

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

Interim       Final

Date of Report    2/21/2020

## Auditor Information

Name: Eric Woodford	Email: eiw@comcast.net
Company Name: Correctional Consulting Services, LLC.	
Mailing Address: 2777 Ventura Ave	City, State, Zip: Santa Rose California 95403
Telephone: (707) 333-8303	Date of Facility Visit: 6/10/19 – 6/14/19

## Agency Information

Name of Agency: Sonoma County Sheriff's Office	Governing Authority or Parent Agency (If Applicable): Sonoma County Sheriff's Office		
Physical Address: 2777 Ventura Avenue	City, State, Zip: Santa Rosa, California 94503		
Mailing Address: Same as physical address	City, State, Zip: Same as physical address		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: <a href="https://www.sonomasheriff.org/prea">https://www.sonomasheriff.org/prea</a>			

## Agency Chief Executive Officer

Name: Mark Essick – Sheriff/Coroner	
Email: mark.essick@sonoma-county.org	Telephone: 707-565-1400

## Agency-Wide PREA Coordinator

Name: Michael Merchen	
Email: Michael.Merchen@sonomacounty.org	Telephone: (707) 565-1607
PREA Coordinator Reports to: Assistant Sheriff Vernon	Number of Compliance Managers who report to the PREA Coordinator 2

## Facility Information

Name of Facility: North County Detention Facility

Physical Address: 2254 Ordinance Rd

City, State, Zip: Santa Rosa, CA 95403

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

City, State, Zip: Same as above

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.sonomasheriff.org/prea>

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

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

ACA

NCCHC

CALEA

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

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:  
Prison Rape Elimination Act 1995

### Warden/Jail Administrator/Sheriff/Director

Name: Pete Skinner

Email: [pete.skinner@sonoma-county.org](mailto:pete.skinner@sonoma-county.org)

Telephone: (707) 565-1422

### Facility PREA Compliance Manager

Name: Donald Huddleston

Email: [Donald.Huddleston@sonoma-county.org](mailto:Donald.Huddleston@sonoma-county.org)

Telephone: 707-565-1409

Facility Health Service Administrator  N/A

Name: Debra Kolman

Email: [Debra.Kolman@sonoma-county.org](mailto:Debra.Kolman@sonoma-county.org)

Telephone: 707-565-4198

## Facility Characteristics

Designated Facility Capacity:	557	
Current Population of Facility:	318	
Average daily population for the past 12 months:	327	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	18+ Adults	
Average length of stay or time under supervision:	98.69	
Facility security levels/inmate custody levels:	Minimum/Medium	
Number of inmates admitted to facility during the past 12 months:	4920	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>72 hours or more</i> :	4387	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for <i>30 days or more</i> :	2579	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<p><b>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</b></p>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	None, under renovation	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	388	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	NONE	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	NONE	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	NONE	

## Physical Plant

**Number of buildings:**

Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.

5

**Number of inmate housing units:**

Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.

8

**Number of single cell housing units:**

0

**Number of multiple occupancy cell housing units:**

8

**Number of open bay/dorm housing units:**

7

**Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):**

NONE

**In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)**

Yes     No     N/A

**Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?**

Yes     No

**Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?**

Yes     No

## Medical and Mental Health Services and Forensic Medical Exams

**Are medical services provided on-site?**

Yes     No

**Are mental health services provided on-site?**

Yes     No

**Where are sexual assault forensic medical exams provided? Select all that apply.**

- On-site
- Local hospital/clinic
- Rape Crisis Center
- Other (please name or describe: [Click or tap here to enter text.](#))

## Investigations

### Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:		6
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.		<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A	
	<b>Administrative Investigations</b>	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?		6
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply		<input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A	

## Audit Findings

### Audit Narrative

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

A Prison Rape Elimination Act (PREA) Audit was conducted at the Sonoma County Main Detention Facility (MADF) during the week of 6/10/19 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. This was the second PREA audit for the Sonoma County Jail Sheriff's Department. The first PREA audit was conducted in 2015.

On 7/1/19 the Sonoma County Sheriff's Office and auditor signed a PREA audit agreement to conduct PREA audits for each of its two correctional facilities, Sonoma County Main Detention Facility (MADF) and North County Detention Facility (NCDF). Term of the contract is from 7/1/19 to 6/30/20.

On 3/31/19 auditor provided the agency PREA Coordinator with pre-audit documentation such as the pre-audit questionnaire, audit process map, audit documentation checklist and audit tour instructions. The Pre-Audit phase began 4/1/19. On 4/2/19, auditor was informed that a new PREA Auditor was hired assume the position and taking the lead. On previous audits, the paper audit was utilized without issues. On 4/14/19, auditor was notified that the OAS system was to be utilized.

On 4/11/19, the OAS shell was created but auditor did not have access as data had not been uploaded. 4/21/19, auditor provided agency with Notice of Auditor poster language in both English and Spanish with a

posting deadline of 4/29/19 throughout both facilities. Instructions on posting, date of posting deadline and proof of posting verification to be provided to the auditor accompanied the Notice of Auditor posting language. Mail process of correspondence between inmate and auditor was also discussed.

