's Office |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 2777 Ventura Ave, Santa Rosa, California - 95403 |
| Mailing Address: | |
| Telephone number: | |

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

| Agency-Wide PREA Coordinator Information | | | |
|---|---------------|-----------------------|---------------------------------|
| Name: | Jason Squires | Email Address: | Jason.Squires@sonoma-county.org |

| SUMMARY OF AUDIT FINDINGS | |
|--|---|
| <p>The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.</p> <p>Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.</p> | |
| Number of standards exceeded: | |
| 1 | <ul style="list-style-type: none"> • 115.42 - Use of screening information |
| Number of standards met: | |
| 44 | |
| Number of standards not met: | |
| 0 | |

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

| | |
|---|------------|
| 1. Start date of the onsite portion of the audit: | 2022-03-28 |
| 2. End date of the onsite portion of the audit: | 2022-03-31 |

Outreach

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| 10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | VERITY Director of Operations |

AUDITED FACILITY INFORMATION

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|--|--|
| 14. Designated facility capacity: | 914 |
| 15. Average daily population for the past 12 months: | 703 |
| 16. Number of inmate/resident/detainee housing units: | 20 |
| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

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| 36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 739 |
| 38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 23 |
| 39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 3 |
| 40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |
| 42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 3 |

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|---|-----------------------|
| <p>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</p> | <p>3</p> |
| <p>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</p> | <p>3</p> |
| <p>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</p> | <p>3</p> |
| <p>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</p> | <p>0</p> |
| <p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p> | <p>Nothing to add</p> |
| <p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p> | |
| <p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p> | <p>267</p> |

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|---|----------------------------------|
| <p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>20</p> |
| <p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p> | <p>335</p> |
| <p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p> | <p>No additional information</p> |

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

| | |
|---|--|
| <p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>21</p> |
| <p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p> <input type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None </p> |

| | |
|---|---|
| 55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse? | Selected one inmate of each page of the inmate roster for a total of 21. Oversampled female inmates - 12 females to 9 males |
| 56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | Nothing to add |
| Targeted Inmate/Resident/Detainee Interviews | |
| 58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed: | 15 |
| <p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p> | |
| 60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 2 |

| | |
|---|---|
| <p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>3</p> |
| <p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Reviewed medical intake sheets over the past 12 months and information provided through ATIMS. PREA Coordinator was also questioned regarding all Targeted inmates with regards to making all available for interview.</p> |
| <p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

| | |
|--|---|
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Reviewed medical intake sheets over the past 12 months and information provided through ATIMS. PREA Coordinator was also questioned regarding all Targeted inmates with regards to making all available for interview.</p> |
| <p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p> | <p>3</p> |
| <p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>2</p> |
| <p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p> | <p>3</p> |
| <p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p> | <p>0</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |

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| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Inmates who reported sexual abuse were no longer housed in the facility during the onsite PREA audit. Sexual abuse data provided by the investigative bureau through the PREA Coordinator.</p> |
| <p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p> | <p>3</p> |
| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>Inmates who identified as disclosing sexual victimization during risk screening no longer housed at the facility during the onsite PREA audit. Information regarding inmates who disclosed sexual victimization during risk screening was provided by Classification Unit through the PREA Coordinator.</p> |
| <p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p> | <p>0</p> |

| | |
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| <p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p> | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p> | <p>During the onsite audit, no "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse" were housed in the facility per Agency</p> |
| <p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p> | <p>Nothing to add regarding targeted populations</p> |

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

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| <p>71. Enter the total number of RANDOM STAFF who were interviewed:</p> | <p>14</p> |
| <p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p> | <p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p> |
| <p>If "Other," describe:</p> | <p>Gender</p> |

| | |
|--|---|
| <p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p> | <p>Made best effort to select overpopulation of female staff, however, due to the limited number of staff for each shift, it was difficult to reach said goal.</p> |
| <p>Specialized Staff, Volunteers, and Contractor Interviews</p> | |
| <p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p> | |
| <p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p> | <p>21</p> |
| <p>76. Were you able to interview the Agency Head?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>78. Were you able to interview the PREA Coordinator?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>79. Were you able to interview the PREA Compliance Manager?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff

| | |
|--|---|
| | <input type="checkbox"/> Intake staff <input type="checkbox"/> Other |
| If "Other," provide additional specialized staff roles interviewed: | Mail Staff |
| 81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of VOLUNTEERS who were interviewed: | 2 |
| b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other |
| 82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Enter the total number of CONTRACTORS who were interviewed: | 2 |

| | |
|--|---|
| <p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</p> | <p><input type="checkbox"/> Security/detention</p> <p><input checked="" type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input checked="" type="checkbox"/> Other</p> |
| <p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p> | <p>Contracted Director of Mental Health Contracted employee of Mission Services</p> |

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

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|---|---|
| <p>84. Did you have access to all areas of the facility?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
|---|---|

Was the site review an active, inquiring process that included the following:

| | |
|---|--|
| <p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>88. Informal conversations with staff during the site review (encouraged, not required)?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
| <p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> | <p>Tested outside emotional support services through the inmate housing unit phones and tested interpretation services during interviews with inmates utilizing interpretation services.</p> |

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

| | |
|--|--|
| <p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p> | <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
|--|--|

91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Requested rosters of custody staff, volunteers, contractors and inmates for random selection by auditor for document sampling. In each case, auditor considered gender, length of time in facility, race, ethnicity, housing units, rank, and work assignment. Selected at least one inmate or staff member from each page or shift of the roster for staff or each housing unit for inmates until I selected at least 20 inmates, 20 staff, 10 volunteers and 10 contractors. Oversample female staff/inmates in each category when possible.

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|--------------------------------------|-------------------------------------|---|--|
| Inmate-on-inmate sexual abuse | 3 | 3 | X | X |
| Staff-on-inmate sexual abuse | 1 | 0 | X | X |
| Total | 4 | 3 | X | X |

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No sexual abuse administrative investigations nor allegations that had both criminal and administrative investigations

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 9 | 9 | X | X |
| Staff-on-inmate sexual harassment | 6 | 6 | X | X |
| Total | 15 | 15 | X | X |

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

No sexual harassment administrative investigations nor allegations that had both criminal and administrative investigations

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|--------------------------------------|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual abuse | X | 1 | 1 | X | 1 |
| Staff-on-inmate sexual abuse | X | X | X | X | X |
| Total | X | X | X | X | X |

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

X indicates there is no additional information as the case(s) are not ongoing

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | X | 2 | 1 | 1 |
| Staff-on-inmate sexual abuse | X | X | X | X |
| Total | X | X | X | X |

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

X indicates there is no additional information as the cases are not ongoing

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|---|---------|--------------------------|----------------------------|------------------------|-----------|
| Inmate-on-inmate sexual harassment | X | X | X | X | X |
| Staff-on-inmate sexual harassment | X | X | X | X | X |
| Total | X | X | X | X | X |

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

X indicates there is no additional information as the case(s) are not ongoing

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | X | 9 | 2 | 1 |
| Staff-on-inmate sexual harassment | X | 5 | 1 | X |
| Total | X | 14 | 3 | 1 |

You indicated that you are unable to provide information for one or more of the fields above. Explain why this information could not be provided.

X indicates there is no additional information as the case(s) are not ongoing

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

| | |
|--|--|
| 98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled: | 4 |
| 99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 3 |
| 101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |

Staff-on-inmate sexual abuse investigation files

| | |
|--|---|
| 103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 1 |
| 104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| 105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

Sexual Harassment Investigation Files Selected for Review

| | |
|--|--|
| 106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 14 |
| 107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |

Inmate-on-inmate sexual harassment investigation files

| | |
|--|---|
| 108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 9 |
|--|---|

| | |
|---|--|
| <p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p> |
| <p>Staff-on-inmate sexual harassment investigation files</p> | |
| <p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p> | <p>5</p> |
| <p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |
| <p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p> | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p> |

| | |
|--|--|
| <p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p> | <p>No additional information to be provided.</p> |
|--|--|

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

| | |
|---|---|
| <p>115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
|---|---|

Non-certified Support Staff

| | |
|---|---|
| <p>116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</p> | <p> <input type="radio"/> Yes <input checked="" type="radio"/> No </p> |
|---|---|

AUDITING ARRANGEMENTS AND COMPENSATION

| | |
|--|--|
| <p>121. Who paid you to conduct this audit?</p> | <p> <input checked="" type="radio"/> The audited facility or its parent agency <input type="radio"/> My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) <input type="radio"/> A third-party auditing entity (e.g., accreditation body, consulting firm) <input type="radio"/> Other </p> |
|--|--|

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

| | |
|---------------|---|
| 115.11 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.11(a): Section 1.0 states that The Sonoma County Sheriff’s Office, in compliance with the Prison Rape Elimination Act of 2003, mandates zero tolerance toward all forms of sexual abuse, sexual harassment and sexual assault of any inmate in custody. There shall be zero tolerance for retaliation of any sort against anyone who reports or cooperates with the investigations of such acts. All incidents of sexual abuse that occur in the Sonoma County Detention Facilities shall be thoroughly investigated, documented and reported in accordance with the mandates set forth in the 2003 Prison Rape Elimination Act (PREA) and the Department of Justice National PREA Standards.</p> <p>The Sonoma County Sheriff’s Office is committed to maintaining a program of education, prevention, detection, investigation, criminal and administrative sanctions against perpetrators, data collection, treatment and support for any inmate who is a victim of sexual abuse. Those contracted, employed by, or volunteering for the Sheriff’s Office are subject to punitive sanctions for any violation of this policy. Section 2.0 outlines definitions of prohibited behaviors.</p> <p>115.11(b): The Detention Division Organizational Chart and SCSO Organizational Chart identifies an Agency PREA Coordinator at the Lieutenants level. The PREA Coordinator reports to the Special Services Captain of the Detentions Bureau.</p> <p>115.11(c): The Detention Division Organizational Chart identifies a PREA Compliance Manager at the Lieutenants level assigned to each Sonoma County Sheriff's facility (Main Jail & North County Jail). They report to the Operations Captain of the Detentions Bureau. Interview with the PREA Compliance Manager indicates he has enough time to manage all of his PREA related responsibilities. His efforts are coordinated with management and compliance group to include the PREA Coordinator with regards to any PREA issues.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.11.</p> |

| 115.12 | Contracting with other entities for the confinement of inmates |
|--------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.12(a): N/A - Agency reports that they have not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>115.12(b): N/A - Agency reports that they have not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.12.</p> |

| 115.13 | Supervision and monitoring |
|--------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.13(a): Agency reports the average daily number of inmates since August 20, 2012 or last PREA audit has been 688. This is the same number of average daily number of inmates of which the Staffing Plan was predicated. Interviews with the Facility Commander and PREA Compliance Manager (PCM) indicates that The Staffing Plan is reviewed annually and includes input from the Union regarding staffing schedules and need. Agency is on a 3 shift rotation and maintains mandated staffing levels. Adequate staffing levels are maintained to protect inmates against sexual abuse. The Staffing Plan follows the outline provided in the PREA Standard provision 115.13(a) and compliance with the Staffing Plan is maintained per continual review of scheduling and staffing on a daily basis to include Watch Sergeant and Watch Lieutenant rounds being conducted on each shift and documented in the UNIX System database which acts as the Supervisor's electronic activity Log. Video monitoring is discussed within the Staffing Plan. 6/21/22 - Agency provided auditor copy of 2021 Main Jail Staffing Plan</p> <p>115.13(b): In the PAQ Agency reports that there have been no deviations to the Staffing Pla</p> |

| | |
|---------------|---|
| 115.14 | Youthful inmates |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.14(a): N/A - Agency reports there are no youthful inmates housed at MADF. Per Primary Classification Policy Section 5.2, the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>B. Juvenile inmates shall only be accepted after a juvenile court judge finds at the conclusion of a fitness hearing and upon issuance of a court order, that a minor’s further detention in the juvenile hall would endanger the safety of the public and/or would be detrimental to other minors at the juvenile hall.</p> <p>C. Juvenile inmates shall not be housed where there is clear sustained visual or hearing contact between adult and juvenile inmates.</p> <p>D. Juvenile inmates shall not have physical contact with adult inmates through use of a shared dayroom, other common areas, shower areas or sleeping areas.</p> <p>E. Movement of juvenile inmates shall be scheduled in advance as much as is possible to prevent adult and juvenile inmates from having contact with each other.</p> <p>F. In situations where brief or accidental contact may occur, such as booking or facility movement, correctional staff shall maintain a constant, side by side presence with the juvenile inmate or an adult inmate to prevent sustained contact.</p> <p>G. Juvenile inmates shall only be placed in direct supervision units with continuous around the clock supervision to ensure Correctional Staff can hear and respond to the juvenile inmate. Juvenile inmates shall have constant auditory access to Correctional Staff.</p> <p>J. Juvenile inmates shall not be left in court holding areas without constant supervision by a Correctional Staff member.</p> <p>K. Male and female juvenile inmates shall not be placed in the same locked area. In the past 12 months, there have been no housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. In the past 12 months, no youthful inmates have been placed in SAME HOUSING UNIT as adults at this facility. Physical plant review of the entire facility supports Agency/Facility statement regarding the housing of youthful inmates.</p> <p>115.14(b): Agency reports there are no youthful inmates housed at MADF. Per Primary Classification Policy Section 5.2, the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>B. Juvenile inmates shall only be accepted after a juvenile court judge finds at the conclusion of a fitness hearing and upon issuance of a court order, that a minor’s further detention in the juvenile hall would endanger the safety of the public and/or would be detrimental to other minors at the juvenile hall.</p> <p>C. Juvenile inmates shall not be housed where there is clear sustained visual or</p> |

hearing contact between adult and juvenile inmates.

D. Juvenile inmates shall not have physical contact with adult inmates through use of a shared dayroom, other common areas, shower areas or sleeping areas.

E. Movement of juvenile inmates shall be scheduled in advance as much as is possible to prevent adult and juvenile inmates from having contact with each other.

F. In situations where brief or accidental contact may occur, such as booking or facility movement, correctional staff shall maintain a constant, side by side presence with the juvenile inmate or an adult inmate to prevent sustained contact.

G. Juvenile inmates shall only be placed in direct supervision units with continuous around the clock supervision to ensure Correctional Staff can hear and respond to the juvenile inmate. Juvenile inmates shall have constant auditory access to Correctional Staff.

J. Juvenile inmates shall not be left in court holding areas without constant supervision by a Correctional Staff member.

K. Male and female juvenile inmates shall not be placed in the same locked area.

In the past 12 months, there have been no housing units to which youthful inmates are assigned that provide sight and sound separation between youthful and adult offenders in dayrooms, common areas, showers, and sleeping quarters. In the past 12 months, no youthful inmates have been placed in SAME HOUSING UNIT as adults at this facility. Physical plant review of the entire facility supports Agency/Facility statement regarding the housing of youthful inmates.

115.14(c): The Agency reports that the facility documents the exigent circumstances for each instance in which youthful inmates' access to large-muscle exercise, legally required education services, and other programs and work opportunities was denied. In the past 12 months, no youthful inmates who have been placed in isolation in order to separate them from adult inmates.

CONCLUSION:

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

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|---------------|--|
| 115.15 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.15(a): Policy Searches-Pat-Searches-and-Strip-Searches - Conducting Strip Searches page 7 section B mandates that:</p> <p>B. Strip Search Requirements. When conducting a strip search, Deputies shall comply with the following:</p> <ol style="list-style-type: none"> 1. Same sex requirement. Any person conducting or otherwise present during a strip search must be of the same sex as the person being searched, except for physicians, licensed medical personnel, or if exigent circumstances require otherwise. <ol style="list-style-type: none"> a. In the event exigent circumstances require that a person of the opposite sex participate in a strip search, all reasonable actions shall be taken to prevent the person of the opposite sex from viewing the body cavities, breasts, buttocks, or genitalia of the person being searched. All cross gender strip searches shall be documented in an incident report. b. When conducting a strip search of a transgender, the sex of the Deputies chosen to conduct or participate in the search shall be determined based on the predominate sexual characteristics of the genitalia of the transgender being searched. 2. Touch prohibitions. Deputies shall not deliberately touch the breasts, buttocks, or genitalia of the person being searched. <p>In the past 12 months, no cross-gender strip or cross-gender visual body cavity searches of inmates have been conducted.</p> <p>In the past 12 months, there have been no cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff.</p> <p>115.15(b): Per Policy Searches-Pat-Searches-Conditions & Procedures - Pat Search Protocols page 3 section C mandates that "Female inmates may only be pat searched by female Deputies, except in exigent circumstances. Female inmates' access to regularly available programming or other out-of-cell opportunities shall not be restricted in order to comply with this provision. Barring exigent circumstances, male Correctional Staff are prohibited from pat searching female inmates. All cross gender pat searches of female inmates by male Correctional Staff shall be documented in an incident report."</p> <p>The facility does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision. No pat-down searches of female inmates that were conducted by male staff. No pat-down searches of female inmates conducted by male staff that did not involve exigent circumstance.</p> <p>Interview of 14 randomly selected Staff indicates that if female staff are not available to conduct pat-down searches of female inmates, the jail does not restrict those inmates access to programs or out-of-cell opportunities. Interview with 21 randomly selected inmates (13 females & 8 males) indicates that no restrictions enforced if female staff is not available to conduct pat-down searches of female inmates, not has male staff every conducted pat-down searches of female inmates.</p> |

115.15(c): Policy Searches-Pat-Searches-and-Strip-Searches - Conducting Strip Searches page 7 section B mandates that:

B. Strip Search Requirements. When conducting a strip search, Deputies shall comply with the following:

1. Same sex requirement. Any person conducting or otherwise present during a strip search must be of the same sex as the person being searched, except for physicians, licensed medical personnel, or if exigent circumstances require otherwise.

a. In the event exigent circumstances require that a person of the opposite sex participate in a strip search, all reasonable actions shall be taken to prevent the person of the opposite sex from viewing the body cavities, breasts, buttocks, or genitalia of the person being searched. All cross gender strip searches shall be documented in an incident report.

115.15(d): Facility Rounds policy 5.1.D mandates that Deputies will ensure inmates are able to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when such viewing is incidental to routine cell checks. During the physical plant review, auditor observed a number of areas where there is an opportunity for staff of opposite gender could observe inmates in various stages of undress and toileting when viewing was not incidental to routine cell checks.

Interview with 5 random sample of inmates indicates there are instances where cross-gender staff has an opportunity to view inmates in various stages of undress when they are not conducting cell checks. Inmates have the opportunity to shower without staff viewing them in stages of undress as all showers in the housing units have solid half doors which provides privacy. Agency has placed placards throughout the facility which require staff of the opposite gender to announce themselves when entering a housing unit of the opposite gender: "Female in the Unit" or "Male in the Unit". Auditor viewed the placards throughout the facility at each housing unit entry door. During the physical plant review, auditor noticed that escort staff and/or housing unit staff announced their presence when entering the housing unit which houses inmates of a different gender. In addition interview with some inmates indicate that those who have cells either upstairs or at the far end of the housing modules, could not hear staff announcing their presence when entering a housing unit.

Interview with 21 random sample of inmates and 14 random sample of staff verifies that staff announce their presence when entering a housing unit.

During the physical plant review, auditor observed a number of areas where there is an opportunity for staff of opposite gender could observe inmates in various stages of undress when viewing was not incidental to routine cell checks. Agency to review the Issue Log items related to Standard provision 115.15(d) and address the non-compliant issues identified below: MODULE E - CELL #26 UPSTAIRS CELL #31 UPSTAIRS EP-POD - UPSTAIRS CELLS EA POD - ALL CELLS MODULE AD SEG - FA - CELLS 2 & 3 DISCHARGE - CLOTHING EXCHANGE - CROSS GENDER VIEWING (MALE STAFF CONDUCTING CLOTHING EXCHANGE FOR FEMALE INMATES) KITCHEN - DRY GOODS - NEED MIRRORS IN THE STORAGE AREA TO REMOVE BLIND SPOTS & ENHANCE STAFF SAFETY KITCHEN - DISH ROOM - NEEDS MIRROR TO COVER BLIND

SPOT IN DISHROOM COURT HOLDING - HOLDING CELLS 1 & 5 NEEDS FROSTING ON WINDOWS TO DISUADE CROSS-GENDER VIEWING DURING TOILETING. On 4/18/22, Agency provided auditor with photo verification of compliance which dissuaded cross-gender viewing in the following areas: 1st floor privacy film on cells #1 & #5 both door windows and side windows Privacy film PODs EG cells #26 & #31 Privacy film on all cells in Module EA & EP cells Dome mirrors installed in kitchen dry goods storage area MADF kitchen 3 Dome mirrors in the MADF kitchen with view of the dishwashing area Privacy film on all cells in PODs FA & FP. Agency has not completed privacy film installation for Clothing exchange discharge cross-gender privacy

115.15(e): Transgender-Intersex Policy 4.0, C mandates that "Transgender or intersex inmates shall not be searched or physically examined for the sole purpose of determining the inmate's genital or gender status. If the inmate's genital or gender status is unknown, it may be determined during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner." Agency reports that no such searches have occurred in the past 12 months.

Interview with 14 random sample of staff and 3 transgender inmates indicate that staff do not physically examine transgender inmates for the sole purpose of determining the inmate's genital or gender status. Staff either discusses inmate's preference with him/her, review notes history on digital database that would identify the inmate's history or request medical to determine the inmate's genital status should the inmate be uncooperative with the request of staff or leadership.

115.15(f): Agency reports that 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs (the percentage given does not necessarily indicate compliance or non-compliance with the standard. Agency provided auditor with compliant Transgender Policy Training PPT. Agency also provided auditor with a 10 page Transgender Course Completion Report which verifies 210 staff members completed the Transgender Policy Training between 2018 & 2019.

Interview with 14 random sample of staff indicate that all staff has received cross-gender pat-down search training in the past 12 months.

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

Corrective Action Recommended:

115.15(d): On 6/11/22 Agency provided Policy re Preparing for releases-preparation and dress-out 2016. Policy did not explain process for dress-out which eliminates staff cross-gender viewing while inmate changes clothes.

a). Agency to provide written procedure which eliminates staff cross-gender viewing during discharge clothing exchange.

Corrective Action Completion 9/7/22:

115.15(d): On 6/21/22, agency provided auditor with photo verification of cross-gender compliance with clothing exchange regarding the dress-out windows. All 3 windows have blinds which are lowered when cross-gender staff and inmates are involved in clothing exchange. On 8/25/22, auditor conducted the 90-day onsite review which verified compliance with the blinds and window film barriers which dissuade cross-gender viewing during clothing exchange. During the visit, two female staff members conducted clothing exchange and auditor observed the procedures, which comply with Standard provision 115.15(d). During the review, interview with one of the custody staff members determined that agency has an in-house Field Training Officer FTO program which outlines the procedures during clothing exchange for intake and discharge in order to dissuade cross-gender viewing during said procedures. On 9/7/22, the PREA Coordinator provided auditor with copy of the in-house Field Training Program FTO, for the clothing exchange custody staff procedures, which is the training each custody staff receives from their field training officer once assigned to clothing exchange. The FTO manual for each position is maintained in clothing exchange and in every custody position throughout the facility.

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

| | |
|---|--|
| <p>115.16</p> | <p>Inmates with disabilities and inmates who are limited English proficient</p> |
| <p>Auditor Overall Determination: Meets Standard</p> | |
| <p>Auditor Discussion</p> | |
| <p>115.16(a): Agency has established the following Policy and procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment:</p> <p>disability-accomodations (1).docx DD 939 Inmate Education PREA.docx 935A PREA Education brochure Spanish.docx 939A Inmate Education PREA in Spanish.docx PREA Education brochure.docx Sheriff's Office PREA Orientation.pdf</p> <p>Interview with Agency Head designee indicates that the Agency has established procedures to provide disabled inmates who are Limited English Proficient to participate in all aspects of communication and documentation provided to all inmates by providing PREA information by way of staff interpreters, AT&T interpreter services and through the tablets provided to inmates in housing units. The orientation brochures in Spanish are provided to inmates in housing units. Inmates with vision issues are provided assistance from staff, TDD phones and tablets in the housing unit. Inmates with low reading skills are assisted through staff and those with cognitive disabilities are assisted through medical.</p> <p>Interviews with 3 inmates who were Limited English Proficient were provided staff interpreters during each interview. Inmates indicate they were also provided either staff interpreters or AT&T interpretation during booking and during their stay at the county jail.</p> <p>115.16(b): Agency has established the following Policy and procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.</p> <p>Communications_with_Persons_with_Disabilities_.pdf classification-primary-classification (1).docx 939A Inmate Education PREA in Spanish.docx disability-accomodations (1).docx prison-rape-elimination-final (1).docx 935A PREA Education brochure Spanish.docx primary-classification-decision-tree-dd-936.pdf</p> <p>Interview with Agency Head designee indicates that the Agency has established procedures to provide disabled inmates who are Limited English Proficient to participate in all aspects of communication and documentation provided to all</p> | |

inmates by providing PREA information by way of staff interpreters, AT&T interpreter services and through the tablets provided to inmates in housing units. The orientation brochures in Spanish are provided to inmates in housing units. Inmates with vision issues are provided assistance from staff, TDD phones and tablets in the housing unit. Inmates with low reading skills are assisted through staff and those with cognitive disabilities are assisted through medical.

115.16(c): Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

Communications with Persons with Disabilities Policy- 332.4 Factors to consider section C mandates that "Because the nature of any law enforcement contact may vary substantially from one situation to the next, members of this office should consider all information reasonably available to them when determining how to communicate with an individual with a disability. Members should carefully balance all known factors in an effort to reasonably ensure people who are disabled have equal access to services, programs and activities. These factors may include, but are not limited to:

- (a) Members should not always assume that effective communication is being achieved. The fact that an individual appears to be nodding in agreement does not always mean he/she completely understands the message. When there is any doubt, members should ask the individual to communicate back or otherwise demonstrate their understanding.
- (b) The nature of the disability (e.g., deafness or blindness vs. hard of hearing or low vision).
- (c) The nature of the law enforcement contact (e.g., emergency vs. non-emergency, custodial vs. consensual contact).
- (d) The availability of auxiliary aids. The fact that a particular aid is not available does not eliminate the obligation to reasonably ensure access. However, in an emergency, availability may factor into the type of aid used.

Interview with 14 randomly selected staff indicates that the Agency does not allow the use of inmates interpreters during any PREA incidents. Agency has staff interpreters and AT&T for that. Staff members included that if there was an incident where no bi-lingual staff member was available, Patrol would be dispatched to the jail to provide interpreter assistance.

Interviews with 3 inmates who were Limited English Proficient were provided staff interpreters during each interview. Inmates indicate they were also provided either staff interpreters or AT&T interpretation during booking and during their stay at the county jail.

CONCLUSION:

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

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| 115.17 | Hiring and promotion decisions |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1477 499">115.17(a): Per Policy 5.13 Hiring and Promotional Process mandates that The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor or volunteer who may have contact with inmates, who:</p> <ol data-bbox="256 510 1465 1211" style="list-style-type: none"> 1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution. 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refused 3. Has been civilly or administratively adjudicated to have engaged in the activity described above. 4. All incidents of sexual harassment shall be considered when determining whether to hire or enlist the services of any contractor, volunteer, or staff member who may have contact with an inmate. 5. Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment. Consistent with Federal, State, and local law, the Office shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. 6. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for disqualification. <p data-bbox="256 1249 1458 1451">Auditor conducted document review of 25 custody staff (5 promotional and 20 random custody staff selections). Auditor determined that all 5 promotional custody staff completed the 3 required questions prior to their promotional date. In addition to that all 5 signed a supplemental 3 required questions in addition to the intital signed documentation.</p> <p data-bbox="256 1462 1477 1536">Of the 20 randomly selected custody staff, auditor found that all staff completed their criminal background checks and 3 required questions prior to their hire dates.</p> <p data-bbox="256 1547 1347 1583">Request for PREA information was sent to 1 custody staff prior to promotion.</p> <p data-bbox="256 1594 1477 1872">Review of 10 contractors determined that 2 selected contractors withdrew from the criminal background check process but completed the 3 required questions prior to withdrawing. One contractor withdrew from the process prior to completing the criminal record background checks. 2 additional contractors have not completed their criminal record background checks as they have been and continue to be out of state. There is a tag on the Agency database that indicates that the PREA training and fingerprinting shall be completed prior to entry into either facility.</p> <p data-bbox="256 1883 1477 2040">The remaining 5 contractors have successfully completed criminal record background checks prior to hire date, completed annual PREA training. since hired prior to the PREA 115.17 questions, they signed the PREA attestation form in 2022 identifying the 3 required questions.</p> |

115.17(b): Per Policy 5.13 Hiring and Promotional Process mandates that "All incidents of sexual harassment shall be considered when determining whether to hire or enlist the services of any contractor, volunteer, or staff member who may have contact with an inmate."

Auditor conducted document review of 25 custody staff (5 promotional and 20 random custody staff selections). Auditor determined that all 5 promotional custody staff completed the 3 required questions prior to their promotional date. In addition to that all 5 signed a supplemental 3 required questions in addition to the initial signed documentation.

Interview with the Human Resources Administrator (HR), indicates the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.

115.17(c): Per Policy 5.13 Hiring and Promotional Process mandates that "Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment. Consistent with Federal, State, and local law, the Office shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse." Agency reports that in the past 12 months, 28 people were hired who may have contact with inmates who have had criminal background record checks.

Review of 20 randomly selected custody staff and 10 contractors verifies Agency conducts criminal records background checks which includes FBI and DOJ clearances for newly hired custody staff and contractors prior to their hire date.

Interview with the Human Resources Administrator (HR), indicates the Agency/facility conducts criminal records background checks on all newly hired employees, contractors and volunteers.

115.17(d): Per Policy 5.13 Hiring and Promotional Process mandates that "Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment. Consistent with Federal, State, and local law, the Office shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse." Agency reports that in the past 12 months, 24 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates.

Review of 20 randomly selected custody staff and 10 contractors verifies Agency conducts criminal records background checks which includes FBI and DOJ clearances for newly hired custody staff and contractors prior to their hire date.

Interview with the Human Resources Administrator (HR), indicates the Agency/facility conducts criminal records background checks on all newly hired employees, contractors and volunteers.

115.17(e): Per Policy 5.13 Hiring and Promotional Process mandates that "The agency is notified by the Department of Justice anytime an employee is fingerprinted as a result of any arrest."

Agency reports that Fingerprints are completed for contractors that are unescorted. Notifications will be sent to the Sheriff's Office of any criminal arrest. Interview with Human Resources Administrator indicates that criminal records background checks area completed every 2 years for contractors. Agency to provide documentation verification whereas Agency completes criminal records background checks every 2 years for contractors.

115.17(f): Per Policy 5.13 Hiring and Promotional Process mandates that "The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor or volunteer who may have contact with inmates, who:

1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or any other institution.
2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refused
3. Has been civilly or administratively adjudicated to have engaged in the activity described above.

Interview with Human Resources Administrator indicates that the Agency includes the 3 required questions with the hiring application for custody staff and contractors prior to completing the criminal records background checks. Agency provided auditor with copies of the questions. The facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

115.17(g): Per Policy 5.13 Hiring and Promotional Process mandates that "Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for disqualification."

115.17(h): Per Policy 5.13 Hiring and Promotional Process mandates that "Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment. Consistent with Federal, State, and local law, the Office shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse."

Interview with Human Resources Administrator indicates that he agency shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

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

Corrective Action Recommended:

115.17(e): Interview with Human Resources Administrator indicates that

criminal records background checks area completed every 2 years for contractors.

1). Agency to provide documentation verification whereas Agency completes criminal records background checks every 2 years for contractors.

Corrective Action Completion 9/6/22:



115.17(e): HR Administrator re-interviewed this date. She re-checked with background staff to verify the contractor Live-Scan system documentation was marked for both DOJ and FBI clearances. Agency provided auditor with Live-Scan returns for contractors randomly selected by auditor. In addition, agency continues to conduct background checks on contractors every 2 years despite the FBI clearance prior to hire date which provides the out of state notification of arrest and law enforcement contact as is provided for law enforcement employees.

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

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| 115.18 | Upgrades to facilities and technologies |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.18(a): N/A - Agency reports that neither the agency or facility has acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interview with Agency Head designee and Facility Commander indicates that when designing, acquiring, or planning substantial modifications to facilities the agency considers the effects of such changes on his ability to protect inmates from sexual abuse based upon building design, access to facilities, video monitoring, jail management system and site lines.</p> <p>115.18(b): Agency reports facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Interview with Agency Head designee and Facility Commander indicates that installing or updating monitoring technology such as video monitoring system or electronic surveillance considers using technology to enhance the image protection from sexual abuse, such as the percentage of cameras, site lines of showers and toilets, coverage and privacy for inmates, the Rounds system and CCTV. Auditor conducted physical plant review and identified a new cameras which has been installed throughout the facility, most of which has recording capabilities.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.18.</p> |

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| 115.21 | Evidence protocol and forensic medical examinations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.21(a): Per PREA Policy 5.4 Reporting and Investigations mandates that "Staff members, contractors and volunteers shall accept all allegations made verbally, in writing, anonymously, from third parties and promptly notify a supervisor or manager. All incidents of sexual abuse, sexual assault and sexual harassment upon inmates shall be investigated promptly, thoroughly, objectively and forwarded through the chain of command. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. F. A patrol deputy shall be called to respond to all PREA related crimes that occur within the Detention Division. A patrol deputy shall refer all felony PREA related crime investigations to a domestic violence and sexual assault (DVSA) investigator. The DVSA investigators shall conduct investigations in compliance with all applicable PREA standards.</p> <p>Agency investigators follow a uniform evidence protocol Per PREA Policy 5.3, Policy 601 Patrol Policy for Response to Sexual Assault Investigations and Sonoma County Sheriff's Department Property/Evidence Packaging Manual.</p> <p>Interview with 20 random sample of staff indicates that "protocol for obtaining usable physical evidence is a part of the 1st responder protocol. They are to ensure the victim of sexual abuse does not have access to water in order to maintain usable physical evidence and seal the crime scene to preserve evidence. Internal Affairs, Domestic Violence Services Division, Sheriff's Office (Patrol) Unit (across the street), is responsible for conducting sexual abuse investigations.</p> <p>115.21(b): Agency investigators follow a uniform evidence protocol Per PREA Policy 5.3 - Response to a PREA Incident for both Main and North County Jail facilities and Policy 601 Patrol Policy for Response to Sexual Assault Investigations states that "It is the policy of the Sonoma County Sheriff's Office that its members, when responding to reports of sexual assaults, will strive to minimize the trauma experienced by the victims, and will aggressively investigate sexual assaults, pursue expeditious apprehension and conviction of perpetrators, and protect the safety of the victims and the community." Policy 605 - Adult Sexual Assault Investigations and Policy 601 Purpose and Scope indicates that "The purpose of this policy is to establish a uniform procedure for the investigation and documentation of allegations of sexual assault involving adult victims. It shall be the policy of the Sonoma County Sheriff's Department to document all reported cases of sexual assault utilizing the Departmental crime/incident report form. PREA Policy investigative protocol is developmentally appropriate for youth. Sonoma CJ is an adult facility and does not provide contact visiting unless with an attorney or advocate services. Agency indicates that the Sonoma CJ protocol utilized in the creation of the Adult-Sexual Assault Investigations #605 Policy is based on the most recent edition of the DOJ's Office on Violence Against Women publication. A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents, or similarly comprehensive and authoritative protocols developed after 2011."</p> |

115.21(c): PREA Policy Section 5.5 mandates that "A. Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

B. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Forensic medical evaluations will not be conducted at the detention facility. Any forensic medical evaluation necessary will be conducted at an off-site medical facility by qualified medical professionals.

Per Policy 601 Sexual Assault Investigations, A multidisciplinary team generally comprised of advocates; law enforcement officers; forensic medical examiners, including sexual assault forensic examiners (SAFEs) or sexual assault nurse examiners (SANEs) if possible; forensic laboratory personnel; and prosecutors. The team is designed to coordinate a broad response to sexual assault victims. SAFE/ SANE are part of the Sexual Abuse Response Team (SART) required to process sexual assault forensic examinations.

Agency reports that no forensic medical exams have been conducted, or exams performed by SANEs/SAFEs or qualified medical practitioners during the past 12 months.

Interview with the SAFE/SANE Director of Nursing at Sutter Sonoma Hospital indicates that Sutter Sonoma Hospital is responsible to conduct all forensic medical examinations for the Sonoma County Sheriff's Department inmate population who have alleged to have suffered sexual abuse. They do not conduct forensic examinations or collect forensic information from the perpetrator as that is not included in the MOU. Forensic evidence is provided to the investigator. Forensic examinations take 3 - 4 hours to collect and is conducted at the Sutter Hospital Forensic Room. SAFE/SANE examiners are available 24/7 and are on-call. On 6/11/22, During Issue Log#1 review, PREA Coordinator indicated that the agreement between Sutter Sonoma Medical Center and County of Sonoma expired in 2021 and was not renewed. Procedures are provided in the SART TEAM Policy for Sexual Assault Investigation Policy & Wellpath Policy & Procedure, which has been provided to the auditor.

115.21(d): Per PREA Policy 5.3 mandates that "The Watch Commander shall review the measures taken to ensure the incident is being investigated and documented appropriately. All victims of sexual abuse shall be afforded the opportunity to have a Victim Rights Advocate made available to accompany and support the victim through the forensic medical examination process, the investigative interviews and shall provide emotional support, crisis intervention, information and referrals, at no cost to the inmate."

Agency reports that they use Verity Rape Crisis Center which is open 24/7 to provide victim advocates. Both agencies agree and believe that the implementation of Verity Rape Crisis Center Services between Verity and the Sonoma County Sheriff's Office

will further this goal. Furthermore, both agencies agree that specific direct services must be provided to currently and formerly incarcerated survivors. The term for this Memorandum of Understanding is January 1, 2022 to January 1, 2025. To these ends, each agency agrees to participate in the program by coordinating the following services:

Verity agrees to provide advocacy support and timely follow up services for clients seen at the Sonoma County Sheriff's Office and for clients in Sonoma County adult detention facilities, as well as other supportive services as required. Verity also agrees to consistently provide in-person advocacy, counseling, and follow up services to clients in Sonoma County adult detention facilities.

The Sonoma County Sheriff's Office agrees to refer sexual assault survivors and/or their families for supportive services and counseling services provided by Verity. SCSO also agrees to implement efforts to remove barriers for Verity advocates and counselors to access the Sheriff's adult detention facilities to enable more efficient and holistic provision of services to clients.

Interview with PREA Compliance Manager indicates that if victim requests a victim advocate, one is afforded to him/her. Victim advocate follows the victim through forensics, investigation and court followup.

During the PREA Audit there were no inmate victims of sexual abuse housed at the facility.

115.21(e): Per Policy 601 Sex Assault Investigations 8.1 Victim Rights mandates that:

"Whenever there is an alleged sexual assault, the assigned deputy shall accomplish the following:

(a) Advise the victim in writing of the right to have a victim advocate and a support person of the victim's choosing present at any interview or contact by law enforcement, any other rights of a sexual assault victim pursuant to Penal Code § 680.2, and the right to have a person of the same or opposite gender present in the room during any interview with a law enforcement official unless no such person is reasonably available (Penal Code § 679.04).

(b) If the victim is transported to a hospital for any medical evidentiary or physical examination, the deputy shall immediately cause the local rape victim counseling center to be notified (Penal Code § 264.2).

1. The deputy shall not discourage a victim from receiving a medical evidentiary or physical examination (Penal Code § 679.04).

2. A support person may be excluded from the examination by the deputy or the medical provider if his/her presence would be detrimental to the purpose of the examination (Penal Code § 264.2).

115.21(f): N/A - Per Sexual Assault Investigations Policy 601.2 It is the policy of the Sonoma County Sheriff's Office that its members, when responding to reports of sexual assaults, will strive to minimize the trauma experienced by the victims, and will aggressively investigate sexual assaults, pursue expeditious apprehension and conviction of perpetrators, and protect the safety of the victims and the community.

115.21(g): N/A - Auditor is not required to audit this provision.

115.21(h): N/A - Per PREA Policy 5.3 mandates that "The Watch Commander shall review the measures taken to ensure the incident is being investigated and documented appropriately. All victims of sexual abuse shall be afforded the opportunity to have a Victim Rights Advocate made available to accompany and support the victim through the forensic medical examination process, the investigative interviews and shall provide emotional support, crisis intervention, information and referrals, at no cost to the inmate."

Agency reports that they use Verity Rape Crisis Center which is open 24/7 to provide victim advocates.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.21(c) and corrective action is required.

Corrective Action Recommended:



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- ◆
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◆ 115.21(c): Agency to provide auditor with written MOU or Agreement between Sutter Sonoma Medical Center and County of Sonoma. Last agreement received by auditor in 2019 expired in 2021.

Corrective Action Completion 6/11/22:



- ◆
- ◆
- ◆
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◆ 115.21(c): During Issue Log#1 review, PREA Coordinator indicated that the agreement between Sutter Sonoma Medical Center and County of Sonoma expired in 2021 and was not renewed. Procedures are provided in the SART TEAM Policy for Sexual Assault Investigation Policy & Wellpath Policy & Procedure, which has been provided to the auditor.

The agency/facility has met the requirements of Standard provision(s) 115.21(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.21.

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| 115.22 | Policies to ensure referrals of allegations for investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.22(a): Per PREA Policy Section 5.4 mandates that "Staff members, contractors and volunteers shall accept all allegations made verbally, in writing, anonymously, from third parties and promptly notify a supervisor or manager. All incidents of sexual abuse, sexual assault and sexual harassment upon inmates shall be investigated promptly, thoroughly, objectively and forwarded through the chain of command. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. "</p> <p>Agency reports that In the past 12 months,17 allegations of sexual abuse and sexual harassment that were received, all resulting in administrative investigations. Auditor's review of that claim determined there were total of 17 investigative PREA cases in the past 12 months. In the past 12 months, 1 case was referred for criminal investigation.</p> <p>Of cases referred for administrative and/or criminal investigations were completed with one case pending disposition.</p> <p>Interview with Agency Head designee indicates that administrative or criminal investigations are completed for allegation of sexual abuse or sexual harassment as they are reported through the chain of command. Domestic Violence Sexual Assault Unit (DVSA) then takes over to complete the criminal investigation and forwards to the District Attorney's office for review. Internal Affairs investigation is tolled pending the completion of the criminal investigation. 6/6/22 - Agency provided auditor the 1 case that has been referred to the DA office accompanied by supporting documentation and case notes.</p> <p>115.22(b): Per PREA Policy Section 5.4 mandates that "Staff members, contractors and volunteers shall accept all allegations made verbally, in writing, anonymously, from third parties and promptly notify a supervisor or manager. All incidents of sexual abuse, sexual assault and sexual harassment upon inmates shall be investigated promptly, thoroughly, objectively and forwarded through the chain of command. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. "</p> <p>PREA Policy 5.11 Data Collection and Annual Report mandates that "The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report. The report shall also include corrective actions for each facility, the Sheriff's Office as a whole, along with a comparison to the previous year's data and submitted to the Sheriff for review. Upon approval of the Sheriff, the report shall be posted on the Sheriff Office's website annually after all necessary redactions have been made pursuant to California Penal Code 293." Upon review of the Sheriff's Office website, auditor discovered a list of Annual PREA reports from 2013 to 2020. The last Annual Report was completed in 4/8/2021. The Annual Reports follow the PREA mandate of 115.22(b)-2.</p> <p>PREA Policy 5.4 Reporting and Investigations mandate that S. Upon receipt of a completed investigation, the PREA Coordinator shall document the incident using a</p> |

U.S. Department of Justice Bureau of Justice Statistics (USDOJ BJS) form SSV-1A and maintain the copy for use in the report submitted annually to USDOJ BJS. A copy shall be retained for no less than ten years. The PREA Coordinator shall compile all information pertaining to assaults, abuse, and harassment on inmates, annually. This information shall be submitted to the USDOJ BJS using form SSV-3. This form shall be submitted to the USDOJ BJS electronically. A copy of the SSV-3 as well as copies of all reports included in the SSV-3 shall be forwarded to the Detention Division Assistant Sheriff and the PREA Compliance Manager. A copy of this data shall be maintained for no less than ten years. The PREA Coordinator shall create an annual report using the data collected during the previous year and submit the report to the Sheriff for review. Once approved, this report shall be placed on the Sheriff's Office web site for public viewing. Names of all involved parties shall be redacted. Auditor's review of the Sheriff's website found Agency following both Policy and the PREA Standard.