The auditor submitted a document request on 4/29/19 for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review. Agency provided verification of posting by the deadline which was six weeks prior to the onsite audit. On 5/2/19, Agency provided auditor with photos of the Notice of Auditor placement throughout the facility. The Notices of Auditor were posted in all inmate living areas, hallways where inmates and staff travel throughout the facility. 5/22/19, auditor conducted conference call with the new PREA Coordinator to stress the importance of providing documentation and completing upload of documentation to the OAS within 6 weeks of the onsite audit scheduled for the week of 6/10/19.

On 5/22/19, Auditor e-mailed instruction sheets to the PREA Coordinator which requested rosters for document reviews to the PREA Coordinator for both the MADF and NCDF. Agency provided requested lists for document review on 5/24/19. 5/29/19 Auditor conducted interview with and spoke with the JDI Operations Director who indicated there has been no record of calls or correspondence regarding allegations of sexual abuse or sexual harassment from Sonoma County MADF or NCDF facilities over the past 12 months. Auditor made selections based upon hire date, gender, job positions and shifts. Auditor presented agency with random selections for document review on 6/1/19. Auditor also requested investigation records, grievances, training records and personnel records pulled from the selections made by auditor to be provided by 6/9/19. The agency provided the documents by 6/14/19 for auditor to complete the document review worksheets for verification of compliance. The additional supporting documentation and worksheets were lacking in verifiable information. Auditor questioned as to the abundance of information that was not provided for verification of compliance. Auditor was informed that there were recently hired or promoted staff in the positions that would provide this information and it was requested by the PREA Coordinator that the auditor obtain the requested data during the first day of the onsite audit, 6/14/19. Between 6/13/19 and 7/3/19, agency continued to upload documentation to the OAS supplemental tab, since they did not upload data prior to approving auditor availability to the system.

These documents included:

- Complete inmate roster\*
- Youthful inmates/detainees
- Inmates with disabilities
- Inmates who are LEP
- LGBTI Inmates
- Inmates in segregated housing
- Residents in isolation
- Inmates/residents who reported sexual abuse
- Inmates/residents who reported sexual victimization during risk screening
- Complete staff roster
- Specialized staff
- All contractors who have contact with inmates
- All Volunteers who have contact with inmates
- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- 2 Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit.
- All hotline calls made during the 12 months preceding the audit
- 16 Staff Files were reviewed
- 8 Contractors files were reviewed
- 10 Volunteer files were reviewed
- 20 Inmate screening files were reviewed.

The facility completed the Pre-Audit Questionnaire (PAQ) through the OAS on 7/3/19 Facility staff provided the auditor with a number of documents including schematics, policies, logs investigations, minimal

training documentation and other resources to the PAQ. The PAQ noted that no internal or external audits except for the American Correctional Association accreditations for the Sonoma County Detention Facilities facility. During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests.

Auditor received no correspondence letters from a Sonoma County inmate. One week prior to the onsite audit, auditor requested agency complete the Specialized listing of staff and provide a listing of staff, contractors and volunteers which provides for their duty shifts and titles or designations for onsite interviews. Listing for inmates to identify their housing units, gender, and earliest possible release date for formal interviews. Agency provided the requested lists three days later and auditor made random selections of 13 staff based upon shifts and titles. The selections equaled 6 staff members per shift. The contractors and volunteers were selected at random based upon their job titles. Inmates were selected based upon housing unit. Agency reports there are no female inmates housed at the Sonoma North County Jail. Auditor selected one inmate per page to a total of 27 random inmates. Auditor provided agency with a completed interview listing on first day of the onsite audit.

The on-site review began on 6/10/19 with an entry briefing. Attendees included the PREA Coordinator, Classification Lieutenant, Facility Commander Facility Sergeant, Compliance Sergeant, Agency Captain and the Assistant Sheriff. During the briefing, conduct of the audit was discussed including the audit timeline during the week. Auditor opened the floor for questions and provided responses for any questions asked. Following the in briefing, the physical plant review was conducted by the PREA Coordinator.

The Sonoma North County Jail design facility capacity is 577. Population at time of the PREA audit was 350. The facility currently houses only male inmates. No youthful inmates are housed at this facility. The number of staff currently employed at the facility who may have contact with inmates is 318. Number of single cell housing units is 0, number of multiple occupancy housing units is 8, number of open bay/dorm housing units is 7, number of segregation cells for administrative, disciplinary and protective custody is 8. Medical services are provided on-site in a clinic and mental health services is also provided onsite. Agency indicates they have 6 investigators employed by the agency who are responsible for conducting criminal investigations into allegations of sexual abuse or sexual harassment.

The site review was conducted as follows:

Living Unit: 501/502 – Lockdown Unit

PREA Information Posted? Yes; English and Spanish

Auditor Notice Posted? Yes; English and Spanish

Opposite Sex Viewing? No,

Camera Placement? Camera in dayroom area; not in pods Announcement made? No on first time; When returning for interviews, Yes How: Second time announced: Female in Unit

Informal Discussion with Staff (Not Interviews): N/A

General Discussion with Inmates (Not Interviews): Two inmates standing in front of PREA Audit Notice. Had brief discussion about the PREA Onsite Audit Visit.

Phones: NOTE: Phone around corner from where PREA information is posted.

Grievance Process Grievance forms not available; requested they be made available; corrective action taken immediately and forms placed in wall file folder holder.

Supervision (staff to inmate ratio): One officer at post Capacity: 64; Current Population: 3

Showers and Bathrooms (privacy, opposite gender viewing?) Privacy walls for bathrooms and individual showers (showers with tall floor-length shower curtains). All PREA compliant. NOTE: One inmate was in a shower stall (shower not running), and we didn't realize that until he reached his hand out of the shower to get something.