Interview with investigative staff indicates that Agency conducts its own investigations unless the case was farmed out to another agency.

Review of Agency website found public statement in the PREA section of the website that states: "The Sonoma County Sheriff's Office, in compliance with the Prison Rape Elimination Act of 2003, mandates zero tolerance toward all forms of sexual abuse, sexual harassment and sexual assault of any inmate in custody. There shall be zero tolerance for retaliation of any sort against anyone who reports or cooperates with the investigations of such acts. All incidents of sexual abuse that occur in the Sonoma County Detention Facilities shall be thoroughly investigated, documented and reported in accordance with the mandates set forth in the 2003 Prison Rape Elimination Act (PREA) and the Department of Justice National PREA Standards."

115.22(c): N/A - Agency is responsible for conducting criminal investigations and provides their investigative responsibilities on the Sheriff's website through the Annual Reports and their PREA Policy.

Review of Agency's PREA website, which is publicly available, provides Annual reports from 2013 to 2020.

115.22(d): Auditor is not required to audit this provision.

115.22(e): Auditor is not required to audit this provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.22(a) and corrective action is required.

Corrective Action Recommended:

Agency to inform auditor of all cases that have been referred to the DA's office:

- Date of referral,
- Date of DA response and
- Outcome decision

Corrective Action Completion 6/6/22:

115.22(a): Agency provided auditor the 1 case that has been referred to the DA office with supporting documentation and case notes per request for review.

The agency/facility has met the requirements of Standard provision(s) 115.22(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.22.

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| 115.31 | Employee training |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1458 416">115.31(a): PREA Policy 5.1 mandates "All staff, including contractors and volunteers who may have inmate contact, shall receive training on the following topics:</p> <ul style="list-style-type: none"> <li data-bbox="256 425 1474 501">a. The Office's zero tolerance policy for sexual misconduct, sexual assault, and sexual harassment. <li data-bbox="256 510 1394 627">b. The rights of inmates, staff, contractors and volunteers to be free from sexual misconduct, sexual abuse and sexual harassment. <li data-bbox="256 636 1442 833">c. The rights of inmates, staff, contractors and volunteers to be free from retaliation for good faith reporting of suspected or observed instances of sexual misconduct, sexual abuse or sexual harassment. <li data-bbox="256 842 1442 958">d. How staff and volunteers can fulfill their responsibilities under the Sheriff's Office sexual abuse and harassment prevention, detection, reporting and response policies. <li data-bbox="256 967 1362 1003">e. The dynamics of sexual misconduct, abuse and harassment in confinement. <li data-bbox="256 1012 1283 1088">f. The common reactions of sexual misconduct, abuse and harassment in confinement. <li data-bbox="256 1097 1426 1214">g. How to detect and respond to signs of threatened and actual sexual misconduct, abuse or harassment. <li data-bbox="256 1223 1267 1258">h. How to avoid inappropriate relationships with detainees and inmates. <li data-bbox="256 1267 1458 1384">i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex and gender nonconforming inmates. <li data-bbox="256 1393 772 1429">j. Mandatory reporting requirement. <p data-bbox="256 1460 1474 2038">Agency provided auditor with copy of the Sheriff's Office PREA Orientation PPT, which meets PREA employee training requirements and signed acknowledgement that verifies 20 randomly selected staff completed the PREA training prior to their hire. Interview with random sample of 14 staff indicates that all have completed initial PREA education and bi-annual PREA training. All have been informed on a bi-annual basis regarding the Policy for cross-gender searches and supervision to include cross-gender announcement when entering a housing unit which houses inmates of the opposite gender. Custody staff are hired and attend New Employee County Orientation in a county briefing room the following day. On the second day of the New Employee Orientation, it is held in the jail briefing room when the initial PREA training is conducted. Staff sign their PREA attestation forms on the date of training. Staff do not enter the facility prior to completion of the initial PREA training. Main Jail Facility (MADF) houses inmate of both genders. North County Jail is a male housing facility and has not housed inmates since 11/19/20 due to COVID-19.</p> |

115.31(b): Training is tailored to the gender of the inmates at both facilities as training includes Cross-gender pat search and Policy Training and Transgender training. Agency provided auditor with electronic training roster for 246 staff members who completed the Transgender Policy/PatSearches/Cross-Gender Pat Search Training between 2018 and 2019. Agency reports that employees who are reassigned from facilities housing the opposite gender are given additional training per the PREA Policy.

Main Jail Facility (MADF) houses inmate of both genders which training supports.

North County Jail is a male housing facility and has not housed inmates since 11/19/20 due to COVID-19.

115.31(c): PREA Policy 5.1 Training mandates that "All employees shall receive refresher training every two years. All employees, in years when the above listed training (115.31(a), is not provided, refresher information shall be provided on current sexual abuse and sexual harassment policies.

115.31(d): The agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. Training records from randomly selected staff and contractors is provided in the Summary tab.

CONCLUSION:

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

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| 115.32 | Volunteer and contractor training |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.32(a): Per PREA Policy 5.1 Training mandates that "All staff, including contractors and volunteers who may have inmate contact, shall receive training on the following topics:</p> <ul style="list-style-type: none"> a. The Office's zero tolerance policy for sexual misconduct, sexual assault, and sexual harassment. b. The rights of inmates, staff, contractors and volunteers to be free from sexual misconduct, sexual abuse and sexual harassment. c. The rights of inmates, staff, contractors and volunteers to be free from retaliation for good faith reporting of suspected or observed instances of sexual misconduct, sexual abuse or sexual harassment. d. How staff and volunteers can fulfill their responsibilities under the Sheriff's Office sexual abuse and harassment prevention, detection, reporting and response policies. e. The dynamics of sexual misconduct, abuse and harassment in confinement. f. The common reactions of sexual misconduct, abuse and harassment in confinement. g. How to detect and respond to signs of threatened and actual sexual misconduct, abuse or harassment. h. How to avoid inappropriate relationships with detainees and inmates. i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex and gender nonconforming inmates. j. Mandatory reporting requirement." <p>Agency provided auditor with copy of the PREA Policy, Sheriff's Office PREA training PPT for all volunteers, Facility Operations staff and contractors all of which is PREA compliant. Agency reports 355 volunteers and contractors who may have contact with inmates, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Auditor reviewed a selected sample of 10 contractors and 10 volunteers. 9 contractors have completed PREA training prior to their start date, 1 has not entered the building since COVID-19 and alerts have been placed on profile to complete PREA training before entering the jail. None of the volunteers have entered the building since COVID-19. but all have completed PREA training. Alerts have been placed on profile to complete training before entering the building or jail facilities. Agency provided signed attestations which verify all contractors and volunteers have completed refresher PREA training prior in 2019.</p> <p>Interview with 2 volunteers and 2 contractors indicate that both volunteers &</p> |

contractors have been trained in PREA before they were hired to work in the facility. Both volunteers were interviewed via phone as volunteers have not been allowed in the facility to work due to COVID restrictions.

115.32(b): Agency reports that the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

Interview with 2 volunteers and 2 contractors indicate that both volunteers & contractors have been trained in PREA before they were hired to work in the facility. Both volunteers were interviewed via phone as volunteers have not been allowed in the facility to work due to COVID restrictions. They all recall initial PREA training consisted of reference guide, power-point presentation and ZOOM videos regarding PREA rules, expectations and 1st Responder protocol which includes who to report (Custody or Supervisor) regarding PREA incident or informed of a PREA violation.

115.32(c): The agency maintains documentation confirming that volunteers and contractors understand the training they have received. Agency uploaded signed acknowledgement or attestation forms for the randomly selected 10 volunteers and 10 contractors to the Supplemental tab of the OAS verifying randomly selected volunteers and contractors are in compliance with PREA Standard 115.32. Relevant documentation has been provided by the Agency and recorded on the Training Records Review Tool.

CONCLUSION:

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

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| 115.33 | Inmate education |
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.33(a): Per PREA Policy 5.2 Inmate Education mandates that "All inmates shall be given a PREA advisement during the booking process, to read and sign, pertaining to the Sheriff Office's zero tolerance policy towards all forms of sexual abuse and sexual harassment, and how to report such incidents of sexual abuse or sexual harassment. This signed advisement shall be maintained in the inmate's D-file." Agency provided auditor with copy of the PREA acknowledgement form which must be signed by inmate at intake following PREA training/notification and also signed by staff who provided the notification. The signed acknowledgements were provided by the Agency in the Supplemental folder in the OAS. The acknowledgement forms are provided in both English and Spanish. Custody advisements are also available which also outlines the Zero-Tolerance Policy. Agency indicates that 9850 inmates were admitted during past 12 months who were given this information at intake.</p> <p>Interview with Intake Staff indicates inmates are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment upon intake and again upon transfer into North County Detention Facility.</p> <p>115.33(b): Agency reports they are unable to provide the number of inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake as this data is not available.</p> <p>Interview with Intake staff indicates that inmates are informed verbally of their rights to be free from sexual abuse and retaliation during intake. They can also ask staff member if they wish. Review of intake by auditor verifies this statement. Inmates are also asked to sign the PREA education form which provides the same information that is discussed between intake staff, classification and medical. Intake retains the original and the inmate is provided a copy of the document. Agency unable to provide the number of inmates admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) who received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents within 30 days of intake as required by Standard provision 115.33(b). Agency indicates this data is not tracked.</p> <p>115.33(c): Agency reports that all inmates are provided PREA education upon intake. PREA Policy 5.2 Inmate education mandates:</p> <p>A. All inmates shall be given a PREA advisement during the booking process, to read and sign, pertaining to the Sheriff Office's zero tolerance policy towards all forms of sexual abuse and sexual harassment, and how to report such incidents of sexual</p> |

abuse or sexual harassment. This signed advisement shall be maintained in the inmate's D-file.

B. All inmates shall be provided an inmate orientation handbook that explains the Sheriff Office's zero tolerance policy regarding sexual abuse. The hand book informs inmates that any staff member can receive a report of sexual abuse and all reports of sexual abuse will be thoroughly investigated.

C. All housed inmates shall be provided a PREA informational brochure that describes, but not limited to, what sexual abuse is, ways to stay safe while incarcerated, a warning to potential abusers, why abuse should be reported and to whom, the availability of counseling, medical services and contact information for outside agencies that can provide further support.

D. Inmate education shall be provided to all housed inmates regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and Sheriff Office's policies and procedures for responding to such incidents.

E. Each facility has PREA education and reference materials available to inmates. These materials include, but are not limited to: posters placed in conspicuous locations throughout the facilities, hand books and brochures.

Interview with intake staff indicates that all inmates coming into the facility is provided a PREA Education form which provides zero-tolerance, reporting information, and comprehensive PREA education. Inmates must sign the form and are provided a copy . PREA Education form is in both English and Spanish. If inmates are otherwise disabled, they have access to bi-lingual staff interpreters, TDD, AT&T interpreters, medical and mental health practitioners for inmates who have severe cognitive or mental health issues.

115.33(d): Agency informs auditor that inmate education is provided in the following formats:

PREA-education-brochure-Spanish-dd-935a.pdf

PREA-inmate-education-English-dd-939.pdf

PREA-inmate-education-Spanish-dd-939a.pdf

PREA-education-brochure-English-dd-935.pdf

custody-advisements-dd-526.pdf

Spanish poster.pdf

Inmates are also provide PREA education via tablets that are given the inmates.

PREA education is also available to inmates who are deaf, visually impaired and also to inmates who are otherwise disabled and with limited reading skills. For inmates who are otherwise disabled, Agency provides the following assistance, tracking and guidance to accommodate the Deaf, Visually Impaired, Limited Reading Skills, Otherwise disabled:

ada-request-for-accommodations-dd-538.pdf

disability-accomodations.docx

tdd-instructions-English-dd-520.pdf

Communications_with_Persons_with_Disabilities_.pdf

disability-tracking-form-dd-534.pdf

disability-evaluation-form-dd-533.pdf

tdd-instructions-Spanish-dd-520a.pdf -

115.33(e): Agency reports they maintain documentation of inmate participation in PREA education sessions. Supporting documentation is made available in the Supplemental folder in the OAS.

115.33(f): Agency reports they provide inmates with key information about the agency's PREA policies that are continuously and readily available or visible through posters, inmate handbooks or other written formats such as below documentation provided to inmates in intake:

PREA-education-brochure-Spanish-dd-935a.pdf

PREA-inmate-education-English-dd-939.pdf

PREA-inmate-education-Spanish-dd-939a.pdf

PREA-education-brochure-English-dd-935.pdf

Spanish poster.pdf

During physical plant review, auditor viewed PREA posters available in intake and 3rd party posting in the lobby and inmate classrooms. PREA information is also available on tablets for inmates who use them, however, PREA posters were not continuously or readily available throughout the facility or housing units. The auditor noticed there were few PREA posters throughout housing units within the facility. There are usually one PREA poster available in the middle of the housing unit away from phones amid other documentation. Occasionally, one PREA information document is available on one of a bank of 3 or more phones.

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

Corrective Action Recommended:

115.33(f): During physical plant review, auditor observed minimal access to key information to key PREA information. PREA posters were generally only available in middle of large housing units, away from the inmate phones in the event an inmate wishes to contact an outside entity to report sexual abuse or request advocacy.

1. Agency to ensure PREA Posters and key information is available throughout the facility and near phones in each housing units to make the information accessible via English and Spanish languages.

Corrective Action Completion 8/25/22:

115.33(f): During the 90-day post audit site review auditor conducted a physical plant review of the Sonoma County Main Jail. Auditor conducted a random review of the following housing units:

- A Module upper and lower floors

- R Module

- - H Module - Upper and lower floors

Auditor observed agency provided PREA Posters throughout the facility and at least in two locations within housing units in both English and Spanish. Posters were also located near the phones or on wall behind the phones in each housing units and narrative which informed inmates who they can contact in the event of sexual abuse, sexual harassment and retaliation. Posters provided the PREA Hotline number which was tested by the auditor and worked on all phones without an inmate required to provide a PIN number and the auditor may remain anonymous. Posters were located near the phones both upstairs and downstairs for inmate access. Agency is also monitoring to ensure inmates do not remove the posters and, if discovered, will be disciplined with sanctions in accordance with the inmate handbook. Auditor was informed by the PREA Coordinator that electronic devices have been rewired throughout the facility and the phones have been connected to the Global Tel Link system to access the Verity Crisis Hotline. Auditor observed 3rd party posters available near the visiting elevator as you come off visiting.

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

115.34 Specialized training: Investigations

Auditor Overall Determination: Meets Standard

Auditor Discussion

115.34(a): Policy 601 Sexual Assault Investigations mandates that qualified investigators "Have specialized training in, and be familiar with, interview techniques and the medical and legal issues that are specific to sexual assault investigations." A Patrol Deputy will refer all PREA related crimes to the DVSA unit for investigation. Agency provided auditor with copy of the PREA Training for DVSA Detectives. Interview with 2 Domestic Violence Sexual Assault (DVSA) Detectives indicate that they both received training specific to conducting sexual abuse investigations in a confinement setting through PREA training for DVSA detectives. They indicated that the training consisted of powerpoint that covers the PREA investigative requirements, applicable laws, Miranda & Garrity warnings etc, which meets the PREA Standards. Training was conducted by Sonoma County Sheriff's Department staff through Peace Officer Standards & Training (POST).

115.34(b): Auditor was provided the training powerpoint for investigators to conduct investigations in a confinement setting. The powerpoint discusses the proper use of Miranda and Garrity warnings, sexual dynamics, victim's & perpetrator characteristics, Red Flags, Legal decisions, Zero-Tolerance, common reactions of sexual abuse victims, reporting sexual misconduct, types of allegations, initial response protocol-Penal Code Section 293, Evidence collection, crime scene preservation, effective communication, interrogation, notification to victim(s) and resources, as mandated by PREA Standard provision 115.34(b).

115.34(c): Agency reports they employ 6 investigators who have completed the required training to conduct sexual abuse investigations. Agency provided auditor with blank copy of a PREA attestation form and 2 electronic verification receipts of required ICI Sexual Abuse Investigator in a Confinement Setting Training completion. Agency is required to maintain documentation verifying all 6 special investigators have completed the required training to conduct sexual abuse investigations in a confinement setting. Agency to provide auditor with copies of certificates and/or signed PREA attestations to document and verify that each investigator has completed and understands the required training to conduct Sex Abuse Investigations in a Confinement Setting.

115.34(d): Auditor is not required to audit this provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.34(c) and corrective action is required.

Corrective Action Recommended:

115.34(c): Agency is required to maintain documentation verifying all 6 special investigators have completed the required training to conduct sexual abuse investigations in a confinement setting. Agency to provide auditor with copies of certificates and/or signed PREA attestations to document and verify that each investigator has completed and understands the required training to conduct Sex Abuse Investigations in a Confinement Setting.

Corrective Action Completion 6/21/22:

115.34(c): On 6/21/22 - Agency provided auditor with copies of training attestations for investigators who completed DVSA Investigations - PREA Training to be certified to conduct Sexual Abuse Investigations in a Confinement Setting.

The agency/facility has met the requirements of Standard provision(s) 115.34(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.34.

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| 115.35 | Specialized training: Medical and mental health care |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.35(a): Per PREA Policy 5.1 Training, Agency mandates that "All staff, including contractors and volunteers who may have inmate contact, shall receive training on the following topics:</p> <ul style="list-style-type: none"> a. The Office's zero tolerance policy for sexual misconduct, sexual assault, and sexual harassment. b. The rights of inmates, staff, contractors and volunteers to be free from sexual misconduct, sexual abuse and sexual harassment. c. The rights of inmates, staff, contractors and volunteers to be free from retaliation for good faith reporting of suspected or observed instances of sexual misconduct, sexual abuse or sexual harassment. d. How staff and volunteers can fulfill their responsibilities under the Sheriff's Office sexual abuse and harassment prevention, detection, reporting and response policies. e. The dynamics of sexual misconduct, abuse and harassment in confinement. f. The common reactions of sexual misconduct, abuse and harassment in confinement. g. How to detect and respond to signs of threatened and actual sexual misconduct, abuse or harassment. h. How to avoid inappropriate relationships with detainees and inmates. i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex and gender nonconforming inmates. j. Mandatory reporting requirement. <p>Agency provided auditor with copy of the Sheriff's Office PREA for Fac Ops and Contractors PPT which is PREA compliant following auditor review. Medical/Mental Health staff is considered contractors. Agency reports 81 medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 96% of all medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy. Agency provided auditor with electronic copy of Medical Training Statistics dated 2/2/22 as supporting documentation.</p> <p>Interview with medical and mental health staff indicates that the only additional specialized training received was PREA Standards in nursing school, assessment training, Wellpath policies and PREA training through Wellpath and Sonoma County Sheriff's Department. Training included general instructions as to how to preserve evidence, response to victims of sexual abuse and sexual harassment and how to report allegations or suspicions of sexual abuse and sexual harassment. In order to</p> |

provide auditor written documentation which explains when the 4% of medical and mental health care practitioners who work regularly at MADF are scheduled to complete the PREA training required by Agency policy, he provided the following memorandum on 6/8/22: The Sonoma County Sheriffs Office contracts with Wellpath, Inc. to provide medical and mental health services to its inmates. Wellpath employs several per diem employees that have not worked in the facility since their last PREA training certification has expired. The Sonoma County Sheriffs Office has implemented a system for these contractors to be flagged upon their next entry into the facility. The lobby will contact the Compliance Deputy to complete the contractor's PREA training before granting access into the facility. The list of volunteers or contractors that is provided during this audit may be out of compliance due to the fact that the volunteers or contractors have not returned to the facility since their last PREA training certificate has expired.

115.35(b): N/A - Agency reports medical staff does not conduct forensic examinations at the facility.

115.35(c): Medical/Mental Health staff is considered contractors. Agency reports 84 medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy. 96% of all medical and mental health care practitioners who work regularly at this facility and have received the training for contractors as identified in Standard provision 115.35(a) required by agency policy. Agency provided auditor with electronic copy of Medical Training Statistics dated 2/2/22 as supporting documentation. In order to provide auditor written documentation which explains when the 4% of medical and mental health care practitioners who work regularly at MADF are scheduled to complete the PREA training required by Agency policy, he provided the following memorandum on 6/8/22: "The Sonoma County Sheriffs Office contracts with Wellpath, Inc. to provide medical and mental health services to its inmates. Wellpath employs several per diem employees that have not worked in the facility since their last PREA training certification has expired. The Sonoma County Sheriffs Office has implemented a system for these contractors to be flagged upon their next entry into the facility. The lobby will contact the Compliance Deputy to complete the contractor's PREA training before granting access into the facility. The list of volunteers or contractors that is provided during this audit may be out of compliance due to the fact that the volunteers or contractors have not returned to the facility since their last PREA training certificate has expired."

115.35(d): PREA Policy 5.1 Training mandates that "All staff, including contractors and volunteers who may have inmate contact, shall receive training on the following topics:

- a. The Office's zero tolerance policy for sexual misconduct, sexual assault, and sexual harassment.
- b. The rights of inmates, staff, contractors and volunteers to be free from sexual misconduct, sexual abuse and sexual harassment.
- c. The rights of inmates, staff, contractors and volunteers to be free from retaliation for good faith reporting of suspected or observed instances of sexual misconduct, sexual abuse or sexual harassment.
- d. How staff and volunteers can fulfill their responsibilities under the Sheriff's Office

- sexual abuse and harassment prevention, detection, reporting and response policies.
- e. The dynamics of sexual misconduct, abuse and harassment in confinement.
 - f. The common reactions of sexual misconduct, abuse and harassment in confinement.
 - g. How to detect and respond to signs of threatened and actual sexual misconduct, abuse or harassment.
 - h. How to avoid inappropriate relationships with detainees and inmates.
 - i. How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex and gender nonconforming inmates.
 - j. Mandatory reporting requirement."

Agency provided auditor with copies of electronic Medical Training Stats PREA training completion form which identifies 96% of MADF medical and mental health staff has completed PREA training.

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

Corrective Action Recommended:

115.35(a) & 115.35(c): Agency provided an electronic copy of Medical Training Statistics:

- Staff Count - 84
- PREA Completed - 81
- Staff still require training - 3
- Compliance Rate - 96%

1: Agency to provide auditor written documentation which explains when the 4% of medical and mental health care practitioners who work regularly at MADF are scheduled to complete the PREA training required by Agency policy.