Recreation Areas/TV/Multi-Purpose: Yes, shared Dayroom and Outdoor Recreation Yard between 501 and 502

Other: 501 - sex oriented pictures under two bunk beds

502 - sex oriented pictures under one bunk bed

Living Unit: 101

PREA Information Posted? Yes; English and Spanish

Auditor Notice Posted? Yes; English and Spanish

Opposite Sex Viewing? No

Camera Placement? None

Announcement made? Yes How: Female in Unit

Informal Discussion with Staff (Not Interviews) N/A

General Discussion with Inmates (Not Interviews) Spoke with five LEP inmates regarding purpose of visit. One inmate was selected for an interview.

Other Notes: Inmates in white uniforms are kitchen workers. Regular population wears blue.

Phones: Yes

Grievance Process: Grievance Forms Available

Supervision (staff to inmate ratio) One officer at post Capacity: 140; Current Population: 124

Showers and Bathrooms (privacy, opposite gender viewing?) Privacy walls for bathrooms and individual showers. All PREA compliant.

Recreation Areas/TV/Multi-Purpose: Dayroom

Other: sex oriented pictures under twelve bunk beds

Living Unit: 201, Unit opened approximately 2-1.5 weeks ago.

PREA Information Posted? Yes

Auditor Notice Posted? No. Requested notices be posted. Subsequently, verified notices were posted and requested notices remain posted for six weeks after auditors depart from onsite audit visit.

Opposite Sex Viewing? Not from Officer's Station (Control). Barriers separate general housing from bathroom/shower area. Bathroom and showers are designed barrack style and are communal. Staff reported no females are assigned to 201 under any circumstances. Requested Post Orders for each shift since unit reopened to demonstrate no female officers have been assigned to 201.

Camera Placement? Two in dayroom; two in recreation yard

Announcement made? Yes. How: Female in Unit

Informal Discussion with Staff (Not Interviews): N/A

General Discussion with Inmates (Not Interviews) N/A

Other Notes:

Phones Yes

Grievance Process Grievance Forms Available.

Supervision (staff to inmate ratio) One officer at post Capacity: 105; Current Population: 74

Showers and Bathrooms (privacy, opposite gender viewing?) Barriers separate general housing from bathroom/shower area. Bathroom and showers are designed barrack style and are communal.

Recreation Areas/TV/Multi-Purpose Dayroom and Outdoor Recreation



One inmate was selected for an interview.

Other Notes: Inmates in white uniforms are kitchen workers. Regular population wears blue.

Phones: Yes

Grievance Process: Grievance Forms Available

Supervision (staff to inmate ratio) One officer at post Capacity: 140; Current Population: 124

Showers and Bathrooms (privacy, opposite gender viewing?) Privacy walls for bathrooms and individual showers. All PREA compliant.

Recreation Areas/TV/Multi-Purpose: Dayroom

Other: sex oriented pictures under twelve bunk beds

Living Unit: 202 – VACANT – UNIT CURRENTLY CLOSED

PREA Information Posted? Yes

Auditor Notice Posted? Yes

Opposite Sex Viewing? N/A

Camera Placement? N/A

Announcement made? N/A How: N/A

Informal Discussion with Staff (Not Interviews) N/A

General Discussion with Inmates (Not Interviews) N/A

Other Notes: N/A

Phones N/A

Grievance Process N/A

Supervision (staff to inmate ratio) N/A

Showers and Bathrooms (privacy, opposite gender viewing?) N/A

Recreation Areas/TV/Multi-Purpose N/A

Other N/A

Living Unit: 203 – Lockdown Unit

PREA Information Posted? Yes

Auditor Notice Posted? Yes

Opposite Sex Viewing? No

Camera Placement? None. FYI, cameras at close proximity are at gates and sally port.

Announcement made? Yes How: Female in Unit

Informal Discussion with Staff (Not Interviews) N/A

General Discussion with Inmates (Not Interviews) N/A

Other Notes:

Phones Yes

Grievance Process Grievance Forms Available

Supervision (staff to inmate ratio) One officer at post Capacity: 60; Current Population: 52

Showers and Bathrooms (privacy, opposite gender viewing?) No Opposite Gender Viewing; Privacy; PREA Compliant

Recreation Areas/TV/Multi-Purpose: Dayroom and Outdoor Recreation

Other: sex oriented pictures under five bunk beds

PREA Information Posted? Yes

Auditor Notice Posted? Yes

Opposite Sex Viewing? No

Camera Placement? None. FYI, cameras at close proximity are at gates and sally port.

Announcement made? Yes How: Female in Unit

Informal Discussion with Staff (Not Interviews) N/A

General Discussion with Inmates (Not Interviews) N/A

Other Notes:

Phones Yes

Grievance Process Grievance Forms Available

Supervision (staff to inmate ratio) One officer at post Capacity: 60; Current Population: 52

Showers and Bathrooms (privacy, opposite gender viewing?) No Opposite Gender Viewing; Privacy;

PREA Compliant

Recreation Areas/TV/Multi-Purpose: Dayroom and Outdoor Recreation

Other: sex oriented pictures under five bunk beds

Living Unit: 301 – Vacant; Closed in 2010. Currently used for staff development and training.

PREA Information Posted? Yes

Auditor Notice Posted? Yes

Opposite Sex Viewing? N/A

Camera Placement? N/A

Announcement made? N/A How: N/A

Informal Discussion with Staff (Not Interviews) N/A

General Discussion with Inmates (Not Interviews) N/A

Other Notes:

Phones N/A

Grievance Process N/A

Supervision (staff to inmate ratio) N/A

Showers and Bathrooms (privacy, opposite gender viewing?) N/A

Recreation Areas/TV/Multi-Purpose N/A

Other N/A

Living Unit: 401 – Vacant; Weekender Unit for Offenders Serving Out Sentences on Weekends

PREA Information Posted? No (Forgot to Follow-up)

Auditor Notice Posted? No (Forgot to Follow-up)

Opposite Sex Viewing? No

Camera Placement? Dayroom

Announcement made? N/A How: N/A

Informal Discussion with Staff (Not Interviews) N/A

General Discussion with Inmates (Not Interviews) N/A

Other Notes:

Phones Yes

Grievance Process: N/A

Supervision (staff to inmate ratio) One Officer at Post Capacity: 8; Current Population: 0

Showers and Bathrooms (privacy, opposite gender viewing?) N/A

Recreation Areas/TV/Multi-Purpose: Dayroom

Other: N/A

## Laundry

Hidden areas? No

Camera Placement: two – one at entrance, 1 above washing machines; plus 1 mirror

Supervision: One officer at post Capacity 10; Current Work Crew 0

Informal Discussion with inmates: None assigned at time of tour

Informal Discussion with staff: Staff reported having a crew of 10 inmates. Grey uniforms are provided to inmate population in the lockdown units; blue uniform goes to general population. Reported been employed for 18 years with agency and received most recent PREA training a few months ago.

## Receiving and Discharge (Intake)

Strip Areas (Private?): Yes, Visual strip search conducted by staff, with staff in full view of camera

Interview Areas (Confidential): Yes, inmates interviewed immediately past waiting area

PREA Information Posted: Yes

Cameras: One camera; two mirrors

Phones: Yes

Ask for Information Provided to Offenders: Same forms/information as provided at Main Detention;

Inmates transferred from Main bring information provided to them during intake at Main Detention

Captain's Area – See information for HU 401 (Vacant, Weekender Unit)

## Visitation – In Dining Room (Not Observed)

Strip/Shakedown Area: Staff reported inmates pat-searched after visits immediately outside dining area after visitors leave; during visit, visitors sit on one side and inmates on opposite side of tables. For professional visits, inmates are pat searched in hallway (between medical and dining).

PREA Information Posted? Yes

Third Party Information Posted? No, not in dining area – in reception area.

Camera Placement: One camera – 360 degree

## Chapel/ Religious Services

Multi-Purpose Rooms: Depending on lockdown classification status – if unit is on lockdown, services are provided in dayroom of each housing unit. Normally, only Unit 101 is the unit not on lockdown. When not on lockdown, inmates can participate in the church services provided in one of the classrooms.

Sacrament area: N/A

Religious Education Area: N/A

Storage Areas: Materials secured by deputies when not in use in each housing unit.

Cameras: N/A – Direct supervision provided during services

## Education (Academic)

Classrooms: A – used for church services and AA; B – used for programming; C – used for GED and classes

Camera Placement: none in classrooms

Supervision: Saw only contract staff (instructor) in classroom with inmates. Facility uses rovers.

Front Entrance (Reception Area)

PREA Information Posted: Yes

Third Party Info Posted: Third-party referenced in PREA information posted

Education (Vocational) (Outside in Building next to facility) – Regional Occupation Programs: Gardening and Horticulture NOTE: Area is adjacent to the Sheriff's Marine Unit and Agriculture Commission's Weight and Measures. Staff reported residents are not allowed in these areas.

Tool Rooms: Secured, inventory via shadowbox technique.

Classrooms: Technically, only one - woodshop; second area used to store wood (No PREA information); plants cared for by residents in open and shaded areas (similar to outdoor plant stores). Plant sale is held four times a year.

Bathrooms: Two – one with access from the outside, second with access through the classroom

Camera Placement: None

Supervision: One staff; eight inmates, normally 10-15 inmates

Storage Areas: Greenhouse used for storage and staff reported it was locked (did not have chance to walk to it and verify locked). Also have office space for instructor towards the back of the building (access from classroom) – staff reported residents are not allowed in area.

Facilities (Mechanical Services) – Mechanical Room located in 401, no inmate access

Tool Rooms: N/A

Camera Placement: No

Supervision: N/A

Storage Areas: N/A

Food Service/Kitchen

Dining Rooms: One; Residents fed one housing unit at a time.

Officer Dining Area: None – Staff breakroom in administration section of building.

Kitchen: Yes; residents not in area during onsite review

Coolers: one

Freezers: one

Dry Goods Storage: no cameras

Garbage Area: Outside – cameras

Dishroom: Mirror added 1.5 to 2 years ago

Tool Room: In Contractors office

Camera Placement: None in kitchen

Supervision: Work schedule: AM – 8 residents; Lunch – 4 residents; Dinner – 15 residents; 1-2 staff supervise residents

Isolated areas: Mirrors installed in response to last PREA audit

Restrictive Housing – NONE

## Health Services

Reception Area: Area is open, not set apart

Exam Rooms: In open area; screen is set up to obscure view from outside area during exam

Treatment Rooms: none in medical; exam rooms in each unit

Infirmary/Observation Rooms: Chronic care is provided onsite, otherwise residents go to Main

Suicide Watch Room(s): none

Ancillary Areas: meds are maintained in secure area adjacent to medical

NOTE: Medical staff reported no transgender or intersex residents onsite; unknown if any residents are LEP. All records are maintained electronically; staff reassess residents in 2 weeks.