Corrective Action Completion 6/8/22:

115.35(a) & 115.35(c): On 6/8/22, the PREA Coordinator provided auditor with a memorandum, which outlines the following:
The Sonoma County Sheriffs Office contracts with Wellpath, Inc. to provide medical and mental health services to its inmates. Wellpath employs several per diem employees that have not worked in the facility since their last PREA training certification has expired. The Sonoma County Sheriffs Office has implemented a system for these contractors to be flagged upon their next entry into the facility. The lobby will contact the Compliance Deputy to complete the contractor's PREA training before granting access into the facility.

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| <p>The agency/facility has met the requirements of Standard provision(s) 115.35(a) & 115.35(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.35.</p> |
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| 115.41 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.41(a): Per Classification PREA Policy 1.0 mandates that "All inmates shall be assessed by a classification deputy for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This assessment shall ordinarily take place within 72 hours of arrival at a facility."</p> <p>Primary Classification Policy 1.0 mandates that "Objective Jail Classification will be utilized to assign classification designations and housing assignments to inmates housed in the Sonoma County Detention Facilities. The first, formal classification assignment will be made by Classification Staff. Classification Staff will interview the inmate and complete the Primary Classification Decision Tree Instrument that is used to assess and evaluate the inmate's level of risk and need based on specific criteria. This process will allow Classification Staff to designate primary housing assignments." Interview with Risk Screening staff indicates that inmates are screened upon intermission of mission to the facility or transfer from another facility for risk of sexual victimization or sexual abusiveness towards other inmates.</p> <p>Interview with random sample of 21 inmates indicate that at least 70% remember being asked during classification or intake if they have ever been sexually abuse in the past and their sexual identity. The remaining 30% of inmates could not recall due to them either being reluctant to participate in questioning or under the influence of alcohol or drugs. Only a few inmates remember being asked these questions a second time following the date of intake.</p> <p>115.41(b): Per Classification PREA Policy 1.0 mandates that "All inmates shall be assessed by a classification deputy for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This assessment shall ordinarily take place within 72 hours of arrival at a facility."</p> <p>On 2/15/22, auditor conducted a random selection of 30 inmate intake and classification screening records from the Main Jail facility (15 female and 15 male inmates) who entered the Agency/facility 2020, 2021 & 2022. Results were as follows:</p> <p>15 Female inmates: Intake & initial screening, initial & comprehensive PREA training conducted on date of intake. 30-day screening reassessment conducted within 30-days except for one inmate who was within 30-days of intake at time records review was conducted.</p> <p>15 Male inmates: Intake & initial screening, initial & comprehensive PREA training conducted on date of intake, 30-day screening reassessment conducted within 30-days. Review of random sample of 21 inmates verifies compliance with this Standard provision.</p> <p>115.41(c): Review of Primary Classification Policy Classification PREA Policy and Primary-Classification-decision-tree follows mandates of the PREA Standards. The Primary Classification Decision Tree serves as the Objective Screening Instrument</p> |

utilized during the Risk Assessment evaluation as mandated by Standard provision 115.41(c).

115.41(d): Review of Screening Instrument (primary classification decision tree) meets the screening evaluation criteria which is addressed in the following section/ numbers on the document:

1 - Mental, physical or developmental disability identified in: NEEDS SECTION

2 - Age identified in: #5 DOB

3 - Physical Build of inmate identified in: #19 & #20 OVERRIDE NARRATIVE

4 - Previous Incarceration identified in: #11 PRIOR CRIMINAL CASE HISTORY & RISK ASSESSMENT

5 - Criminal history identified in: #11 PRIOR CRIMINAL CASE HISTORY & RISK ASSESSMENT

6 - Prior Convictions identified in: #11 PRIOR CRIMINAL CASE HISTORY & RISK ASSESSMENT

7 - LGBTI identification identified in: PREA SECTION

8 - Previous sexual victimization in: PREA SECTION

9 - Inmates own perception of vulnerability: PREA SECTION

10 - Held solely for civil immigration purposes: #13 HOLDS,

Interview with Risk Screening staff indicates that initial risk screening considers overall inmate history, mental health & medical history, current and past charges, sexual abuse / victimization history. If inmate indicates history of sexual abuse he/she is referred to mental health for evaluation. The Decision Tree guides questions regarding housing placement. Programming in reception reviews inmate's qualification for work and programming assignments.

115.41(e): The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Interview with Risk Screening staff indicates that initial risk screening considers overall inmate history, mental health & medical history, current and past charges, sexual abuse / victimization history. If inmate indicates history of sexual abuse he/she is referred to mental health for evaluation. The Decision Tree guides questions regarding housing placement. Programming in reception reviews inmate's qualification for work and programming assignments.

115.41(f): Per Classification - Review/Reclassification Policy 1.0 Policy Statement mandates: 'In order to effectively manage inmate population, it is necessary for Classification Staff to review inmates for reclassification. Inmates housed in Administrative Segregation shall be formally reviewed monthly. Continual review will be conducted on all security levels according to the needs of the facility. This process allows classification staff to re-house inmates in order to properly manage the inmate population.' Review of 30 randomly selected inmate intake, screening and classification records, conducted over the past 12 months, auditor found reassessments all 29 inmates were found to be compliant with Standard 115.41(f).

One inmate's reassessment was conducted 29 days following intake as verified in the intake/classification database.

Interview with Risk Screening staff indicates that all inmates are reassessed within 30 days of intake. Inmates who are classified as MAX BP& AD-SEG are reassessed every 2 weeks. MIN/MED/MAX are reassessed within 30 days of intake. The electronic classification listing alerts staff immediately beyond the 30-day point.

115.41(g): Per Classification - PREA Policy 1.0 Policy Statement mandates: Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the classification deputy will reassess an inmate's risk of victimization or abusiveness based upon any additional relevant information received since an inmate's initial assessment. An inmate's risk level will be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that increases an inmate's risk of sexual victimization or abusiveness.

Interview with Risk Screening staff indicates all inmates are mandatorily reassessed within 30 days of intake. Inmates who are classified as MAX BP& AD-SEG are reassessed every 2 weeks. MIN/MED/MAX are reassessed within 30 days of intake.

115.41(h): Classification - PREA Policy 5.0 F mandates that: "Inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, any questions asked pursuant to 5.0 B 1, 7, 8 and 9 of this policy."

Interview with Intake staff indicates there is no discipline against inmates who do not participate in the classification questioning related to PREA.

115.41(i): Classification - PREA Policy 5.0 G mandates that: "Classification Deputies shall control dissemination within the facility of responses to questions asked pursuant to this policy and PREA standards in order to ensure that 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 indicates that Classification data is secured within Classification offices locked file cabinets or on secure database (AIM), where only Supervisors and Leadership have access with Classification oversight during review of documentation.

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

Corrective Action Recommended:

115.41(f): Agency to provide auditor with documented reasoning as to why inmate received her 30-day reassessment, 29 days following her admission date.

Corrective Action Completion 9/6/22:



◆ 115.41(f): Agency provided auditor with explanation as to why the identified inmate received reclassification beyond what was believed to be a 30 day reclassification in the classification notes. Agency explained that the Sonoma County Sheriff's Office completes a modified classification review at the end of each inmate's 10-day COVID quarantine period (which was recently modified from the original 14-day quarantine period). The Sonoma County Sheriff's Office will now complete a full classification review at this time to be in compliance with the PREA Standard. This review will also be classified as a Classification review instead of an information note in the classification notes.

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

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| 115.42 | Use of screening information |
| | Auditor Overall Determination: Exceeds Standard |
| | <p>Auditor Discussion</p> <p>115.42(a): Per Classification - PREA Policy 5.1 Use of Screening Information states: A. Classification deputies shall use assessment information to make housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at a high risk of being sexually victimized from those at a high risk of being sexually abusive. B. Classification deputies will make individualized determinations about how to most effectively provide for the safety and security of each inmate.</p> <p>Interview with Risk Screening staff indicates that if an inmate has a history of victimization or abusiveness, he/she are placed in a housing unit that is more controlled to monitor movement and attitude towards manipulation Interview with PREA Compliance Manager indicates that the initial screening and booking, classification and medical / mental health collaborate on each individual intake to ensure each inmate is assessed to make decisions to safely house inmates.</p> <p>115.42(b): Per Classification - PREA Policy 5.1 Use of Screening Information mandates that: B. Classification deputies will make individualized determinations about how to most effectively provide for the safety and security of each inmate.</p> <p>Interview with Risk Screening staff indicates that if they receive any history of victimization or abusiveness, the inmate is placed in housing unit that is more conducive to control and monitor movement and attitude towards manipulation.</p> <p>115.42(c): Per Classification - PREA 5.1 Use of Screening Information mandates that: C. Classification, upon determining a transgender or intersex inmate has been identified and in deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, classification deputies will consider on a case-by-case basis whether a housing placement would ensure the inmate's health and safety, and whether a housing placement would present management or security problems. Interview with PREA Compliance Manager indicates that Classification, medical and mental health is involved in case by case assessments to develop an individualized plan for placement that would not present management or security problems. Interview with 3 transgender inmates indicates that staff announce their presence when entering the housing unit. She is never naked in full view of staff. There are individual showers with private curtains to provide inmates with privacy during showers and barriers in cells to dissuade cross-gender viewing during toileting. 6/6/22 - Classification electronic screening and initial reassessment screening records recieved by auditor of 3 identified Transgender inmates identified reassessment screening records were conducted every 30 days which exceeds Standard provision 115.42(c).</p> |

115.42(d): Per Classification - PREA 5.1 Use of Screening Information mandates that: D. Classification deputies will schedule an interview with all transgender and intersex inmates at least every six months in order to reassess housing placements, programming assignments, and to review any inmate concerns or threats to an inmate's safety. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. All interviews shall be documented.

115.42(e): Per Classification - PREA 5.1 Use of Screening Information mandates that: D. Classification deputies will schedule an interview with all transgender and intersex inmates at least every six months in order to reassess housing placements, programming assignments, and to review any inmate concerns or threats to an inmate's safety. A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration. All interviews shall be documented.

Interview with PREA Compliance Manager, Risk Screening staff and Transgender inmates indicate that Transgender and Intersex inmates are reassessed every 30 days throughout the period of time they are housed at Sonoma County Jail. Staff consider the inmate's own views with respect to his or her own views and safety and given serious consideration when making facility housing decisions and programming assignments.

115.42(f): Per Classification - PREA 4.0 General Information mandates that: A. Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

Interview with PREA Compliance Manager, Risk Assessment staff, Transgender inmates indicate that Transgender and intersex inmates are provided the opportunity to shower separately from other inmates. These statements are verified through the auditor's physical plant review where housing unit showers are separate and provide privacy for inmates to shower separately and showers are in view of housing officer station.

115.42(g): Per Classification - PREA 4.0 General Information mandates that: B. The Sheriff's Office shall not place lesbian, gay, bisexual, transgender, or intersex inmates in housing units or wings solely on the basis of such identification or status, unless such a placement is in a dedicated housing unit or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates.

Interview with the PREA Coordinator, PREA Compliance Manager LGBTI inmates, and physical plant review verifies LGBTI inmates are not housed in a dedicated facility, unit, or a wing established in connection with a consent decree, legal settlement, or legal judgment for sole purpose of protecting such inmates.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.42(c) and corrective action is required.

Corrective Action Recommended:

115.42(c): Agency to provide Classification electronic screening and initial reassessment screening records of Transgender inmates for auditor review and to include electronic 6 month reassessment screening records as available:

Corrective Action Completion 6/7/22:



115.42(c): On 6/7/22, auditor provided with electronic Booking/Classification database on 3 identified transgender inmates regarding Intake screening & reassessments per PREA. Document review and interview of all 3 transgender inmates screening documentation provided by Agency determined that transgender inmates are reassessed every 30 days during the duration of their housing at Sonoma County Jail. Auditor has determined that the Agency exceeds the minimum Standard requirement.

The agency/facility has met the requirements of Standard provision(s) 115.42(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.42.

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| 115.43 | Protective Custody |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="256 262 560 293">Auditor Discussion</p> <p data-bbox="256 338 1485 745">115.43(a): Classification - PREA Policy 5.2 Protective Custody mandates that: A. Inmates at a high risk for sexual victimization or who allege to have alleged sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made by classification that there are no available alternative means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be placed in involuntary segregated housing for a period of time, not to exceed 24 hours, while classification completes an assessment. Agency reports that no inmates at risk of sexual victimization were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.</p> <p data-bbox="256 757 1461 958">Interview with the Facility Commander indicates that Agency prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has been determined there is no available alternative means of separation from potential abusers.</p> <p data-bbox="256 994 1477 1196">115.43(b): Classification - PREA Policy 5.2 Protective Custody mandates that: B. Inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If restrictions to access are required to programs, privileges, education, or work opportunities, the classification sergeant shall document:</p> <ul data-bbox="256 1232 895 1352" style="list-style-type: none"> (1) The opportunities that have been limited. (2) The duration of the limitation; and (3) The reasons for such limitations <p data-bbox="256 1388 1461 1680">Interview with staff who supervise inmates in segregated housing indicates that inmates may be placed in secured housing for protection from sexual abuse or those who allege to have suffered sexual abuse. They have access to programs privileges education and work opportunities. They are allowed out to access programs located in the housing unit day room or yard and monitored by unit cameras and during staff security rounds which are conducted hourly. There were no inmates in segregated housing for risk of sexual victimization who allege to have suffered sexual abuse.</p> <p data-bbox="256 1715 1477 1827">115.43(c): Agency reports that in the past 12 months, no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.</p> <p data-bbox="256 1839 1437 1995">Interview with Facility Commander and staff who supervise inmates in Segregated Housing indicates that it is rare that inmates are placed in segregated housing who may be at risk of sexual victimization for more than 24 hours while awaiting alternative placement.</p> <p data-bbox="256 2031 1453 2076">115.43(d): Agency reports there were no inmates at risk of sexual victimization who</p> |

were held in involuntary segregated housing in the past 12 months.

115.43(e): Per Classification PREA 5.2 Protective Custody mandates that:

C. Classification deputies shall assign such inmates to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment will not ordinarily exceed 30 days.

D. If an involuntary segregated housing assignment is made, classification deputies shall clearly document:

Per Classification - Review/Reclassification Policy

(1) The basis for the facility's concern for the inmate's safety; and

(2) The reason why no alternative means of separation can be arranged.

(3) Such documentation will be forwarded to the classification Lieutenant and the PREA Compliance Manager.

E. Every 30 days classification shall schedule a review of any inmate that has been placed in segregated housing to determine whether or not there is a continuing need for separation from the general population. If continued separation is deemed necessary, classification deputies will notify the classification sergeant of an inmate's continued need for separation.

Interview with staff who supervise inmates in Segregated Housing indicates that they reassess an inmate's risk level as needed due to referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmates risk of sexual victimization or abusiveness.

CONCLUSION:

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

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| 115.51 | Inmate reporting |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.51(a): Per PREA Policy 1.0 Policy Statement mandates that "The Sonoma County Sheriff's Office, in compliance with the Prison Rape Elimination Act of 2003, mandates zero tolerance toward all forms of sexual abuse, sexual harassment and sexual assault of any inmate in custody. There shall be zero tolerance for retaliation of any sort against anyone who reports or cooperates with the investigations of such acts. All incidents of sexual abuse that occur in the Sonoma County Detention Facilities shall be thoroughly investigated, documented and reported in accordance with the mandates set forth in the 2003 Prison Rape Elimination Act (PREA) and the Department of Justice National PREA Standards. The Sonoma County Sheriff's Office is committed to maintaining a program of education, prevention, detection, investigation, criminal and administrative sanctions against perpetrators, data collection, treatment and support for any inmate who is a victim of sexual abuse. Those contracted, employed by, or volunteering for the Sheriff's Office are subject to punitive sanctions for any violation of this policy.</p> <p>PREA Policy 5.4 H mandates that "Inmates may privately (if they so choose) report sexual harassment, abuse, or assault, retaliation for reporting, or staff indifference to any employee, volunteer or contractor.</p> <p>a. These reports can be made verbally or in writing through inmate request forms, letters, or any other medium. These reports can be made by third parties on behalf of the inmate. Inmates can confidentially and anonymously report sexual abuse to the Sonoma County Rape Crisis Center, using inmate telephones by dialing #141. The Sonoma County Rape Crisis Center will comply with mandatory reporting requirements by reporting sexual abuse directly to a Sergeant.</p> <p>a. Inmates who do not speak English may request a translator upon contacting the Sonoma County Rape Crisis Center.</p> <p>b. Inmates who are hearing impaired shall be provided a TDD machine and may dial the Sonoma County Rape Crisis Center using a direct telephone number. Staff members shall accept reports made verbally, in writing, anonymously and from third parties, such as advocates or family members. All such reports shall be immediately documented and the employees' immediate supervisor notified. The PREA Coordinator, the PREA Compliance Manager and the Facility Manager shall be notified, and an investigation shall immediately commence.</p> <p>Interview with 14 random sample of staff and 21 randomly selected inmates indicates that inmates may report sexual abuse and sexual harassment privately to Agency officials by reporting to a staff member, medical/mental health practitioner or contractor.</p> <p>115.51(b): PREA Policy 5.4 H mandates that Inmates can confidentially and anonymously report sexual abuse to the Sonoma County Rape Crisis Center, using inmate telephones by dialing #141. The Sonoma County Rape Crisis Center will comply with mandatory reporting requirements by reporting sexual abuse directly to a Sergeant.</p> |

PREA Policy 5.7 mandates that "All victims of sexual abuse shall be afforded the opportunity to have a Victims Rights Advocate made available to accompany and support the victim through the forensic medical examination process, the investigative interviews and shall provide emotional support, crisis intervention, information and referrals, at no cost to the inmate.

1. The following Victim Rights Agencies addresses and telephone numbers are provided to all inmates:

- a. Sonoma County Rape Crisis Center
- b. Family Justice Center.
- c. Young Women's Christian Association (YWCA) counseling for women in abusive relationships.
- d. National Human Trafficking hotline.

Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Agency provided auditor with copy of the Consulate notification 1.0 Policy Statement which mandates, "Foreign nationals that have been arrested and detained at Sonoma County Adult Detention Facilities will retain the ability to contact their consulate. The Sheriff's Department may also have the obligation to contact a foreign nationals' consulate. International treaties and Penal Code Section 834c cover these obligations. These obligations include the ability for the inmate to communicate with, correspond with and be visited by, a consular official of their country.

Interview with 14 random sample of staff indicates that inmates can privately report sexual abuse and sexual harassment, retaliation by using the PREA Hotline (Verity), which is toll free, confidential and not monitored by the facility. Inmates can remain anonymous should they choose to do so. Verity will honor their anonymity but contact the Agency to let them know an inmate contacted to report sexual abuse, harassment or retaliation but cannot provide Agency with the inmate's name.

Inmates can also contact Independent Office of Law Enforcement Review and Outreach (IOLERO) by phone, who will inform the Agency per the mandatory reporting law.

Interview with the PREA Compliance Manager indicates that the facility provides opportunities for inmates to report sexual abuse or sexual harassment to a public or private entity or office is not part of the agency. Inmates can report to Verity by way of a confidential hot line available within each housing unit or write to Verity if they wish. Phone calls are not monitored and are toll-free. Inmates can also call the Sonoma County Independent Office of Law-Enforcement Review and Outreach (IOLERO), which is a civilian based agency.

Interview with 21 random sample of inmates indicated that they prefer to inform staff, medical or mental health practitioners. Only a small number were aware of Verity, most inmates heard of or is familiar with IOLERO.

115.51(c): PREA Policy 5.4 mandates that "Staff members, contractors and volunteers shall accept all allegations made verbally, in writing, anonymously, from third parties and promptly notify a supervisor or manager. Staff members shall accept reports made verbally, in writing, anonymously and from third parties, such as advocates or family members. All such reports shall be immediately

documented and the employee's immediate supervisor notified. The PREA Coordinator, the PREA Compliance Manager and the Facility Manager shall be notified, and an investigation shall immediately commence."

Interview random sample of staff in the case of the staff accepts six abusive sexual-harassment reports made verbally in writing anonymously and from third parties. Staff will document verbal reports and move up the chain of command.

115.51(d): PREA Policy 5.4 B mandates that "All staff members, contractors and volunteers have an affirmative duty to report to a supervisor or manager all allegations, suspicions, or knowledge of sexual abuse, sexual harassment, sexual assault or any sexual misconduct involving inmates that takes place within any Sheriff's Office facility or within any other jurisdiction or agency. Failure to report is akin to committing the act and may be punishable as such.

Staff are informed of these procedures by way of Policy review, Sheriff's Office PREA Orientation Training and bi-annual training.

A interview with a random sample of 14 staff indicate that staff can privately report sexual abuse or sexual-harassment of inmates outside the chain of command to IOLERO, HR or the PREA hotline.

CONCLUSION:

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

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| 115.52 | Exhaustion of administrative remedies |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1484 958">115.52(a): The agency has an administrative procedure for dealing with inmate grievances regarding sexual abuse by way of Grievances - Inmate Policy. Inmate Grievance Policy has no remedy to sexual abuse and sexual harassment. Informal interview with housing Sergeant determined that an inmate must obtain a grievance form from the housing officer or housing staff. Once completed, the inmate can return the grievance to the housing officer or place it in the locked mail box at the housing staff's control desk. There is no avenue where an inmate can use the grievance system anonymously. Inmate has 14 days from the date of the offense to submit his/her grievance. Staff have been trained to attempt to resolve issues at the lowest level and if determined it cannot be resolved at that level, he/she is to advance the grievance to a higher level. This process does not comply with PREA Standard 115.52. Agency claims exemption to Standard 115.52. Agency has multiple alternatives to reporting sexual abuse, sexual harassment and retaliation through both their internal and external reporting opportunities which are provided to inmates through education, staff, contract.</p> <p data-bbox="256 999 1484 1572">115.52(b): Grievance-Inmate Policy Section 4.4 D mandates that If it is determined, or if it appears, that a grievance is an emergency, i.e., risk to the health, safety or well-being of an inmate or inmates, immediate follow-up is required. Appropriate action will be initiated by the Deputy by immediately forwarding the grievance up the chain of command for action, if they are not able to resolve the grievance at their level. Per PREA Education Brochure provided to inmates at intake mandates that "There are no time restrictions in reporting an allegation of sexual assault or abuse. If you or someone you know has been a victim or is being victimized sexually in jail. * You can personally tell any deputy, medical, mental health staff member, ANYONE. * Tell a friend or family member so they may report it anonymously. * You can address an Inmate Request Form to a deputy, supervisor, Medical or Mental Health staff. * You can also call telephone #141 on an inmate phone to report any incidents of sexual abuse.</p> <p data-bbox="256 1585 1484 1912">Grievance Inmate Policy Section 4.4, D mandates that "If it is determined, or if it appears, that a grievance is an emergency, i.e., risk to the health, safety or well-being of an inmate or inmates, immediate follow-up is required. Appropriate action will be initiated by the Deputy by immediately forwarding the grievance up the chain of command for action, if they are not able to resolve the grievance at their level. Sonoma County Sheriff's Office Zero-Tolerance Policy Brochure, which is provided to inmates at intake states: "there are no time restrictions in reporting an allegation of sexual assault or abuse. "</p> <p data-bbox="256 1948 1484 2069">115.52(c):Per Sonoma County Sheriff's Office Zero-Tolerance Policy Brochure, which is provided to inmates at intake states: "there are no time restrictions in reporting an allegation of sexual assault or abuse. " mandates that "There are no time restrictions</p> |

in reporting an allegation of sexual assault or abuse. If you or someone you know has been a victim or is being victimized sexually in jail.

- * You can personally tell any deputy, medical, mental health staff member, ANYONE.
- * Tell a friend or family member so they may report it anonymously.
- * You can address an Inmate Request Form to a deputy, supervisor, Medical or Mental Health staff.
- * You can also call telephone #141 on an inmate phone to report any incidents of sexual abuse.

Grievance Inmate Policy Section 4.4, D mandates that "If it is determined, or if it appears, that a grievance is an emergency, i.e., risk to the health, safety or well-being of an inmate or inmates, immediate follow-up is required. Appropriate action will be initiated by the Deputy by immediately forwarding the grievance up the chain of command for action, if they are not able to resolve the grievance at their level.

115.52(d): Standard provision 115.52(d) - 1 is not addressed by Agency/Facility in Policy or practice. Agency reports that in the past 12 months, no grievances were filed that alleged sexual abuse. In the past 12 months, no grievances alleging sexual abuse that reached final decision within 90 days after being filed. In the past 12 months, no grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days. Grievances - Inmate Policy only addresses providing inmate with verbal response to informal Grievance and written response to Formal I, II, and III Grievances, neither of which involve PREA violations.

115.52(e): PREA Policy 5.4 mandates that Third parties are encouraged to report all allegations of sexual abuse or harassment by phone (707-565-1412 or 707-565-1410) and request to speak with a correctional supervisor. Allegations can also be submitted on a citizen's complaint form. Citizen complaint forms can be obtained from the front lobby of each facility, be mailed upon request or by downloading the form from the Sheriff Office's website.

Inmates who do not speak English may request a translator upon contacting the Sonoma County Rape Crisis Center. Inmates who are hearing impaired shall be provided a TDD machine and may dial the Sonoma County Rape Crisis Center using a direct telephone number. Staff members shall accept reports made verbally, in writing, anonymously and from third parties, such as advocates or family members. All such reports shall be immediately documented and the employees' immediate supervisor notified. The PREA Coordinator, the PREA Compliance Manager and the Facility Manager shall be notified, and an investigation shall immediately commence. Reports can be made through the Sheriff's Office website by downloading, completing and submitting a citizen's complaint form. A PREA related citizen's complaint form submitted anonymously will be accepted.

Agency reports no grievances alleging sexual abuse filed by inmates in the past 12 months appeared in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

115.52(f): Grievances - Inmate Policy 4.4 D mandates that If it is determined, or if it appears, that a grievance is an emergency, i.e., risk to the health, safety or well-being of an inmate or inmates, immediate follow-up is required. Appropriate action will be initiated by the Deputy by immediately forwarding the grievance up the chain

of command for action, if they are not able to resolve the grievance at their level. Agency reports that no emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

Agency reports their procedure emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued immediately, however, there is no policy, memorandum, procedure or narrative to address this statement.

Grievance Policy 608.4.4 Emergency Grievances mandates that "If a grievance is submitted that alleges an inmate is at immediate risk for harm or sexual abuse, immediate corrective action shall be taken and the inmate shall be removed from the imminent risk. The grievance shall be forwarded to a sergeant as soon as possible and an initial response will be provided within 48 hours. A final agency decision shall be issued within 5 calendar days. Both responses shall document whether the inmate is at substantial risk of imminent sexual abuse and what actions were taken in response to the emergency grievance."

115.52(g): PREA Policy Section 5.8 does not address if Agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the past 12 months, no inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. PREA Policy Section 5.8 does not address if Agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. 6/22/22 - Agency provided new Grievance Policy 608.4.4 Emergency Grievances mandates that "If demonstrated that an inmate filed an emergency sexual abuse grievance in bad faith, the inmate may be subject to the disciplinary process."

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

Corrective Action Recommended:

115.52(a): During the onsite audit, auditor determined that the Grievance policy administrative procedures did not address inmate grievances regarding sexual abuse. Grievance remedy is non-compliant with PREA Standard 115.52.

1. Agency to create an administrative procedure for dealing with inmate grievances regarding sexual abuse compliant with Standard 115.52.
2. Agency has the option to provide auditor with written memorandum from upper level staff which claims exemption from Standard 115.52 and provide evidence which

supports this claim to obtain approval for an exemption.

115.52(d):Grievances - Inmate Policy only addresses providing inmate with verbal response to informal Grievance and written response to Formal I, II, and III Grievances, neither of which involve PREA violations

1. Agency to include policy language to meet Standard provision 115.52(d)

115.52(f): Agency reports their procedure emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued immediately, however, there is no policy, memorandum, procedure or narrative to address this statement.

1. Agency to include compliant language in Grievance Policy or provide written memorandum which outlines procedures compliant with the Standard 115.52.

115.52(g): PREA Policy Section 5.8 does not address if Agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

1. Agency to amend PREA Policy Section 5.8 to mandate the limiting of Agency's ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith.

Corrective Action Completion 6/22/22:

115.52(a): 6/22/22 - Agency provided auditor with Inmate Grievance Policy 608, which addresses the issues found in the previous Grievances Inmate Policy. Grievance Policy 608.4.4 Emergency Grievances mandates that "There is no timeline for grievances submitted alleging inmate safety, sexual abuse or any PREA related incident."

115.52(d): 6/22/22 - Agency provided new Grievance Policy 608.4.4 Emergency Grievances mandates that "A final decision on the merits of any portion of a grievance alleging sexual abuse shall be issued within 90 days of the initial filing of the grievance. Computation of the 90-day time period shall not include time consumed by inmates in preparing any administrative appeal. An extension of time to respond may be claimed, of up to 70 days, if the normal time for response is insufficient to make an appropriate decision. The inmate shall be notified in writing of any such extension and provide a date by which a decision will be made. Agency reports to date there have been no emergency grievances submitted requiring a time extension for response beyond the 90-day deadline requirement.

115.52(f): 6/22/22 - Agency provided new Grievance Policy 608.4.4 Emergency Grievances mandates that "If a grievance is submitted that alleges an inmate is at

immediate risk for harm or sexual abuse, immediate corrective action shall be taken and the inmate shall be removed from the imminent risk. The grievance shall be forwarded to a sergeant as soon as possible and an initial response will be provided within 48 hours. A final agency decision shall be issued within 5 calendar days. Both responses shall document whether the inmate is at substantial risk of imminent sexual abuse and what actions were taken in response to the emergency grievance."

115.52(g): 6/21/22 - Agency provided new Policy Grievance Policy 608.4.4 Emergency Grievances mandates that "If demonstrated that an inmate filed an emergency sexual abuse grievance in bad faith, the inmate may be subject to the disciplinary process."

The agency/facility has met the requirements of Standard provision(s) 115.52(a), 115.52(d), 115.52(f), 115.52(g), completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.52.

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| 115.53 | Inmate access to outside confidential support services |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1477 1084"> 115.53(a): The facility provides inmates with access to such services by giving inmates mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations in the Inmate Brochure at intake provided in English and Spanish. Information is also provided on the PREA posters located in the housing units and throughout the facilities. Inmates have access to immigrant services agencies for persons detained solely for civil immigration purposes. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security. Agency provided auditor with copy of the Consulate notification 1.0 Policy Statement which mandates, "Foreign nationals that have been arrested and detained at Sonoma County Adult Detention Facilities will retain the ability to contact their consulate. The Sheriff's Department may also have the obligation to contact a foreign nationals' consulate. International treaties and Penal Code Section 834c cover these obligations. These obligations include the ability for the inmate to communicate with, correspond with and be visited by, a consular official of their country. Auditor informed during the onsite audit that there are no inmates who reported sexual abuse currently housed in the facility. </p> <p data-bbox="256 1093 1477 1335"> Interview with 21 randomly selected inmates determined that half of inmates know of services outside of the facility for dealing with sexual abuse through either IOLERO or Verity. even fewer indicated that the services provided from outside agency included emotional support and/or counseling, private services, confidential, and not monitored. Auditor believes this is due to the fact that there is limited PREA posters throughout the facility. </p> <p data-bbox="256 1375 1477 1657"> 115.53(b): Agency provides inmates with PREA Brochure at intake which informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored. The Brochure also informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. </p> <p data-bbox="256 1666 1477 1948"> Interview with 21 randomly selected inmates and 12 targeted inmates indicated that the PREA brochure provided to inmates at intake and the inmates who use the tablets stated the PREA posters and intake form that they signed when entering the facility provided information on how to obtain access to outside support services and advocates for reporting. Posters indicate that the outside agency has a hotline that is confidential, toll free and not monitored by the agency. The electronic tablets also provide short video on reporting, PREA violations, advocacy and support. </p> <p data-bbox="256 1989 1477 2069"> 115.53(c): Agency provided auditor with copy of MOU between Sonoma CJ and Verity which provides emotional support, counseling and follow-up services for inmate </p> |

sexual assault victims. MOU term is from 1/1/18 to 1/1/22 and has expired. Agency to provide auditor with updated MOU with Verity or another outside emotional support group. On 2/28/22 Agency provided auditor with updated copy of renewed Verity MOU 1/1/2021 to 1/1/2025 which provides advocacy support and timely follow-up services for clients seen at the Sonoma County Sheriff's Office and for clients in Sonoma County adult detention facilities, as well as other supportive services as required. Verity also agrees to consistently provide in-person advocacy, counseling, and follow up services to clients in Sonoma County adult detention facilities.

CONCLUSION:

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

| 115.54 | Third-party reporting |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.54(a): PREA Policy 5.4 provides method to receive third-party reports of inmate sexual abuse or sexual harassment. Third parties are encouraged to report all allegations of sexual abuse or harassment by phone (707-565-1412 or 707-565-1410) and request to speak with a correctional supervisor. Allegations can also be submitted on a citizen's complaint form. Citizen complaint forms can be obtained from the front lobby of each facility, be mailed upon request or by downloading the form from the Sheriff Office's website. Information is also available in the PREA Education Brochure in both English and Spanish, provided to each inmate upon intake and available to visitors and 3rd party individuals in the lobby and on the Agency website.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.54.</p> |

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| 115.61 | Staff and agency reporting duties |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1430 582">115.61(a): PREA Policy 5.4 B mandates : All staff members, contractors and volunteers have an affirmative duty to report to a supervisor or manager all allegations, suspicions, or knowledge of sexual abuse, sexual harassment, sexual assault or any sexual misconduct involving inmates that takes place within any Sheriff’s Office facility or within any other jurisdiction or agency. Failure to report is akin to committing the act and may be punishable as such.</p> <p data-bbox="256 593 1458 835">C. Any staff member, volunteer or contractor who has knowledge, information or suspects retaliation against anyone who reports sexual abuse, cooperates with an investigation or that a staff member violated their responsibilities that may have contributed to an incident shall immediately notify a supervisor or manager. This notification may be made in private, but shall occur immediately upon obtaining knowledge. There is no requirement for any employee to use the chain of command.</p> <p data-bbox="256 846 1465 1169">1. Apart from reporting sexual abuse to a supervisor or manager, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law. Inmates may privately (if they so choose) report sexual harassment, abuse, or assault, retaliation for reporting, or staff indifference to any employee, volunteer or contractor.</p> <p data-bbox="256 1180 1465 1294">Interview with 14 random sample of staff indicates policy requires that they are mandated to report any knowledge, suspicion or information regarding an incident of sexual abuse or sexual harassment to the floor supervisor</p> <p data-bbox="256 1335 1469 1617">115.61(b): PREA Policy 5.4 C mandates: Any staff member, volunteer or contractor who has knowledge, information or suspects retaliation against anyone who reports sexual abuse, cooperates with an investigation or that a staff member violated their responsibilities that may have contributed to an incident shall immediately notify a supervisor or manager. This notification may be made in private, but shall occur immediately upon obtaining knowledge. There is no requirement for any employee to use the chain of command.</p> <p data-bbox="256 1628 1465 1870">1. Apart from reporting sexual abuse to a supervisor or manager, any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law.</p> <p data-bbox="256 1881 1474 2078">Interview with a 14 random sample of staff indicates that the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> |

115.61(c): PREA Policy 5.4 D mandates: Medical and mental health practitioners unless otherwise precluded by Federal, State, or local law shall be required to report all allegations of sexual abuse or retaliation. Medical and mental health practitioners shall obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. All inmates must be informed of their duty to report, and the limitations of confidentiality, at the initiation of services.

Interview with both medical and mental health staff indicates that at the initiation of services, practitioners disclose the limitations of confidentiality and duty to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor as they are mandatory reporters. Mental health practitioner indicated that any information regarding disclosure of the limitations of confidentiality is documented in the electronic health record. Both medical mental health staff are required to report any knowledge suspicion or information regarding an incident of sexual abuse or sexual harassment to designated supervisor or officials immediately upon learning of it.

116.61(d): PREA Policy 5.4 E mandates: If the alleged victim is under the age of eighteen (18) or considered a vulnerable adult under a State or local vulnerable persons statute, the Office shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interview with the Facility Commander indicates that in the event where a victim under the age of 18 years makes an allegation of sexual abuse, the Agency will follow the same policy as mandated by law to include contact with Child Protective Services. Interview with the PREA Coordinator indicates that if the victim is a vulnerable adult, investigation would continue as normal but would include contact with Adult Protective Services.

115.61 (e): 5.4 Reporting Investigations mandates that: Staff members, contractors and volunteers shall accept all allegations made verbally, in writing, anonymously, from third parties and promptly notify a supervisor or manager. All incidents of sexual abuse, sexual assault and sexual harassment upon inmates shall be investigated promptly, thoroughly, objectively and forwarded through the chain of command. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The departure of the alleged abuser or victim from employment, control or custody shall not provide a basis for terminating an investigation. The standard used to substantiate allegations of sexual abuse shall be no higher than a preponderance of the evidence. A patrol deputy shall be called to respond to all PREA related crimes that occur within the Detention Division. A patrol deputy shall refer all felony PREA related crime investigations to a domestic violence and sexual assault (DVSA) investigator. The DVSA investigators shall conduct investigations in compliance with all applicable PREA standards

Interview with Facility Commander indicates that all allegations of sexual abuse and sexual harassment reported directly to designated facility investigators. This includes 3rd party and anonymous reports.

CONCLUSION:

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| | <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.61.</p> |
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| 115.62 | Agency protection duties |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.62(a): PREA Policy page 6, O mandates: Correctional Staff upon learning of an inmate's substantial risk of imminent sexual abuse will take immediate steps to protect the inmate. Agency reports in the past 12 months, there have been no instances where the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. The Agency immediately takes action once the Agency or facility determines that an inmate was subject to a substantial risk of imminent sexual abuse.</p> <p>Interview with the Agency Head designee, Facility Commander and 14 Random Sample of Staff all indicate that when it is learned that an inmate is subject to imminent sexual abuse, staff takes immediate protective measures by ensuring the inmate is free from additional contact with abuser, provide inmate with an advocate through Verity crisis hot line, remove the inmate from the situation, contact classification and supervisor to rehouse inmate to include medical and mental health.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.62.</p> |

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| 115.63 | Reporting to other confinement facilities |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1469 958">115.63(a): PREA Policy pg 12, Q mandates that: Inmates can report sexual abuse they experienced while confined at another facility. Upon report of an allegation of an inmate being sexually abused while confined at another facility, the Assistant Sheriff or their designee shall notify in writing the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notifications shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation. In the past 12 months, one allegation the facility received that an inmate was abused while confined at another facility. During the investigation, the inmate could not provide specification information regarding the alleged abuse. Incident was determined to be unfounded. Agency did not contact or notify the head of the facility or appropriate office or facility where sexual abuse is alleged to have occurred. Agency to follow PREA protocol per Standard provision 115.63(a) within 6 months following receipt of the Interim Report, should they receive an allegation that inmate was abused while confined at another facility. Agency will then provide auditor with documentation verifying compliance with Standard provision 115.63.</p> <p data-bbox="256 999 1469 1406">115.63 (b): PREA Policy pg 12, R mandates that "When informed by another agency that an inmate in our custody was sexually abused while incarcerated, the allegation shall be thoroughly investigated and if necessary, forwarded for criminal prosecution. Inmates can report sexual abuse they experienced while confined at another facility. Upon report of an allegation of an inmate being sexually abused while confined at another facility, the Assistant Sheriff or their designee shall notify in writing the head of the facility or appropriate office of the agency where the alleged abuse occurred. Such notifications shall be provided and documented as soon as possible, but no later than 72 hours after receiving the allegation."</p> <p data-bbox="256 1447 1469 1980">115.63(c): In the identified case, the custody Sergeant of the day received a call from Verity Rape Crisis Center staff indicating that they received a call from an inmate regarding sexual assault claims. The Sergeant met with the identified inmate following the call who appeared somewhat incoherent and failed to reveal any sexual allegations. Medical & Mental Health were present during the interview, but inmate refused any assistance. Continued discussions with the inmate indicated no sexual assault occurred. Case was determined as unfounded. Agency did not notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. Agency to follow PREA protocol per Standard provision 115.63(a) should within 6 months following receipt of the Interim Report, they receive an allegation that inmate was abused while confined at another facility. Agency will then provide auditor with documentation verifying compliance with Standard provision 115.63.</p> <p data-bbox="256 2020 1469 2056">115.63d): PREA Policy page 12, R mandates that: When informed by another agency</p> |

that an inmate in our custody was sexually abused while incarcerated, the allegation shall be thoroughly investigated and if necessary, forwarded for criminal prosecution. Agency reports that in the past 12 months, there have been no reported allegations of sexual abuse the facility received from other facilities.

Interview with Agency Head designee and Facility Commander indicates that once the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual harassment occurred in this facility, we follow our investigation procedures, document and follow the PREA policy.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.63(a) & (c) and corrective action is required.


Corrective Action Recommended:

115.63(a) & (c): In the past 12 months, one allegation the facility received that an inmate was abused while confined at another facility. During the investigation, the inmate could not provide specification information regarding the alleged abuse. Incident was determined to be unfounded. Agency did not contact the he head of the facility must notify the head of the facility or appropriate office of the agency or facility where the offense allegedly occurred.

1. Agency to follow PREA protocol per Standard provision 115.63(a) should within 6 months following receipt of the Interim Report, they receive an allegation that inmate was abused while confined at another facility. Agency will then provide auditor with documentation verifying compliance with Standard provision 115.63.

Corrective Action Completion 9/6/22:



 115.63(a) & (c): Inmate involved in this incident contacted a Verity staff member via phone and reported sexual allegations. Verity staff had a difficult time understanding the inmate and was unable to obtain any additional information on the allegation. The Sergeant interviewed the inmate who was difficult to understand, could not remain on track and had to be redirected multiple times. The inmate referred to being kidnapped across the country. The inmate was unable to detail or provide any information on any specific incident or location. The Sergeant offered medical and mental health resources to the inmate, who declined. The Sergeant attempted to follow up with the inmate at a later date, and the inmate admitted to reporting the allegations because he was frustrated about being in jail. Multiple unsuccessful attempts were made by the Sonoma County Sheriff's Office to gain information on the incident to report it to the other agency. Due to the inmate's

inability to provide necessary information, a notification was not made to any agency. Due to the agency exhausting all resources and being unable to obtain the necessary information from the inmate, the agency believes it had done its due diligence to meet this requirement.

The agency/facility has met the requirements of Standard provision(s) 115.63(a)&(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.63.