Gym – No Gymnasium located on property

Equipment Rooms: N/A

Bathrooms: N/A

Supervision: N/A

Cameras/Camera Placement: N/A

Hidden Areas: N/A

Recreation Yard – Each Housing Unit has own individual recreation yard

Bathrooms: None

Camera Placement: Outside for viewing all areas, plus direct supervision

Hidden Areas? None

Industries Area – Regional Occupation Program (Gardening/Horticulture; Woodshop Classroom) – See Vocational Education Notes

Bathrooms: two individual private bathrooms

Tool Rooms: Tool shadowbox system allows for visual tool inventory

Camera Placement: None

Production Areas: None

Quality Control Areas: Tool Shadowbox

Warehouse or Warehouse Area: N/A

Office Area: Small staff office – no access by inmate population (see vocational education notes)

## Outside Areas

Power House? N/A

Outside Mechanical Service Shops: (1) Sheriff's Marine Unit is located on property. Staff reported buildings and designated Sheriff's Marine Unit area are secured and allow for no access by inmate population. (2) The Agriculture Commissioner's Weights and Measures Building and property is also located on same property. Staff reported building and area do not allow for access by inmate population. (3) A Greenhouse Storage Unit is also on property and staff reported it is kept locked (did not verify if locked).

Garage: Staff Parking; Camera coverage

Training Center (if outside) See notes for Housing Unit 301

## Administration

Offender Access? Waiting room

PREA Information: Yes

Third Party Info: Information in Reception Area

Formal interviews were conducted on 6/3/19 Random staff, specialized staff, random and targeted inmate interviews were conducted by the auditor. The number of inmates housed at the Sonoma North County Jail on the first day of the on-site audit was 350.

A total of inmate interviews conducted: 34

- Random inmates – 27
- Youthful Inmates - 0
- Physically disabled, blind, deaf, and/or hard of hearing inmates – 4
- Cognitively disabled inmates – 0
- Gay and/or bisexual inmates – 0
- Transgender or intersex inmates – 1
- Inmates in segregation for risk of victimization - 0
- Inmates who reported sexual abuse – 0
- Inmates who disclosed victimization during a risk assessment - 0

total of staff interviews were conducted: 42

- Random staff – 13
- Director / designees-Sheriff
- Superintendent -Captain
- Contract administrator
- PREA Coordinator -1
- PREA Compliance Manager - 1
- Intermediate or higher-level supervisors - 1
- Line staff who supervise youthful inmates - 0
- Education and program staff who supervise youthful inmates - 0
- Medical and mental health staff - 3
- Human resources staff - 1
- SAFE/SANE hospital staff - 1
- Volunteers-2
- Contractors - 1
- Investigators -3
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 0
- Incident review team members - 1
- Staff charged with retaliation monitoring - 1
- Intake staff - 1
- First Responders –Security - 1
- First Responders-non-security - 0
- Victim Advocacy – 1
- Kitchen staff – 0

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

The onsite audit was completed on 6/14/19 with a closeout briefing with administrative staff. Attendees were the Undersheriff, PREA Coordinator, Classification Lieutenant, Facility Commander Facility Sergeant, Compliance Sergeant, Agency Captain and the Assistant Sheriff. Auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Agency has 90-days to upload the Final Report to the agency website for public access.

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

Upon submission of the Interim Report, there was an error with the OAS and the auditor re-sent the Interim Report on the believe the original report was not submitted. This second attempt to submit the OAS cause the system to create a Final Report. Contact with the OAS system specialists through Auditor Help Desk indicated that the Final Report could not be removed from the system and auditor must recreate the Final Report using the paper audit.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

The North County Detention Facility (NCDF) is located five miles north of Santa Rosa at 2254 Ordinance Road. Adjacent to the Charles M. Schulz Airport, the site originally housed the Santa Rosa Army Airfield (SRAAF) during World War II. After WWII, SRAAF was deactivated and subdivided into several parcels. In 1967, one of these parcels became the "honor farm" for 35 minimum security inmates. The facility grew to house the rated capacity of 559 inmates until April 1997, when 172 inmates were moved to the expansion at the Main Adult Detention Facility (MADF).

The Sonoma North County Jail design facility capacity is 577. Population at time of the PREA audit was 350. The facility currently houses only male inmates. No youthful inmates are housed at this facility. The number of staff currently employed at the facility who may have contact with inmates is 318. Number of single cell housing units is 0, number of multiple occupancy housing units is 8, number of open bay/dorm housing units is 7, number of segregation cells for administrative, disciplinary and protective custody is 8. Medical services are provided on-site in a clinic and mental health services is also provided onsite. Inmate programs at the facility are run during both day and evening shifts. These programs are run by various civilian staff, paid and volunteer, and monitored by Correctional Deputies. There is an assigned Program Sergeant and Program Deputy who coordinate programs and oversee all contracted and volunteer program providers. Numerous programs are available to inmates throughout the week, which include:

Adult Basic Education (GED) Alcoholics Anonymous (English and Spanish)

Anger Awareness Management English as a Second Language (ESL)

Read Me a Story Starting Point

Book Club Parenting

Bible Study Art Class

Job Skills Interfaith Meditation  
Life Skills Correspondence Courses  
Independent Study Non-Violent Communications  
Narcotics Anonymous Read Me A Story  
Regional Occupational Program-Ag Service Dog Training Program  
Santa Rosa Junior College

In addition to the programs listed above, over 100 religious volunteers of all denominations visit the North County Detention Facility to meet inmates' religious needs, seven days a week, during the day and evening shifts.

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 0  
**List of Standards Exceeded:** N/A

### Standards Met

**Number of Standards Met:** 27  
**List of Standards Met:** 115.14, 115.15, 115.16, 115.18, 115.22, 115.33, 115.42, 115.43, 115.51, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.66, 115.67, 115.68, 115.72, 115.76, 115.77, 115.78, 115.82, 115.83, 115.87, 115.401, 115.403

### Standards Not Met

**Number of Standards Not Met:** 18  
**List of Standards Not Met:** 115.11, 115.12, 115.13, 115.17, 115.21, 115.31, 115.32, 115.34, 115.35, 115.41, 115.52, 115.65, 115.71, 115.73, 115.81, 115.86, 115.88, 115.89

## CORRECTIVE ACTION RECOMMENDATIONS PER STANDARD

### STANDARD ISSUE

115.11(b): Agency provided auditor with a copy of the Detention Division Organizational Chart updated 7/21/19, which identifies the PREA Coordinator under the supervision of the Special Services Captain.

**1. Agency required to provide auditor with the Agency Organizational Chart to determine if the PREA Coordinator position is in an upper-level, agency-wide position in the agency's organizational structure as required by this standard.**

115.12(a) & 115.12(b): One inmate currently housed at CDCR, contract pending, all other contracts for confinement have expired.

**1. Agency to provide auditor with copy of the valid 658 Calif. Dept. of Corrections and Rehabilitation (CDCR) contract or agreement for the 1 inmate held in CDCR confinement.**



115.13(a): Agency uploaded the Average Daily Population as 8/22/17 to 8/22/17. Auditor reviewed the Facility characteristics and found Agency had not entered any data into that sheet.

**1. Agency required to upload the Average Daily Population spanning over the past 12 months on which the staffing plan was predicated upon, in the Facility Characteristics in order to verify compliance with the Standard.**

115.13(b): In reviewing documented staffing deficiencies, it was apparent that multiple unanticipated vacancies on a given date due to illnesses, without available Deputies to cover, was the primary reason for last minute deviations to the staffing plan. In each instance, available on duty staff assignments were shifted and operational procedures were adjusted, including locking down modules, to accommodate the staffing deficiency. These deficiencies are documented in the NCDF Supervisor's Log and Shift Log. Agency has not provided auditor with copy of the NCDF Supervisor's Log and Shift Log regarding these documented deficiencies.

**1. Agency to provided auditor with copy of the NCDF Supervisor's Log and Shift Log which identifies staffing deficiencies or adjustments to the staffing plan over the 12 months preceding the onsite audit.**

115.16(c): Agency PAQ indicated that over the past 12 months there were no instances where inmate interpreters were used. Prior to the onsite audit, auditor requested agency provide a list of inmates who were LEP. The agency provided a list of 32 inmates who were identified as Limited English Proficient housed at MADF.

**1. Agency to provide auditor with documentation which is used to identify, document and track LEP inmates**

**2. Agency to provide auditor with a list of LEP inmates for auditor the make a random selection for inmate document review and interviews to verify LEP inmates are provided both documentation in their native language or provided communication through a translation service or bi-lingual staff.**

115.17(a): Of the 16 personnel files of randomly selected staff found that only 12 staff were asked the 3 required questions. None of the 4 promoted staff were asked the 3 required questions. Of the 11 randomly selected contractors, auditor was informed that there was no background record for 6 contractors. Of the remaining 5 contractors, none possessed the 3 required questions. Auditor randomly selected 10 volunteers. Only 2 volunteers were asked the 3 required questions. To date, agency has not provided the background source documentation for 1 volunteer and 3 contractors.

**1. Agency to provide auditor with lists of all promoted staff, random staff, contractors and volunteers who have been hired or promoted 90-days after 7/28/19 for random selections for document review to determine compliance verification with this standard.**

115.17(d): Review of 11 randomly selected contractors indicates that 7 contractors have completed the criminal records background checks prior to their hire dates. Information received from PREA Coordinator backup indicates that HR informed her that response from CLETS is reviewed by not retained in the records.

- 1. Agency to provide auditor with list of contactors that have been hired within 90-days after the Interim Report for auditor to make random selections of hiring documentation for compliance verification.**
- 2. Agency to retain CLETS clearance sheets which verifies contractors and volunteers have successfully cleared the NCIC backgrounds checks**
- 3. If Agency unable to maintain CLETS clearance sheets, then they must obtain other means to verify successful completion of both the initial national background clearance and the 5-year national background clearance for contractors.**

115.17(e): Standard 115.17(e) mandates that agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. The PREA Hiring and Promotional Process policy does not include that mandate. The PAQ verifies that the Policy does not include said mandate.