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| 115.64 | Staff first responder duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.64(a): PREA Policy 5.3 the first responder protocol for both Sonoma County Main Jail and Sonoma County North County Jail. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report to separate the alleged victim and abuser. If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p>Agency reports that in the past 12 months, there was one allegation that an inmate was sexually abused. staff were notified within a time period that still allowed for the collection of physical evidence, security staff member responded to the report in time to preserved and protected any crime scene until appropriate steps could be taken to collect any evidence, however, there was no evidence to preserve as the allegation was determined to be unfounded.</p> <p>Interview with security and non-security staff 1st Responders and inmates who reported sexual abuse indicates that the security and non-security staff members follow the 1st responder protocol. No inmates who reported a sexual abuse in the past 12 months were housed at the Main Jail during the onsite audit.</p> <p>115.64(b): PREA Policy page 2, B mandates that: requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence. Page 7, B mandates that f the first staff responder is not a security staff member, that responder shall be required to notify security staff. In the past 12 months there are no instances where a non-security staff member was the first responder.</p> <p>Security staff, non-security staff first responders and 14 random sample of staff all recited their 1st responder protocol which complies with the PREA Standard.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.64.</p> |

| 115.65 | Coordinated response |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion 115.65(a): The Coordinated Response Plan is incorporated within the PREA Policy as Section 5.3 Response to a PREA Incident which is separately identified for the Main Jail and North County Jail. The Coordinated Response Plan narrative for each facility coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interview with the Facility Commander indicates that he has knowledge of the Coordinated Response Plan for both Main and North County Detention Centers as the Plan is outlined in the PREA Policy. CONCLUSION: Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.65. |

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| 115.66 | Preservation of ability to protect inmates from contact with abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.66(a): Agency reports that the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has entered into or renewed any collective bargaining agreement or other agreement since the last PREA audit, which occurred in 2019. Current SCLEA MOU is valid from 2019 - 2023. This information is verified via the Agency website: https://www.sonomasheriff.org/prea. ◆</p> <p>◆ Interview with Agency Head designee indicates that collective bargaining agreements permits the agency to remove alleged staff sexual abuses from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.</p> <p>115.66(b): Auditor is not required to audit this provision.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.66.</p> |

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| 115.67 | Agency protection against retaliation |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.67(a): PREA Policy 5.8 Protection Against Retaliation mandates that: "The Sheriff's Office shall take immediate appropriate measures to protect anyone who expresses a fear of retaliation because they reported or cooperated with an investigation of sexual abuse. Multiple protection measures shall be employed against any forms of retaliation, such as housing transfers or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations."</p> <p>PREA Policy 5.8 Protection Against Retaliation mandates that: The PREA Coordinator or their designee is designated with monitoring for possible retaliation.</p> <p>115.67(b): PREA Policy 5.8 Protection Against Retaliation mandates that: Multiple protection measures shall be employed against any forms of retaliation, such as housing transfers or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <p>Interview with Agency Head designee indicates that Agency mandates 90-day monitoring for inmates and staff who are being retaliated against following a PREA incident. The PREA Coordinator and management staff conducts the retaliation monitoring.</p> <p>Interview with Facility Commander indicates that the PREA Coordinator conducts 90-day Retaliation Monitoring. Monitoring can be extended should there be a reported need to do so.</p> <p>Interview with designated staff member charged with monitoring retaliation (Classification Deputy) indicates that in order to prevent retaliation, an inmate being retaliated against or perpetrator is rehoused, victim is referred to mental health or Verity for emotional support, 90-day monitoring is conducted with face-to-face meetings every other week or twice monthly. Monitoring can be extended past 90-day period should there be a reported need.</p> <p>115.67(c): PREA Policy 5.8 mandates that: For at least 90 days following a report of sexual abuse, the PREA Coordinator shall monitor the conduct and treatment of inmates, or staff who reported the sexual abuse, and of inmates who were reported to have suffered sexual abuse to determine if there are indicators to suggest possible retaliation intentions by inmates or staff, and shall act promptly to remedy any such retaliation. The PREA Coordinator or his designee shall continue such monitoring beyond 90 days if initial monitoring indicates a continuing need. Agency reports that there has been no incident of retaliation occurring in the past 12 months. Agency claims no incidents of retaliation occurred in the past 12 months.</p> <p>Interview with Facility Commander indicates that the PREA Coordinator conducts 90-day Retaliation Monitoring. Monitoring can be extended should there be a</p> |

reported need to do so.

Interview with designated staff member charged with monitoring retaliation (Classification Deputy) indicates that in order to prevent retaliation, an inmate being retaliated against or perpetrator is rehoused, victim is referred to mental health or Verity for emotional support, 90-day monitoring is conducted with face-to-face meetings every other week or twice monthly. Monitoring can be extended past 90-day period should there be a reported need.

115.67(d): PREA Policy 5.8 mandates that: The PREA Coordinator shall coordinate with classification staff to ensure inmates who report sexual abuse are monitored by periodic status checks. The frequency and duration of the status checks shall be determined on a case by case basis.

Interview with designated staff member charged with monitoring retaliation (Classification Deputy) indicates that in order to prevent retaliation, an inmate being retaliated against or perpetrator is rehoused, victim is referred to mental health or Verity for emotional support, 90-day monitoring is conducted with face-to-face meetings every other week or twice monthly. Monitoring can be extended past 90-day period should there be a reported need.

115.67(e): PREA Policy 5.8 mandates that: Multiple protection measures shall be employed against any forms of retaliation, such as housing transfers or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Interview with Agency Head Designee indicates that measures taken to protect that individual against retaliation is to identify who the claim is against. If an inmate is the accused, they are transferred to another facility or placed on keep-away status. If it involves correctional staff, we ensure the complainant is protected and staff moved pending investigation and inmate is protected against further retaliation.

Interview with Facility Commander indicates that for inmate vs staff, DVSA Sergeant gets involved to conduct an investigation. Staff member is removed pending investigation. Inmate on inmate case the accused is transferred to another facility.

115.67(f): PREA Policy 5.8 mandates that: Monitoring shall terminate if it is determined an allegation is unfounded.

CONCLUSION:

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

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| 115.68 | Post-allegation protective custody |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1461 667">115.68(a). Classification - PREA Policy 5.2 mandates that: A. Inmates at a high risk for sexual victimization or who allege to have suffered sexual abuse shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made by classification that there are no available alternative means of separation from likely abusers. If such an assessment cannot be conducted immediately, the inmate may be placed in involuntary segregated housing for a period of time, not to exceed 24 hours, while classification completes an assessment.</p> <p data-bbox="256 676 1481 958">Agency reports that there have been no inmates who allege to have suffered sexual abuse who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. Agency also reports that there have been no inmates who allege to have suffered sexual abuse who were assigned to involuntary segregated housing in the past 12 months for longer than 30 days while awaiting alternative placement. D. If an involuntary segregated housing assignment is made, classification deputies shall clearly document:</p> <ul data-bbox="256 999 1414 1155" style="list-style-type: none"> (1) The basis for the facility’s concern for the inmate’s safety; and (2) The reason why no alternative means of separation can be arranged. (3) Such documentation will be forwarded to the classification Lieutenant and the PREA Compliance Manager. <p data-bbox="256 1196 1469 1397">Every 30 days classification shall schedule a review of any inmate that has been placed in segregated housing to determine whether or not there is a continuing need for separation from the general population. If continued separation is deemed necessary, classification deputies will notify the classification sergeant of an inmate’s continued need for separation.</p> <p data-bbox="256 1406 1469 1644">Interview with Facility Commander indicates that Interview with Facility Commander indicates that inmates are not placed in involuntary segregation pending a sex abuse investigation. They use a classification pan for the safety, mental health and physical condition of the inmate. If inmates at high risk were to be placed in involuntary segregation, Classification would conduct 30-day reviews at least to determine if continued maintenance in segregated housing was warranted.</p> <p data-bbox="256 1653 1481 1854">Interview with staff who supervises inmates in Segregated Housing indicates that inmates have access to programs such as education, work opportunities and gym access. Security rounds are conducted by staff to provide safety for the inmates. There have been no inmates housed in segregated housing for reporting sexual abuse or pending sexual abuse investigation.</p> <p data-bbox="256 1895 478 1930">CONCLUSION:</p> <p data-bbox="256 1980 1356 2051">Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.68.</p> |

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| 115.71 | Criminal and administrative agency investigations |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1477 1003">115.71(a): Agency possesses a Personnel Investigative Procedure policy. The policy is for the reporting, investigation and disposition of complaints regarding the conduct and/or performance of all members of the Sonoma County Sheriff's Office.. Sexual Assault Investigations Policy 601 mandates that: It is the policy of the Sonoma County Sheriff's Office that its members, when responding to reports of sexual assaults, will strive to minimize the trauma experienced by the victims, and will aggressively investigate sexual assaults, pursue expeditious apprehension and conviction of perpetrators, and protect the safety of the victims and the community. Interview with investigative staff indicates that timely initiation of an investigation following an allegation of sexual abuse or sexual harassment depends on the allegation, but almost immediate. Jail contacts Patrol as the initial response, patrol reviews the initial case for probable cause and to determine if crime has occurred. If so, it is forwarded to Domestic Violence and Sexual Abuse Office (DVSA) for investigation. Anonymous or 3rd party reports are investigated in the same manner. Auditor awaits complete investigative documentation on 2 cases before auditor can make a determination of compliance with this Standard provision.</p> <p data-bbox="256 1043 1477 1787">115.71(b): Policy 601 Sexual Assault Investigations 601.3 mandates that: Qualified Investigators have specialized training in, and be familiar with, interview techniques and the medical and legal issues that are specific to sexual assault investigations. Interview with investigative staff indicates that the investigators received training specific to conducting sexual abuse in confinement settings. The training is described as a week long specific investigation for sexual abuse cases. Training may have been a National Institute of Corrections (NIC) or POST course of IGI-2. Topics include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, Sexual abuse evidence collection in confinement settings and criteria and evidence required to substantiate a case for administrative or prosecution referral. Agency did not initially provide auditor with copies of the training certificates for conducting sexual abuse investigations in a confinement setting for the 6 identified DVSA investigators. On 6/22/22, Agency provided copies of the 6 assigned DVSA Investigator PREA Training certificates which verifies that all 6 participated in the required training in order to conduct Sexual Abuse Investigations in a Confinement Setting. Review of the two sexual abuse allegations provided to auditor, complete investigative reports have not been provided for auditor to make a determination of compliance.</p> <p data-bbox="256 1827 1477 2065">115.71(c): Policy 601 Sexual Assault Investigations 601.9.1 mandates that: "Members investigating a sexual assault offense should take every reasonable step to ensure that DNA testing of such evidence is performed in a timely manner and within the time periods prescribed by Penal Code § 803(g). Generally, rape kits should be submitted to the crime lab within 20 days after being booked into evidence (Penal Code § 680).</p> |

In cases where the perpetrator is not known to the victim, and especially if there are multiple crimes where more than one appear to be related, consideration should be given to releasing information to the public whenever there is a reasonable likelihood that doing so may result in developing helpful investigative leads. The Investigative Bureau supervisor should weigh the risk of alerting the suspect to the investigation with the need to protect the victim and the public, and to prevent more crimes." Interview with investigative staff indicates that the first steps in initiating a criminal investigation is that DVSA investigates, collects evidence, conducts interviews, takes victim for forensic exam and obtain advocacy. In initiating an IA investigation, it depends on if it is a criminal allegation. If so, the IA investigation is tolled until the criminal investigation is completed. Their focus is violation of policy and training. DVSA secures the DNA, clothing, video of jail and incident, interviews and recordings, photos and electronic evidence. IA focus is same as criminal, as it uses criminal evidence, reports and findings but includes followup questions that pertains to IA investigation and any other critical piece of information to add to the investigation and focus to include any efforts to determine whether staff actions or failures to act contributed to the abuse.

115.71(d): PREA Policy 5.4 F mandates that: When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Interview with investigative staff indicates that Internal Affairs investigators consults with prosecutors prior to conducting compelled interviews. Criminal Investigators do not conduct compelled interviews in their investigations.

115.71(e): Per Sexual-Assault - Investigations policy 601.10 DISPOSITION OF CASES mandates that: If the assigned investigator has reason to believe the case is without merit, the case may be classified as unfounded only upon review and approval of the Investigative Bureau supervisor. Classification of a sexual assault case as unfounded requires the Investigative Bureau supervisor to determine that the facts have significant irregularities with reported information and that the incident could not have happened as it was reported. When a victim has recanted his/her original statement, there must be corroborating evidence that the allegations were false or baseless (i.e., no crime occurred) before the case should be determined as unfounded.

PREA Policy 5.4 Reporting and Investigations 2 mandates that: The credibility of an alleged victim, suspect or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff.

Interview with investigative staff indicates that credibility is based upon prior history, corroboration of statements, type of allegation, deemed credible until found not credible Interview with inmates who reported sexual abuse indicates that they were not subject to polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

115.71(f): PREA Policy 4.0 General Information I 2 mandates that: Sexual abuse of an inmate or detainee, by a staff member, contractor, or volunteer includes, but not limited to, any of the following acts, with or without consent of the

inmate or detainee:

- a. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight.
- b. Contact between the mouth and the penis, vulva, or anus.
- c. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- d. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- e. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire.
- J. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in section (a.) through (e.) of this section is sexual abuse.

PREA Policy 5.4 Reporting & Investigations H mandates that: Upon completion of an investigation involving an inmate's allegation they were sexually abused in a Sheriff's Office facility, the inmate shall be informed as to the final determination of the investigation (Sustained, Not Sustained, Inconclusive or Unfounded). If an outside agency conducts the investigation, the Sheriff's Office shall request the relevant information from the investigative agency in order to inform the inmate.

1. All investigations shall include efforts to determine whether staff actions or failures to act contributed to the abuse.

Interview with investigative staff indicates that the efforts taken to determine whether staff actions or failures to act contributed to the sexual abuse includes working the case backwards, viewing the scene, locate additional witnesses that were on scene when the incident occurred but failed to report. Investigators document the case in written reports which include interviews, surveillance, findings on criminal cases, statements, medical records, training records, applicable logs, etc.

115.71(g): PREA Policy 5.4 Reporting & Investigations mandates that: The Sheriff's Office shall maintain all written reports, investigations to include Internal Affairs investigations for all sexual abuse investigations for as long as the alleged abuser is incarcerated or employed by the Sheriff's Office, plus five years.

Interview with investigative staff and receipt of 17 case files of investigations - 14 SH - 1 allegation (unsubstantiated), 13 allegations (unfounded) & 3 SA - 2 SA allegations (unfounded), 1 SA allegation pending - which occurred in 2021 except for the pending SA case which occurred in 2010, verifies investigators document all investigative records. Staff statements indicates that investigations are documented. Information contained in the reports are interviews, collected evidence, DNA-forensic evidence (if required), statements, interviews, witness/suspect statements.

115.71(h): PREA Policy 5.4 Reporting & Investigations F a mandates that: A patrol deputy shall be called to respond to all PREA related crimes that occur within the Detention Division. A patrol deputy shall refer all felony PREA related crime

investigations to a domestic violence and sexual assault (DVSA) investigator. The DVSA investigators shall conduct investigations in compliance with all applicable PREA standards.

a. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

Agency reports that 1 substantiated allegation of conduct that appears to be criminal was referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later. On 6/20/22, Agency provided auditor with copy of IRB conducted on the 1 substantiated allegation of conduct that appeared to be criminal and was referred to DA for prosecution. The DA took the case to court where it was ultimately dismissed. The Incident Review Board convened on 6/14/22. The board members, PREA Coordinator, Classification Lieutenant, Research & Planning Lieutenant, Corrections Division Captain, Corrections Administrative Captain and PREA Compliance Manager were present for the review of this case. The Incident Review Board determined that: Discussion on Policy or Practice changes to prevent, detect or respond to sexual Abuse: Based on the incident and crime reports, appropriate follow up was conducted. Incident Review Board was not completed at the time the investigation was completed. PREA coordinator failed to conduct the Incident Review Board per PREA Standard and Policy. Discussion on ways to flag incidents for the PREA coordinator to track in the AIM system with timelines to be completed. The Incident review Board (IRB) determined the following:

- The incident was not motivated by race, ethnicity, gender identity, lesbian, gay, transgender, or intersex identification, status or perceived status. This incident was not motivated or caused by gang affiliation or any other group dynamic. No Recommendation.
- Review of Physical Barriers in the area that enabled the abuse: This incident occurred in the open dayroom in B-Module. No Recommendation.
- This incident was not a result of staffing levels: The module is always staffed. No Recommendation.
- Discussion of Monitoring Technology: The current plan to add cameras to all housing modules is moving forward. Cameras have already been installed in several housing modules and throughout the facility. There is no plan for adding cameras within the inmate's cells. A review of statistics for the past three years show 60% of PREA complaints are generated from modules where acute mentally ill inmates are housed. Prioritize installation of cameras in modules with the majority of PREA allegations.

115.71(i): PREA Policy 5.4 Reporting & Investigations mandates that: The Sheriff's Office shall maintain all written reports, investigations to include Internal Affairs investigations for all sexual abuse investigations for as long as the alleged abuser is incarcerated or employed by the Sheriff's Office, plus five years.

115.71(j): PREA Policy 5.4 Reporting & Investigations O & P mandates that: Following an inmate's substantiated allegation that a staff member committed an

sexual assault against the inmate, unless the allegation is determined to be unfounded, the Sheriff's Office shall inform the inmate by memorandum whenever:

1. The staff member is no longer assigned to the inmate's housing area.
2. The staff member is no longer employed or assigned to the facility.
3. The staff member has been indicted or criminally charged related to abuse within the facility.
4. The Sheriff's Office learns that a staff member has been convicted on a charge related to sexual abuse within the facility.
5. The Sheriff Office's obligation to report under this standard shall terminate if the inmate is released from custody.

P. Following an allegation by an inmate that he was abused by another inmate, the victim shall be informed by memorandum whenever:

1. The alleged abuser has been indicted or criminally charged on charges related to sexual abuse within the facility; or
2. The alleged abuser has been convicted on a charge related to abuse within the facility.
3. The Sheriff Office's obligation to report under this standard shall terminate if the victim is released from custody.

Interview with investigative staff indicates that the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

115.71(k): Auditor is not required to audit this provision.

115.71(l): N/A - Agency investigates sexual abuse in it's facilities."Interview with Facility Commander indicates that the facility remains informed from whoever receives the call - Classification or Administrative Lieutenant.

Interview with PREA Coordinator indicates that the PREA Coordinator remains in direct contact with with outside agencies.

Interview with PREA Compliance Manager indicates that he assists with the investigation upon request.

Interview with Investigative Staff indicates that they play a supporting role for outside investigators. Domestic Violence Sexual Abuse Unit (DVSA) indicate they are liaison between the department and outside investigators. Internal Affairs (IA) indicates that they would wait until the outside investigators have completed as they would not want to get involved.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.71(a),115.71(b) &115.71(h). Corrective action is required.

Corrective Action Recommended:

115.71(a): Auditor awaits complete investigative documentation on 2 cases before auditor can make a determination of compliance with this Standard provision. Auditor requires complete investigative reports that provides outcome of the investigation prior to referral to DA office to include documented verification that investigative staff in this case has completed the Sexual Abuse Investigation in a Confinement Setting Course.

115.71(b): Agency did not initially provide auditor with copies of the training certificates for conducting sexual abuse investigations in a confinement setting for the 6 identified DVSA investigators.

115.71(h): PAQ requests The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later. Agency replied with Case #M2020-0625-08 without follow up documentation.

1. Agency to provide auditor with the required certificates to verify identified investigators have completed the required training in order to conduct Sexual Abuse Investigations in a Confinement Setting.
2. Agency to provide auditor with copy of case in question with findings, closure statement and IRB review for document review to respond to Standard provision 115.71(h).

Corrective Action Completion 6/22/22:

115.71(a): On 6/22/22, Agency provided the complete investigative reports which provides outcome of the investigation prior to referral to DA office to include documented verification that investigative staff in this case has completed the Sexual Abuse Investigation in a Confinement Setting Course. Documents provided, administrative investigation, criminal report, incident review (IRB) and District Attorney filing information for the specific case was also provided. The case was determined to be a sexual harassment report which does not require an IRB per PREA Standard 115.34.

115.71(b): On 6/22/22, Agency provided copies of the 6 assigned DVSA Investigator PREA Training certificates which verifies that all 6 participated in the required training in order to conduct Sexual Abuse Investigations in a Confinement Setting.

115.71(h): On 6/20/22, Agency provided auditor with copy of IRB conducted on the 1 substantiated allegation of conduct that appeared to be criminal and was referred to DA for prosecution. The DA took the case to court where it was ultimately dismissed. The Incident Review Board convened on 6/14/22. The board members, PREA Coordinator, Classification Lieutenant, Research & Planning Lieutenant, Corrections Division Captain, Corrections Administrative Captain and PREA Compliance Manager

were present for the review of this case. The Incident Review Board determined that: Discussion on Policy or Practice changes to prevent, detect or respond to sexual Abuse: Based on the incident and crime reports, appropriate follow up was conducted. Incident Review Board was not completed at the time the investigation was completed. PREA coordinator failed to conduct the Incident Review Board per PREA Standard and Policy. Discussion on ways to flag incidents for the PREA coordinator to track in the AIM system with timelines to be completed. No further action.

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The IRB determined the following:

- The incident was not motivated by race, ethnicity, gender identity, lesbian, gay, transgender, or intersex identification, status or perceived status. This incident was not motivated or caused by gang affiliation or any other group dynamic. No Recommendation.
- Review of Physical Barriers in the area that enabled the abuse: This incident occurred in the open dayroom in B-Module. No Recommendation.
- This incident was not a result of staffing levels: The module is always staffed. No Recommendation.
- Discussion of Monitoring Technology: The current plan to add cameras to all housing modules is moving forward. Cameras have already been installed in several housing modules and throughout the facility. There is no plan for adding cameras within the inmate's cells. A review of statistics for the past three years show 60% of PREA complaints are generated from modules where acute mentally ill inmates are housed. Prioritize installation of cameras in modules with the majority of PREA allegations.

The agency/facility has met the requirements of Standard provision(s) 115.71(a),115.71(b) &115.71(h), completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.71.

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| 115.72 | Evidentiary standard for administrative investigations |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1477 752">115.72(a): PREA Policy 5.4 Reporting & Investigation A mandates that: Staff members, contractors and volunteers shall accept all allegations made verbally, in writing, anonymously, from third parties and promptly notify a supervisor or manager. All incidents of sexual abuse, sexual assault and sexual harassment upon inmates shall be investigated promptly, thoroughly, objectively and forwarded through the chain of command. Substantiated allegations of conduct that appear to be criminal shall be referred for prosecution. The departure of the alleged abuser or victim from employment, control or custody shall not provide a basis for terminating an investigation. The standard used to substantiate allegations of sexual abuse shall be no higher than a preponderance of the evidence.</p> <p data-bbox="256 792 480 824">CONCLUSION:</p> <p data-bbox="256 878 1358 949">Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.72.</p> |

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| 115.73 | Reporting to inmates |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1469 703">115.73(a): PREA Policy 5.4 Reporting & Investigations Page 10 N mandates that: Upon completion of an investigation involving an inmate’s allegation they were sexually abused in a Sheriff’s Office facility, the inmate shall be informed as to the final determination of the investigation (Sustained, Not Sustained, Inconclusive or Unfounded). If an outside agency conducts the investigation, the Sheriff’s Office shall request the relevant information from the investigative agency in order to inform the inmate. Agency reports that 1 criminal and/or administrative investigation of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months.</p> <p data-bbox="256 719 1453 916">Upon Auditor review of criminal and administrative investigation of alleged inmate sexual abuse found that 16 cases were reviewed – 14 Sexual Harassment and 4 Sexual Abuse allegations 2 of which was determined to be unfounded, 1 determined to be substantiated and 1 Sexual Abuse allegation which is still pending.</p> <p data-bbox="256 1093 1481 1543">Interview with Facility Commander and Investigative staff indicates that facility notifies inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated or unfounded following investigation. When inmate makes an allegation of sexual abuse he or she is informed as to whether the allegation has been determined to be substantiated, unsubstantiated or unfounded following the completion of the investigation. Normally internal affairs takes care of the notification if victim has been released from custody. If the victim is still incarcerated criminal investigative unit provides the written notification. Agency has not provided copies of the verbal or written notification to alleged victims of sexual abuse when their cases have been determined to be substantiated, unsubstantiated or unfounded IAW Standard provision 115.73(a).</p> <p data-bbox="256 1583 1437 1659">115.73(b): N/A - Agency reports they are responsible to conduct their own criminal and administrative investigations.</p> <p data-bbox="256 1697 1453 2067">115.73(c): PREA Policy 5.4 Reporting & Investigations Page 12 O mandates that: Following an inmate’s substantiated allegation that a staff member committed an sexual assault against the inmate, unless the allegation is determined to be unfounded, the Sheriff’s Office shall inform the inmate by memorandum whenever:</p> <ol data-bbox="256 1865 1453 2067" style="list-style-type: none"> 1. The staff member is no longer assigned to the inmate’s housing area. 2. The staff member is no longer employed or assigned to the facility. 3. The staff member has been indicted or criminally charged related to abuse within the facility. 4. The Sheriff’s Office learns that a staff member has been convicted on a charge |

related to sexual abuse within the facility.