- 1. Agency to amend PREA Hiring and Promotional Process policy to comply with Standard provision 115.17(e).**
- 2. Agency to provide auditor with list of contractors who have worked over the past 5 years and provide auditor with copy of their Federal clearance per standard requirements.**

115.21(c): Agency has not provided auditor with copy of MOU or agreement with Sutter Hospital for them to provide SAFE/SANE treatment for inmate victims of sexual abuse.

- 1. Agency to provide auditor with MOU or agreement with Sutter Hospital or provide auditor with written attempts to obtain agreement for forensic examinations for inmate victims of sexual abuse.**

115.31(a)-1: Review of a sample of 16 staff training records reveals that 7 custody staff received their PREA training before their hire date 9 custody staff received their PREA training after their hire date

- 1. Agency to provide auditor with roster of custody staff hired between 8/2/19 and 11/3/19 for random staff selection for document review to verify all staff received PREA training prior to their hire date.**
- 2. Agency to provide auditor with copy of lesson plan or curriculum for the Sheriff's Office PREA Orientation power-point presentation.**

115.32(a): Document review of a sample of 8 contractors & 10 volunteers provided to auditor, indicate that auditor was initially provided the most recent PREA training date (2018 & 2019). Auditor re-requested their initial training date which agency provided. The review results were that all 8 contractors had hire/start dates, 5 contractors failed backgrounds and were denied access to the facility. 3 contractors completed the PREA training prior to their hire/start dates.

**1. Agency to provide auditor with roster of contractors hired between 8/2/19 and 11/3/19 for random staff selection for document review to verify all contractors received PREA training prior to their hire/start date.**

**2. Agency to provide auditor with copy of lesson plan or curriculum for the Sheriff's Office PREA Training power-point presentation for:**

**a) Fac Ops and contractors.**

**b) Medical Power-point training for CFMG**

115.33(b): Agency indicates they are unable to provide auditor with the number of those 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 due to data being unavailable.

**1. Agency to provide auditor with this number. If this information is not being tracked, agency to create a tracking system and provide auditor with the information obtained within 90-days of receipt of the Interim Report.**

115.34(a), 115.34(b) & 115.34(c): Upon review of policies PREA, DVSA detectives - Sexual Assaults in a Confinement Setting power-point and Policy 605 - Adult Sexual Assault Investigations, auditor cannot verify that this training meets the training requirements of PREA Standard 115.34(a & b).

**1. Agency to provide auditor with a copy of the training lesson plan and/or curriculum which verifies at least the minimum training being conducted for special investigators in accordance with these standards.**

**2. Agency to provide auditor with training logs of all staff trained to conduct sexual abuse investigations in a confinement setting.**

**3. Agency to provide auditor with certifications from NIC or POST IGI-2 course for staff trained to conduct sexual abuse investigations in a confinement setting.**

**4. Agency to provide auditor with attestation forms for investigators who completed the DVSA Sexual Assaults in a Confinement Setting course.**

115.35(a): Review of the medical pdf electronic training documentation indicates that out of the 111 medical and mental health care practitioners 11 are awaiting training. Of the 11 awaiting PREA training,

1 is assigned to both MADF and NCDF and has been cleared with a D-PASS.

Agency did not provide auditor with copy of lesson plan or curriculum to verify content of training.

**1. Agency to inform auditor the reason why the 1 identified medical or mental health practitioner has not completed the PREA training but has been granted clearance in both MADF and NCDF without completing PREA training?**

**2. Agency to provide auditor with copy of the training power-point lesson plan or curriculum.**

**3. Agency to provide auditor with verification that participants in the PREA training understand the training that was provided.**

115.41(b): Agency indicates that the number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility as the numbers are unavailable.

**1. Agency to create and maintain a tracking system to identify inmates entering the facility either through intake or transfer whose length of stay in the facility was for 72 hours or more for screening verification purposes.**

**2. After 90-days from Agency's receipt of the Interim Report, auditor will reassess compliance with this standard.**

115.41(c) & 115.41(d): Policy Classification PREA 5.0 Procedures includes question for inmate being detained solely for civil immigration purposes. Primary Classification Decision Tree does not include the question regarding whether the inmate is detained solely for civil immigration purposes.

**1. Agency to amend the Primary Classification Decision Tree to include question asking if inmate is detained solely for civil immigration purposes as mandated by the standard.**

**2. Agency to provide auditor with copy of amended Primary Classification Decision Tree**

115.41(f) & 115.41(g): Agency did not provide the number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake as data was not available.

**1. Agency to create and maintain a tracking system to identify inmates entering the facility either through intake or transfer whose length of stay in the facility was for 30-days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.**

**2. After 90-days from Agency's receipt of the Interim Report, auditor will reassess compliance with this standard.**

115.52(b)-1: Policy PREA 4.4 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. Policy is not in compliance with the PREA standard.

**1. Agency to amend policy to include language in compliance with PREA standard 115.52(b)-1: “The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.”**

115.52(b)-2: Inmates are instructed to submit grievances to either the Deputy or supervising Sergeant. Policy is not in compliance with the PREA standard.

**1. Agency to amend Policy PREA 4.4 which mandates that the agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.**

115.52(c): Agency indicates that PREA Policy 5.4(G) contains language which is compliant with PREA Standard 115.52(c), however, auditor is unable to find the required language.

**1. Agency to amend PREA Policy 5.4(G) to include language which allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint or requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.**

115.52(e): There is no policy language which requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline.