5. The Sheriff Office's obligation to report under this standard shall terminate if the inmate is released from custody.

Agency reports there has been 0 substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months.

No inmates who reported sexual abuse were housed at the Main Jail during the onsite audit. North County Jail did not house inmates or assign staff during the onsite audit.

115.73(d): PREA Policy 5.4 Reporting & Investigations Page 12 P mandates that:

Following an allegation by an inmate that he was abused by another inmate, the victim shall be informed by memorandum whenever:

1. The alleged abuser has been indicted or criminally charged on charges related to sexual abuse within the facility; or
2. The alleged abuser has been convicted on a charge related to abuse within the facility.
3. The Sheriff Office's obligation to report under this standard shall terminate if the victim is released from custody.

No inmates who reported sexual abuse were housed at the Main Jail during the onsite audit. North County Jail did not house inmates or assign staff during the onsite audit.

115.73(e): PREA Policy 5.4 Reporting & Investigations Page 12 O & P mandates that:

Following an inmate's substantiated allegation that a staff member committed a sexual assault against the inmate, unless the allegation is determined to be unfounded, the Sheriff's Office shall inform the inmate by memorandum whenever:

1. The staff member is no longer assigned to the inmate's housing area.
2. The staff member is no longer employed or assigned to the facility.
3. The staff member has been indicted or criminally charged related to abuse within the facility.
4. The Sheriff's Office learns that a staff member has been convicted on a charge related to sexual abuse within the facility.
5. The Sheriff Office's obligation to report under this standard shall terminate if the inmate is released from custody.

P. Following an allegation by an inmate that he was abused by another inmate, the victim shall be informed by memorandum whenever:

1. The alleged abuser has been indicted or criminally charged on charges related to sexual abuse within the facility; or
2. The alleged abuser has been convicted on a charge related to abuse within the facility.
3. The Sheriff Office's obligation to report under this standard shall terminate if the victim is released from custody.

Agency reports that in the past 12 months, no notifications to inmates that were provided pursuant to this standard as none of the alleged abusers has been indicted on a charge related to sexual abuse within the facility, nor has alleged abuser has been convicted on a charge related to sexual abuse within the facility.

115.73(f): Auditor is not required to audit this provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.73(a) and corrective action is required.

Corrective Action Recommended:

115.73(a): Agency has not provided copies of the verbal or written notification to alleged victims of sexual abuse when their cases have been determined to be substantiated, unsubstantiated or unfounded in accordance with Standard provision 115.73(a).

Corrective Action Completion 6/22/22:

115.73(a): Agency determined that the inmate in question was not notified due to insufficient information. Inmate involved in this incident contacted a Verity staff member via phone and reported sexual allegations. Verity staff had a difficult time understanding the inmate and was unable to obtain any additional information on the allegation. The Sergeant interviewed the inmate who was difficult to understand, could not remain on track and had to be redirected multiple times. The inmate referred to being kidnapped across the country. The inmate was unable to detail or provide any information on any specific incident or location. The Sergeant offered medical and mental health resources to the inmate, who declined. The Sergeant attempted to follow up with the inmate at a later date, and the inmate admitted to reporting the allegations because he was frustrated about being in jail. Multiple unsuccessful attempts were made by the Sonoma County Sheriff's Office to gain information on the incident to report it to the other agency. Due to the inmate's inability to provide necessary information, a notification was not made to any agency. Due to the agency exhausting all resources and being unable to obtain the necessary information from the inmate, the agency believes it had done its due diligence to meet this requirement.

The agency/facility has met the requirements of Standard provision(s) 115.73(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.73.

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| 115.76 | Disciplinary sanctions for staff |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.76(a): PREA Policy 5.9 Disciplinary Sanctions for Staff mandates that:</p> <p>A. Employees shall be subject to disciplinary actions up to and including termination for any violations of sexual abuse or harassment policies.</p> <p>B. Termination shall be the presumptive disciplinary action for employees who have engaged in sexual abuse.</p> <p>115.76(b): Agency reports that In the past 12 months, no staff from the facility who have violated agency sexual abuse or sexual harassment policies. In the past 12 months, the number of those staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>115.76(c): PREA Policy 5.9 C Disciplinary Sanctions for Staff mandates that: Disciplinary action for violations of Sheriff’s Office and County of Sonoma policies, and rules relating to sexual abuse or sexual harassment shall be commensurate with the nature and circumstances of the acts committed, the employee’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.</p> <p>In the past 12 months, no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse). Agency reports there have been no disciplinary sanctions taken against staff for violations of the agency sexual abuse or sexual harassment policies in the past 12 months. Review of criminal and administrative sexual abuse & sexual harassment cases investigated over the past 12 months verifies Agency's statement.</p> <p>115.76(d): PREA Policy 5.9 D Disciplinary Sanctions for Staff mandates that: All terminations for violations of sexual abuse or sexual harassment policies, or resignations by employees who would have been otherwise terminated, if not for their resignation, shall be reported to law enforcement agencies for any offenses outside the jurisdiction of the Sheriff’s Office, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.76.</p> |

| 115.77 | Corrective action for contractors and volunteers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.77(a): PREA Policy page 5 N mandates that: Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with inmates, and if applicable, reported to relevant licensing bodies. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates. In the past 12 months, no contractors or volunteers reported to law enforcement for engaging in sexual abuse of inmates</p> <p>115.77(b): PREA Policy page 6 I mandates that: The Sheriff's Office shall take appropriate remedial measures, and shall consider whether to prohibit further contact with inmates, in the case of any other violation of sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>Interview with Facility Commander indicates that in the event that a contractor or volunteer violation agency sexual abuse or sexual harassment policies, Agency removes the gate clearance. If the case involves a criminal act we take appropriate action.</p> <p><u>CONCLUSION:</u></p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.77.</p> |

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| 115.78 | Disciplinary sanctions for inmates |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.78(a): Discipline-Disciplinary Hearings & Appeals Policy 5.2 Imposing Punitive Action mandates that: At the conclusion of a hearing where an inmate has been found guilty, the inmate will be notified verbally and in writing by the DRB of the recommended punitive action, the evidence relied upon and the reasons for the disciplinary action. All punitive action shall be commensurate with the nature and circumstances of the offense, the inmate’s disciplinary history, and the discipline imposed for comparable offenses by other inmates with similar histories.</p> <p>In the past 12 months, no administrative findings of inmate-on-inmate sexual abuse that have occurred at the facility. In the past 12 months, no criminal findings of guilt for inmate-on-inmate sexual abuse that have occurred at the facility.</p> <p>115.78(b): Discipline-Disciplinary Hearing and Appeal Policy 5.2 A Imposing Punitive Action mandates that: At the conclusion of a hearing where an inmate has been found guilty, the inmate will be notified verbally and in writing by the Disciplinary Review Board (DRB) of the recommended punitive action, the evidence relied upon and the reasons for the disciplinary action. All punitive action shall be commensurate with the nature and circumstances of the offense, the inmate’s disciplinary history, and the discipline imposed for comparable offenses by other inmates with similar histories.</p> <p>Interview with Facility Commander indicates that administrative sanctions take disciplinary action through the disciplinary review hearing. Criminal cases are submitted to the DA for prosecution.</p> <p>115.78(c): Discipline-Disciplinary Hearing and Appeal Policy 5.2 A Imposing Punitive Action mandates that: The Disciplinary Review Board (DRB) will take into consideration when recommending punitive action, the inmate’s mental disabilities or mental illness that may have contributed to his behavior when determining punitive action.</p> <p>Interview with Facility Commander indicates that the Sexual Abuse Incident Review Team includes at a minimum the Asst. Sheriff, Administrative Lieutenant, Operations Captain, Classification and PREA Coordinator.</p> <p>115.78(d): Discipline-Disciplinary Hearing and Appeals Policy 5.2 mandates that: The DRB may with the consent of the Facility Manager require inmates found guilty of a PREA related offense to participate in therapy, counseling or other interventions designed to address and correct underlying reasons or motivations for the offense. An inmate may be denied access to programming or other benefits if he refuses to participate in such interventions.</p> <p>Interview with the medical and mental health staff indicates that brief in-service therapy services are provided through Verity. Verity also provides out of custody therapy. Mental health indicates the mental health protocol is followed. When services are provided inmate is not required to participate as a condition of access to</p> |

programming.

115.78(e): Discipline-Disciplinary Hearing and Appeals Policy 4.1, T mandates that: Punitive action can only be taken against an inmate for having sexual contact with a staff member upon a finding that the staff member did not consent to such contact.

115.78(f): Discipline-Disciplinary Hearing and Appeals Policy page 4 , S mandates that: An inmate who makes a report of sexual abuse in good faith, based on a reasonable belief that the alleged conduct occurred, shall not be found guilty of falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.

115.78(g): Agency prohibits all sexual activity between inmates and is sanctioned as a Major Rule violation #206 in Agency's 646 Inmate Rules of Conduct. PREA Reporting Definitions determines sexual activity that is coerced between inmate is considered a non-consensual sex act.

CONCLUSION:

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

| 115.81 | Medical and mental health screenings; history of sexual abuse |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.81(a): N/A - Facility is not a prison.</p> <p>115.81(b): N/A - Facility is not a prison.</p> <p>115.81(c): Classification-PREA Policy 1.0 mandates that: All inmates shall be assessed by a classification deputy for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. This assessment shall ordinarily take place within 72 hours of arrival at a facility. 5.0 mandates that: H. If the Classification assessment pursuant to this policy indicates that an inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, Classification staff shall notify Medical and Mental Health staff to ensure the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. During physical plant review, auditor interviewed 3 inmates who disclosed prior sexual victimization during risk screening. All 3 inmates indicate they were offered a meeting with Mental Health practitioner within 14 days of intake.</p> <p>Agency reports that in the past 12 months, no inmates disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.</p> <p>Agency reports Medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. Medical and mental health records are electronic and available onsite to auditor.</p> <p>Agency provided MOU with Verity which provides MOU 1/1/2021 to 1/1/2025 and provides for: Verity agrees to provide advocacy support and timely follow up services for clients seen at the Sonoma County Sheriff's Office and for clients in Sonoma County adult detention facilities, as well as other supportive services as required. Verity also agrees to consistently provide in-person advocacy, counseling, and follow up services to clients in Sonoma County adult detention facilities.</p> <p>115.81(d): Agency reports that Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Wellpath Policy HCD F-06 6.5 mandates that: "All information related to sexual victimization or abusiveness that occurred in the institutional setting will be strictly limited to health care staff and other staff to inform treatment plans and security/management decisions, as required by federal, state, and local law.</p> <p>115.81(e): Wellpath Policy HCD F-06 6.5 mandates that: Consent of the patient, 18 years of age or older, is required before reporting an incident of sexual abuse that occurred prior to incarceration, except when the incident occurred in another correctional institution or in the event that the patient is under 18 years of age, as permitted by law.</p> <p>Interview with Medical and Mental health staff indicated that the medical practitioner</p> |

informed the auditor that there is an informed consent protocol, form that require signature and is in policy. Mental Health practitioner indicated that she was not sure if that was the case but probably so.

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

Corrective Action Recommended:

115.81(a)/(c): Agency is mandated by PREA Standard 115.401 to allow Auditor to review medical & mental health records which meet Standard provision 115.81(a). On 6/22/22, Agency provided MHinitial assessment report which provided the 268 inmates. The intake date was not provided for each inmate. Auditor unable to determine if the inmates who disclosed prior victimization during screening were offered a followup meeting with a medical or mental health within 14 days of intake. During physical plant review, auditor interviewed 3 inmates who disclosed prior sexual victimization during risk screening. All 3 inmates indicate they were offered a meeting with Mental Health practitioner within 14 days of intake.

1. Agency requested to provide an intake date for each of the 268 inmates to match with the recorded Medical/Mental Health date for the auditor to verify compliance with Standard provision 115.81(a).

Corrective Action Completion 10/7/22:

115.81(a)/(c): On 10/7/22, agency provided auditor with copy of the MADF Sexual Abuse at Intake Report which identified 234 mental health practitioners who provided follow-up meetings with inmates who reported disclosure of sexual victimization history at intake between 3/28/21 and 3/28/22. Each of the 234 follow-up meetings occurred within 7 days of intake.

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

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| 115.82 | Access to emergency medical and mental health services |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1477 790">115.82(a): PREA Policy 5.5 Access to Emergency Medical and Mental Health Care Services mandates that: Inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p data-bbox="256 801 1453 1084">Interview with medical and mental health staff indicates that inmates receive timely and unimpeded access to emergency medical treatment and crisis intervention services. These services occur immediately or within 72 hours of sick-call. Both medical and mental health practitioners indicated that the nature and scope of the services they provide are determined according to their professional judgement. During the onsite audit there were no inmates who reported sexual abuse housed at the Main Jail.</p> <p data-bbox="256 1124 1433 1238">115.82(b): PREA Policy 5.3 Response to a PREA Incident E mandates that: Correctional Staff shall request mental health and/or medical staff to respond to all PREA related crime/incidents.</p> <p data-bbox="256 1249 1433 1451">a. On site medical staff shall be trained and will advise any alleged victim whose sexual abuse occurred within a time period that may still allow for the collection of physical evidence, not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.</p> <p data-bbox="256 1462 1469 1576">b. Forensic medical evaluations will not be conducted at the detention facility. Any forensic medical evaluation necessary will be conducted at an off-site medical facility by qualified medical professionals.</p> <p data-bbox="256 1588 1477 1657">Interview with Security and Non-Security staff 1st Responders appropriately described the 1st Responder protocol for security staff and non-security staff.</p> <p data-bbox="256 1697 1461 1899">115.82(c): PREA Education Brochure in English and Spanish provides inmate rights: "Inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate."</p> <p data-bbox="256 1910 1461 2069">PREA Policy 5.5 Access to Emergency Medical and Mental Health Services mandates that: inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to</p> |

their professional judgment.

B. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Interview with medical and mental health staff indicates that victims of sexual abuse are offered timely information about access to emergency contraception and STDs. During the onsite audit there were no inmates who reported sexual abuse housed at the Main Jail.

115.82(d): PREA Policy 5.5 Access to Emergency Medical and Mental Health Services mandates that: inmate victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

B. Inmate victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Treatment services shall be provided to the victim without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

CONCLUSION:

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

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| 115.83 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | <p>Auditor Discussion</p> <p>115.83(a): PREA Policy 5.6 Access to Ongoing Medical and Mental Health Services mandates that: Any inmate victimized by sexual abuse or subject to a PREA related incident shall be referred by a Correctional Deputy to medical and/or mental health practitioners for evaluation and treatment consistent with the community level of care. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. This information is also provided to inmates within the PREA Education Brochure in English and Spanish during intake. This information is also provided to all inmates who have been victimized in this facility pending investigation of alleged sexual abuse to include referral to medical and mental health. Data and documentation in the investigative reports support this claim.</p> <p>115.83(b): PREA Policy 5.6 Access to Ongoing Medical and Mental Health Services mandates that: The evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.</p> <p>Interview with medical and mental health staff indicates that evaluation and treatment of inmates who have been victimized entails taking vital signs, conduct an assessment and refer to forensics in addition. In addition a full report of treatment and exam and follow-up is created.</p> <p>During onsite audit, there were no inmates who reported sexual abuse housed at the Main Jail or North County Jail.</p> <p>115.83(c): PREA Policy 5.6 Access to Ongoing Medical and Mental Health Services mandates that: Any inmate victimized by sexual abuse or subject to a PREA related incident shall be referred by a Correctional Deputy to medical and/or mental health practitioners for evaluation and treatment consistent with the community level of care. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>Interview with medical and mental health staff concur with policy and practice.</p> <p>115.83(d): PREA Policy 5.6 B Access to Ongoing Medical and Mental Health Services mandates that: Inmate victims of sexually abusive vaginal penetration (while in custody) shall be offered pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.</p> <p>During onsite audit, no inmates who reported sexual abuse was housed at the Main Jail or North County Jail.</p> |

115.83(e): PREA Policy 5.6 B Access to Ongoing Medical and Mental Health Services mandates that: Inmate victims of sexually abusive vaginal penetration (while in custody) shall be offered pregnancy tests. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy related medical services.

During onsite audit, there were no inmates who reported sexual abuse housed at the Main Jail or North County Jail.

Interview with medical and mental health staff agree that it is normal practice to offer inmate female victims a pregnancy test.

115.83(f): PREA Policy 5.6 C Access to Ongoing Medical and Mental Health Services mandates that: Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

During onsite audit, there were no inmates who reported sexual abuse housed at the Main Jail or North County Jail.

115.83(g): PREA Policy 5.6 Access to Ongoing Medical and Mental Health Services mandates that: Any inmate victimized by sexual abuse or subject to a PREA related incident shall be referred by a Correctional Deputy to medical and/or mental health practitioners for evaluation and treatment consistent with the community level of care. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

During onsite audit, there were no inmates who reported sexual abuse housed at the Main Jail or North County Jail.

115.83(h): N/A - Facility is a Jail, not a Prison.

CONCLUSION:

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

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| 115.86 | Sexual abuse incident reviews |
| | <p data-bbox="256 188 983 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 297">Auditor Discussion</p> <p data-bbox="256 340 1474 665">115.86(a): PREA Policy 5.10 Sexual Abuse Incident Reviews A mandates that: The PREA Coordinator shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Assistant Sheriff and the PREA Manager or their designees, with input, as necessary, from line supervisors, investigators, and medical and/or mental health practitioners.</p> <p data-bbox="256 674 1474 913">In the past 12 months, 1 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Agency to identify the investigative case mentioned in Standard provision 115.86(a)-2 and ensure auditor has been provided with the complete investigative case, outcome of the investigation and copy of Sexual Abuse Incident Review if mandated by PREA Standard 115.86.</p> <p data-bbox="256 922 1406 999">To date, auditor has not been provided any sexual abuse investigation which was determined to be substantiated or unsubstantiated.</p> <p data-bbox="256 1041 1474 1364">115.86(b): PREA Policy PREA Policy 5.10 Sexual Abuse Incident Reviews A mandates that: The PREA Coordinator shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Assistant Sheriff and the PREA Manager or their designees, with input, as necessary, from line supervisors, investigators, and medical and/or mental health practitioners.</p> <p data-bbox="256 1373 1474 1612">In the past 12 months, 1 criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Agency to identify the investigative case mentioned in Standard provision 115.86(a)-2 and ensure auditor has been provided with the complete investigative case, outcome of the investigation and copy of Sexual Abuse Incident Review if mandated by PREA Standard 115.86.</p> <p data-bbox="256 1621 1406 1697">To date, auditor has not been provided any sexual abuse investigation which was determined to be substantiated or unsubstantiated.</p> <p data-bbox="256 1740 1474 2063">115.86(c): PREA Policy 5.10 Sexual Abuse Incident Reviews A mandates that: The PREA Coordinator shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review shall ordinarily occur within 30 days of the conclusion of the investigation. The review team shall include the Assistant Sheriff and the PREA Manager or their designees, with input, as necessary, from line supervisors, investigators, and medical and/or mental health practitioners.</p> |

Interview with Facility Commander indicates that the Sonoma County Main Detention Facility has a sexual abuse incident review team which includes upper level management officials and allows input from line supervisors, investigators and medical or mental health practitioners.

115.86(d): PREA Policy 5.10 Sexual Abuse Incident Reviews B & C mandates that: The review team shall:

1. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse.
2. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status, gang affiliation or was motivated or otherwise caused by other group dynamics at the facility.
3. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.
4. Assess the adequacy of staffing levels in the housing locations during different shifts.
5. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

C. The PREA coordinator shall prepare a report of the review's findings and any recommendations for improvement. Recommendations for improvements shall be made and any reasons for not implementing the recommendations shall be explained. The final report shall be submitted to the Assistant Sheriff and the PREA Compliance Manager.

Interview with the Facility Commander, PREA Compliance Manager and a member of the Incident Review Team indicates that the information from the sexual abuse incident review allows the team to review the incident, identify corrective measures and administrative measures such as training, etc.

115.86(e): PREA Policy 5.10 Sexual Abuse Incident Reviews C mandates that: The PREA coordinator shall prepare a report of the review's findings and any recommendations for improvement. Recommendations for improvements shall be made and any reasons for not implementing the recommendations shall be explained. The final report shall be submitted to the Assistant Sheriff and the PREA Compliance Manager.

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

Corrective Action Recommended:

115.86(a): Agency to identify the investigative case mentioned in Standard provision 115.86(a)-2 and ensure auditor has been provided with the complete investigative case, outcome of the investigation and copy of Sexual Abuse Incident

Review if mandated by PREA Standard 115.86.

To date, auditor has not been provided any sexual abuse investigation which was determined to be substantiated or unsubstantiated.

1. Agency to provide auditor with complete investigative case, outcome of the investigation and copy of the Sex Abuse Incident Review.

115.86(b): Auditor was not provided the Incident Review Board (IRB) report for the incident identified in Standard provision 115.86(a).

1. Agency to provide auditor with copy of the IRB unless the allegation was determined to be unfounded

Corrective Action Completion 9/14/22:

115.86(a): On 6/18/22, agency provided auditor with copy of the complete investigation report but no outcome of the investigation was established. Agency to provide auditor with written determination as to the outcome of the investigation - Substantiated, Unsubstantiated or Unfounded in order for auditor to make a determination of compliance. On 9/14/22, agency provided auditor with copies of completed investigation, which determined the case to be unfounded.

115.86(b): On 9/14/22, agency provided auditor with copies of completed investigation and IRB, which determined the case to be unsubstantiated.

The agency/facility has met the requirements of Standard provision(s) 115.86(a) & 115.86(b) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.86.

| 115.87 | Data collection |
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| | <p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>115.87(a): PREA Policy 5.11 Data Collection and Annual Report mandates that: "A. The Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>1. The Sheriff's Office will obtain incident based and aggregated data from any agency contracted to provide confinement for Sonoma County inmates.</p> <p>115.87(b): PREA Policy 5.11 Data Collection and Annual Report C mandates that: The PREA Coordinator shall aggregate the incident-based sexual abuse data on an annual basis using the most recent version of the Survey of Sexual Violence form from the Department of Justice.</p> <p>1. Upon request, the Sheriff's Office will provide all data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>All documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years.</p> <p>115.87(c): PREA Policy 5.11 Data Collection and Annual Report mandates that: C. The PREA Coordinator shall aggregate the incident-based sexual abuse data on an annual basis using the most recent version of the Survey of Sexual Violence form from the Department of Justice.</p> <p>1. Upon request, the Sheriff's Office will provide all data from the previous calendar year to the Department of Justice no later than June 30.</p> <p>115.87(d): PREA Policy 5.11 Data Collection and Annual Report mandates that: D. The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report. The report shall also include corrective actions for each facility, the Sheriff's Office as a whole, along with a comparison to the previous year's data and submitted to the Sheriff for review. Upon approval of the Sheriff, the report shall be posted on the Sheriff Office's website annually after all necessary redactions have been made pursuant to California Penal Code 293.</p> <p>All documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years.</p> <p>115.87(e): N/A Agency does not contract for the confinement of its inmates.</p> <p>115.87(f): N/A - Agency reports it has not received a request from DOJ for data from the DOJ for 2021 or 2022. Agency provided 2020 Annual Survey for auditor's review.</p> <p>CONCLUSION:</p> <p>Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.87.</p> |

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| 115.88 | Data review for corrective action |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 557 300">Auditor Discussion</p> <p data-bbox="256 340 1458 499">115.88(a): PREA Policy 5.11 Data Collection and Annual Report mandates that: The Sheriff’s Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="256 508 1374 584">1. The Sheriff’s Office will obtain incident based and aggregated data from any agency contracted to provide confinement for Sonoma County inmates.</p> <p data-bbox="256 593 1461 669">B. All managers and supervisors shall forward all PREA data to the PREA Coordinator, while maintaining a copy for their files. This data shall be securely maintained.</p> <p data-bbox="256 678 1461 792">C. The PREA Coordinator shall aggregate the incident-based sexual abuse data on an annual basis using the most recent version of the Survey of Sexual Violence form from the Department of Justice.</p> <p data-bbox="256 801 1442 878">1. Upon request, the Sheriff’s Office will provide all data from the previous calendar year to the Department of Justice no later than June 30.</p> <p data-bbox="256 887 1437 1126">D. The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report. The report shall also include corrective actions for each facility, the Sheriff’s Office as a whole, along with a comparison to the previous year’s data and submitted to the Sheriff for review. Upon approval of the Sheriff, the report shall be posted on the Sheriff Office’s website annually after all necessary redactions have been made pursuant to California Penal Code 293.</p> <p data-bbox="256 1135 1445 1211">E. All documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years.</p> <p data-bbox="256 1249 1477 1366">Interview with the PREA Coordinator and Agency Head designee indicates that the PREA Coordinator maintains all data required for the Annual Report. The agency takes corrective action on an ongoing basis based upon the data provided.</p> <p data-bbox="256 1375 1449 1451">Interview with the PREA Compliance Manager indicates that the role that the facility and facility data plays in the Annual review is Base Training on Received data.</p> <p data-bbox="256 1489 1458 1688">115.88(b): PREA Policy 5.11 Data Collection and Annual Report mandates that: The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report. The report shall also include corrective actions for each facility, the Sheriff’s Office as a whole, along with a comparison to the previous year’s data and submitted to the Sheriff for review.</p> <p data-bbox="256 1697 1445 1937">PREA Policy 5.12 Audits mandates that: The PREA Coordinator shall annually review and document each facilities compliance with PREA standards, which shall also include each facilities staffing plan to ensure adequate levels of staffing and where applicable, video monitoring systems to protect inmates from sexual abuse and sexual harassment. The review shall assess, determine and document any discrepancies and where adjustments are needed to:</p> <p data-bbox="256 1946 480 1982">1. Staffing Plan.</p> <p data-bbox="256 1991 1286 2067">2. Facility deployment of video monitoring systems and other monitoring technologies.</p> |

3. Resources available to commit to ensure adherence to the staffing plan.

115.88(c): PREA Policy 5.11 Data Collection and Annual Report D mandates that: The PREA Coordinator shall aggregate the incident-based sexual abuse data on an annual basis using the most recent version of the Survey of Sexual Violence form from the Department of Justice.

1. Upon request, the Sheriff's Office will provide all data from the previous calendar year to the Department of Justice no later than June 30.

D. The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report. The report shall also include corrective actions for each facility, the Sheriff's Office as a whole, along with a comparison to the previous year's data and submitted to the Sheriff for review. Upon approval of the Sheriff, the report shall be posted on the Sheriff Office's website annually after all necessary redactions have been made pursuant to California Penal Code 293. Auditor reviewed the Sheriff's website and verified Annual reports have been uploaded to the public viewing portion of the Sheriff's Office website annually from 2013 to 2020 Interview with Agency Head designee indicates that the sheriff approves the Annual report following the Undersheriff's review.

115.88(d): Review of Agency's Annual Report 2020 finds Agency redacts Personal Identifying Information (PII) from the report narrative and includes a statement on the final page which states: "The report has been redacted to exclude all personal identifying information."

Interview with the PREA Coordinator indicates that the types of material typically redacted from the annual report is Personal Identifying Information PII.

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

Corrective Action Recommended:

115.88(a): The most recent Annual Report posted on the Agency website is for year 2020. Agency to create Annual Report 2021 and post it on Agency website following Sheriff's approval for public viewing. On 6/21/22, 2021 Annual Report was provided to the Supplemental File and uploaded to the Sheriff's website under PREA. Standard provision 115.88(a)-3 mandates that the Agency shall prepare a report of its findings and corrective actions for each facility, as well as the agency as a whole. Standard provision 115.88(b) mandates that Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the agency's progress in addressing sexual abuse.

1. North County Jail is not identified anywhere in the 2021 Annual Report. North County Jail to be identified in the 2021 Annual Report due to it being currently available for inmate housing.

Corrective Action Completion 11//22:

115.88(a): On 10/7/22, PREA Coordinator staff provided auditor with copy of the The 2021 Sonoma CJ Annual Report which includes required information for both the Sonoma County Main Jail facility and the North County Detention Facility. The report discussed the toll-free "hot line" provided to inmates for confidentially reporting sexual assault or sexual harassment and providing the ability for inmates to seek outside advocacy and counseling through an outside agency - Verity Sonoma County Rape Crisis Center. The report discusses PREA education for inmates when booked into the facility including notification of the Agency's zero-tolerance policy and information on how to report any incidents or suspicions of sexual abuse or sexual harassment. PREA training is completed for all detention division employees including instruction to staff on proper documentation to enable effective reviews of incidents. The report includes the transfer of both staff and inmates to the Main Adult Detention Facility due to the COVID-19 pandemic to allow the detention division the ability to social distance inmates. The Sonoma County Sheriff's Office continues to review the inmate population and develop housing plans in the event that the inmate population increases and requires North County Detention Facility to house inmates. The report informs readers that North County Facility has not housed inmates since 11/19/2020 and there has been no PREA incidents since 2/17/2020, an unsubstantiated PREA allegation. The report makes note of the 2022 installation of additional mirrors in the kitchen and Unit 501 to increase visibility and prevent PREA related instances. The 2021 Sonoma CJ Annual Report was uploaded to the Sonoma County Sheriff's Office website on 11/2/22. The Annual Report was reviewed and approved by the Sheriff-Elect who is designated as the agency head.

The agency/facility has met the requirements of Standard provision(s) 115.88(a) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.88.

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| 115.89 | Data storage, publication, and destruction |
| | <p data-bbox="256 188 983 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 558 300">Auditor Discussion</p> <p data-bbox="256 340 1436 456">115.89(a): PREA Policy 5.11 Data Collection and Annual Report mandates that: All documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years.</p> <p data-bbox="256 465 1473 748">Interview with the PREA Coordinator indicates that the Agency reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The agency ensures the data collected pursuant to standard 115.87 or securely retained and takes corrective action on an ongoing basis based on this data. The most recent Annual Report posted on the Agency website is for year 2020. Agency to create Annual Report 2021 and post it on Agency website following Sheriff's approval for public viewing.</p> <p data-bbox="256 757 1458 873">During the Corrective Action period, on 6/21/22, Agency provided the 2021 Annual Report to the auditor through the Supplemental File and uploaded to the Sheriff's website under PREA.</p> <p data-bbox="256 913 1473 1321">115.89(b): PREA Policy 5.11 Data Collection and Annual Report D mandates that: The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report. The report shall also include corrective actions for each facility, the Sheriff's Office as a whole, along with a comparison to the previous year's data and submitted to the Sheriff for review. Upon approval of the Sheriff, the report shall be posted on the Sheriff Office's website annually after all necessary redactions have been made pursuant to California Penal Code 293. The most recent Annual Report posted on the Agency website was for year 2020. Agency to create Annual Report 2021 and post it on Agency website following Sheriff's approval for public viewing.</p> <p data-bbox="256 1361 1458 1563">115.89(c): Agency provided 2020 Annual Report which is posted on the Sheriff's website. On the last page of the report, Agency has narrative which informs readers that personal identifying information has been removed. Agency to create Annual Report 2021 for review to ensure no Personal Identifying Information (PII) is included in the report to be placed on the Sheriff's website for public viewing.</p> <p data-bbox="256 1603 1458 1720">115.89(d): PREA Policy 5.11 Data Collection and Annual Report E mandates that: All documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years.</p> <p data-bbox="256 1760 1442 1877">Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.89(b) & 115.89(c) and corrective action is required.</p> <p data-bbox="256 1984 791 2020"><u>Corrective Action Recommended:</u></p> |

115.89(b): The most recent Annual Report posted on the Agency website is for year 2020.

1. Agency to create Annual Report 2021 and post it on Agency website following Sheriff's approval for public viewing.
2. The Report does not address aggregated sexual abuse data from facilities under its direct control as North County Jail is not identified anywhere in the 2021 Annual Report.

115.89(c): Agency to upload 2021 Annual Report to the Sheriff's website for review to determine no Personal Identifying Information is included in the Report for public viewing.

Corrective Action Completion 6/21/22:

115.89(b): On 6/21/22, 2021 Annual Report was provided to the Supplemental File and uploaded to the Sheriff's website under PREA.

115.89(c): Review of 2021 Annual Report verified there is no Personal Identifying Information available within the Report placed on the Sheriff's website for public viewing.

The agency/facility has met the requirements of Standard provision(s) 115.89(b) & 115.89(c) completed during the corrective action period. The auditor has determined that the agency/facility has met the standard provisions and complies with Standard 115.89.

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| 115.401 | Frequency and scope of audits |
| | Auditor Overall Determination: Meets Standard |
| | <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 342 1474 459">115.401(a): During the prior three-year audit cycle Agency has had PREA Audits successfully completed. This current audit being conducted by auditor will have the onsite audit completed prior to the end of this 3 year audit cycle.</p> <p data-bbox="280 499 1474 656">115.401(b): Agency has two facilities and they are normally audited at the same time. Current PREA onsite audit for both facilities will be conducted between 3/28/22 to 4/1/22, well before the end of this 3 year cycle. PREA Audits were successfully conducted during the previous two 3 year cycles.</p> <p data-bbox="280 696 1426 730">115.401(h): Auditor had access to and observed all areas of the Main Jail Facility</p> <p data-bbox="280 770 1474 842">115.401(i): The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p data-bbox="280 882 1474 1039">115.401(m): The auditor was permitted to conduct private interviews with inmates. Interviews were conducted in either interview rooms, multi-purpose rooms or interview booths. All rooms allowed confidential discussions between inmates and auditor.</p> <p data-bbox="280 1079 1442 1279">115.401(n): Inmates were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. Interview with mail staff indicated that Sonoma County Jail mailroom staff does not open outgoing mail. Process for outgoing mail is same as legal mail:</p> <ul style="list-style-type: none"> <li data-bbox="336 1290 1442 1361">-Legal mail slip is attached to letter to inmate with name, module and senders mail time and date <li data-bbox="336 1373 1230 1406">-Deputy brings mail to inmate cell which is then signed by both <li data-bbox="336 1417 1474 1489">-The Deputy watches the inmate open the letter, but does not touch or read the documents <li data-bbox="336 1500 874 1534">-Deputy is only looking for contraband |

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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.403(f): This is the Agency's Final Report as the 180 day Corrective Action period has been successfully completed and the Agency/Facility was found in full PREA compliance by the auditor.. |

| Appendix: Provision Findings | | |
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| 115.11 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.11 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? | yes |
| 115.11 (c) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) | yes |
| | Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) | yes |
| 115.12 (a) | Contracting with other entities for the confinement of inmates | |
| | If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) | na |

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

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

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| | for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.13 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.) | yes |
| 115.13 (c) | Supervision and monitoring | |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? | yes |
| 115.13 (d) | Supervision and monitoring | |
| | Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? | yes |
| | Is this policy and practice implemented for night shifts as well as day shifts? | yes |
| | Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? | yes |

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| 115.14 (a) | Youthful inmates | |
| | Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (b) | Youthful inmates | |
| | In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.14 (c) | Youthful inmates | |
| | Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| | Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).) | na |
| 115.15 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |

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| 115.15 (b) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| 115.15 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)? | yes |
| 115.15 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? | yes |
| 115.15 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? | yes |
| | If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |

| 115.15 (f) | Limits to cross-gender viewing and searches | |
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| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |

| 115.16 (a) | Inmates with disabilities and inmates who are limited English proficient | |
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| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication | yes |

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| | with inmates with disabilities including inmates who: Have intellectual disabilities? | |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision? | yes |
| 115.16 (b) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.16 (c) | Inmates with disabilities and inmates who are limited English proficient | |
| | Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? | yes |

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

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| 115.17 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.17 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? | yes |
| 115.17 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.17 (f) | Hiring and promotion decisions | |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.17 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |

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| 115.17 (h) | Hiring and promotion decisions | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| 115.18 (a) | Upgrades to facilities and technologies | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.) | na |
| 115.18 (b) | Upgrades to facilities and technologies | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.) | yes |
| 115.21 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |

| 115.21 (b) Evidence protocol and forensic medical examinations | | |
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| | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| | Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) | yes |
| 115.21 (c) Evidence protocol and forensic medical examinations | | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |
| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.21 (d) Evidence protocol and forensic medical examinations | | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.) | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |

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| 115.21 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.21 (f) | Evidence protocol and forensic medical examinations | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | na |
| 115.21 (h) | Evidence protocol and forensic medical examinations | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.) | na |
| 115.22 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.22 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? | yes |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |

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| 115.22 (c) | Policies to ensure referrals of allegations for investigations | |
| | If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) | na |
| 115.31 (a) | Employee training | |
| | Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment | yes |
| | Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? | yes |
| | Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |

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| 115.31 (b) | Employee training | |
| | Is such training tailored to the gender of the inmates at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? | yes |
| 115.31 (c) | Employee training | |
| | Have all current employees who may have contact with inmates received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| 115.31 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.32 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.32 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? | yes |
| 115.32 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |

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| 115.33 (a) Inmate education | | |
| | During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| 115.33 (b) Inmate education | | |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? | yes |
| | Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? | yes |
| 115.33 (c) Inmate education | | |
| | Have all inmates received the comprehensive education referenced in 115.33(b)? | yes |
| | Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility? | yes |
| 115.33 (d) Inmate education | | |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? | yes |
| | Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? | yes |

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| 115.33 (e) | Inmate education | |
| | Does the agency maintain documentation of inmate participation in these education sessions? | yes |
| 115.33 (f) | Inmate education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? | yes |
| 115.34 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.34 (b) | Specialized training: Investigations | |
| | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| | Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |

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| 115.34 (c) | Specialized training: Investigations | |
| | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) | yes |
| 115.35 (a) | Specialized training: Medical and mental health care | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (b) | Specialized training: Medical and mental health care | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) | na |

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| 115.35 (c) | Specialized training: Medical and mental health care | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| 115.35 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) | yes |
| | Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) | yes |
| 115.41 (a) | Screening for risk of victimization and abusiveness | |
| | Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| | Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? | yes |
| 115.41 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.41 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |

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

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| 115.41 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses? | yes |
| | In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.41 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| 115.41 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess an inmate's risk level when warranted due to a referral? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to a request? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? | yes |
| | Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? | yes |
| 115.41 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.41 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? | yes |

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| 115.42 (a) Use of screening information | | |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.42 (b) Use of screening information | | |
| | Does the agency make individualized determinations about how to ensure the safety of each inmate? | yes |
| 115.42 (c) Use of screening information | | |
| | When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? | yes |

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| 115.42 (d) Use of screening information | | |
| | Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? | yes |
| 115.42 (e) Use of screening information | | |
| | Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.42 (f) Use of screening information | | |
| | Are transgender and intersex inmates given the opportunity to shower separately from other inmates? | yes |
| 115.42 (g) Use of screening information | | |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |
| | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) | yes |

| 115.43 (a) | Protective Custody | |
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| | Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? | yes |
| | If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? | yes |
| 115.43 (b) | Protective Custody | |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? | yes |
| | Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? | yes |
| | If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |
| | If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.) | yes |

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| 115.43 (c) | Protective Custody | |
| | Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? | yes |
| | Does such an assignment not ordinarily exceed a period of 30 days? | yes |
| 115.43 (d) | Protective Custody | |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? | yes |
| | If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? | yes |
| 115.43 (e) | Protective Custody | |
| | In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? | yes |
| 115.51 (a) | Inmate reporting | |
| | Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |

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| 115.51 (b) | Inmate reporting | |
| | Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the inmate to remain anonymous upon request? | yes |
| | Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.) | na |
| 115.51 (c) | Inmate reporting | |
| | Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Does staff promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.51 (d) | Inmate reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? | yes |
| 115.52 (a) | Exhaustion of administrative remedies | |
| | Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |

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| 115.52 (b) | Exhaustion of administrative remedies | |
| | Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | yes |
| | Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |

| 115.52 (e) | Exhaustion of administrative remedies | |
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| | Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | yes |
| | If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) | yes |

| 115.52 (f) | Exhaustion of administrative remedies | |
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| | Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.52 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | yes |

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| 115.53 (a) | Inmate access to outside confidential support services | |
| | Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.) | yes |
| | Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? | yes |
| 115.53 (b) | Inmate access to outside confidential support services | |
| | Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.53 (c) | Inmate access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.54 (a) | Third-party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? | yes |

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| 115.61 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.61 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.61 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.61 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.61 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

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| 115.62 (a) | Agency protection duties | |
| | When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? | yes |
| 115.63 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.63 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.63 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.63 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |

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| 115.64 (a) | Staff first responder duties | |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| | Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.64 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.65 (a) | Coordinated response | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |

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| 115.66 (a) | Preservation of ability to protect inmates from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.67 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? | yes |
| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.67 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |

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

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| 115.67 (d) | Agency protection against retaliation | |
| | In the case of inmates, does such monitoring also include periodic status checks? | yes |
| 115.67 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.68 (a) | Post-allegation protective custody | |
| | Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? | yes |
| 115.71 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).) | yes |
| 115.71 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? | yes |
| 115.71 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? | yes |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |

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| 115.71 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.71 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.71 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.71 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.71 (h) | Criminal and administrative agency investigations | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.71 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |

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| 115.71 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? | yes |
| 115.71 (l) | Criminal and administrative agency investigations | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | na |
| 115.72 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.73 (a) | Reporting to inmates | |
| | Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.73 (b) | Reporting to inmates | |
| | If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | na |

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| 115.73 (c) | Reporting to inmates | |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (d) | Reporting to inmates | |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | yes |
| 115.73 (e) | Reporting to inmates | |
| | Does the agency document all such notifications or attempted notifications? | yes |

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| 115.76 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.76 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.76 (c) | Disciplinary sanctions for staff | |
| | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| 115.76 (d) | Disciplinary sanctions for staff | |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)? | yes |
| | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? | yes |
| 115.77 (a) | Corrective action for contractors and volunteers | |
| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.77 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? | yes |

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| 115.78 (a) | Disciplinary sanctions for inmates | |
| | Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.78 (b) | Disciplinary sanctions for inmates | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? | yes |
| 115.78 (c) | Disciplinary sanctions for inmates | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.78 (d) | Disciplinary sanctions for inmates | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| 115.78 (e) | Disciplinary sanctions for inmates | |
| | Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.78 (f) | Disciplinary sanctions for inmates | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.78 (g) | Disciplinary sanctions for inmates | |
| | If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) | yes |

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| 115.81 (a) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison). | na |
| 115.81 (b) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) | na |
| 115.81 (c) | Medical and mental health screenings; history of sexual abuse | |
| | If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail). | yes |
| 115.81 (d) | Medical and mental health screenings; history of sexual abuse | |
| | Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? | yes |
| 115.81 (e) | Medical and mental health screenings; history of sexual abuse | |
| | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? | yes |

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| 115.82 (a) | Access to emergency medical and mental health services | |
| | Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.82 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.82 (c) | Access to emergency medical and mental health services | |
| | Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | yes |
| 115.82 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.83 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.83 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |

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| 115.83 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.83 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | yes |
| 115.83 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.83 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |

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| 115.83 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) | na |
| 115.86 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.86 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.86 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.86 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.86 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.87 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.87 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.87 (c) | Data collection | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |

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| 115.87 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.87 (e) | Data collection | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) | na |
| 115.87 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| 115.88 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| 115.88 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.88 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |

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| 115.88 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.89 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.87 are securely retained? | yes |
| 115.89 (b) | Data storage, publication, and destruction | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| 115.89 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.89 (d) | Data storage, publication, and destruction | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| 115.401 (a) | Frequency and scope of audits | |
| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |

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| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | no |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | no |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | yes |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |

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