**1. Agency to amend PREA Policy 115.52(e)-2 which includes language such as “if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline” in order to be compliant with the standard.**

115.65(a): Facility's Coordinated Response does not include actions by facility leadership as mandated by this standard.

**1. Agency to amend facility's Coordinated Response in the PREA Policy 5.3 to include actions by facility leadership**

115.71(b) & 115.71(h): Agency has not provided training certificates for sexual abuse investigators for verification of training compliance.

**1. Agency to provide auditor with training certificate or electronic verification to verify all assigned investigators trained to conduct sexual abuse investigations in a confinement setting.**

**2. Agency to provide auditor with training curriculum or lesson plan for this training to verify training curriculum is in compliance with Standard provision 115.71(b).**

**3. Agency to provide auditor with all allegations of sexual abuse and sexual harassment to include investigative files, that occurred at NCDF since 6/1/2018.**

115.73(a) & 115.73(e): Agency has not provided auditor with copies of the documented notifications provided to inmates where their cases have been closed.

**1. Agency to provide auditor with copies of the NCDF documented notifications provided to inmates where the 2 substantiated cases of sexual abuse have been closed.**

115.81(a) & 115.81(c): In the past 12 months the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was not provided to auditor. All health records are available onsite, however, the agency did not have them available for auditor review.

**1. Agency to provide auditor with the percent of inmates who disclosed victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.**

**2. Agency to provide auditor with documented verification of inmates who disclosed victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner. Records to include intake date and date of follow-up meeting. If inmate refused to meet with practitioner, this is to be documented and provided to the auditor.**

115.81(a): In the past 12 months the percent of inmates in MADF and NCDF who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was not provided to auditor. All health records are available onsite, however, the agency did not have them available for auditor review.

**1. Agency to provide auditor with inmate housed in MADF and NCDR who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.**

**2. Agency to provide auditor with follow-up meeting date with medical or mental health provider in response to the inmate's disclosure of prior victimization to include the intake date.**

**3. Agency to provide auditor regarding the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner over the 12 months preceding 8/3/19.**

**4. If Agency did not track this information, agency to provide auditor with percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner between 8/3/19 and 11/30/19.**

115.81(b): Agency did not provide the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner over the past 12 months

**1. Agency to provide the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner over the past 12 months**

115.86(a) & 115.86(b): Auditor's review of the Incident Review Worksheet determined that there is no area provided to document a review of the IRB findings, recommendations for improvement, implementation of the recommendations for improvement or document of reasons for not doing so. Agency has not provided auditor with the IRB reports for compliance review.

**1. Agency to amend the IRB Worksheet to include area to document a review of the IRB findings, recommendations for improvement, implementation of the recommendations for improvement or document of reasons for not doing so.**

**2. Agency to provide auditor with the IRB review sheets for the 1 NCDF identified case completed on 1/3/18, indicated in the PAQ, that occurred prior to the onsite audit review.**

**3. Agency to provide auditor with the 2nd IRB review NCDF sexual abuse/sexual harassment that was identified in the PAQ prior to the onsite audit**

115.86(c): PREA policy and Sonoma CJ policy PREA 5.0 mandates that 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. The IRB which occurred in 2018 did not include medical and mental health as part of the IRB team.

**1. Agency to provide auditor with IRB reports that occurred over the 90-days following the onsite audit to review for compliance.**

115.88(d): Agency reports it redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Agency does not indicate the nature of the material redacted.

**1. Agency to amend the 2018 Annual Report to language which indicates the nature of material redacted.**

115.89(c): Policy PREA 5.11 mandates that all documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years. Policy did not include language which states that before making aggregated sexual abuse data publicly available, the

agency removes all personal identifiers.

**1. Agency to amend PREA Policy 5.11 to include language which states that “before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers”, to comply with PREA**





## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator?  Yes  No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy?  Yes  No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?  
 Yes  No

#### 115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.)  Yes  No  NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.11(a): Sonoma County Sheriff's Office PREA Policy 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.

115.11(b): Sonoma County Sheriff's Office PREA Policy mandates the Sheriff's Office to appoint a PREA Coordinator with sufficient time and authority to coordinate, develop, implement, oversee and maintain efforts to comply with all PREA standards. Interview with the PREA Coordinator indicates he has sufficient time and authority to complete his duties.

115.11(c): Agency provided auditor with a copy of the Detention Division Organizational Chart updated 7/21/19, which identifies the PREA Coordinator in the position of a Lieutenant, under the supervision of the Special Services Captain. Placement in the Detention Division Organizational Chart may designate the PREA Coordinator in the upper-level, agency-wide position. Agency required to provide auditor with the Agency Organizational Chart to verify compliance with this standard provision.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.11(b), and corrective action is required.

**Corrective Action Recommended:**

Agency provided auditor with a copy of the Detention Division Organizational Chart updated 7/21/19, which identifies the PREA Coordinator under the supervision of the Special Services Captain.

1. Agency required to provide auditor with the Agency Organizational Chart to determine if the PREA Coordinator position is in an upper-level, agency-wide position in the agency's organizational structure as required by this standard.

Auditor will conduct a 90-day status review on 10/26/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/24/20.

### Corrective Action Completion 10/16/19:

1. On 10/16/19, the PREA Coordinator provided auditor with a copy of the Detention Division Organizational Chart. The PREA Coordinator reports to the Special Services Captain and is 4<sup>th</sup> in line under the Sheriff's position. The position is in the upper-level, agency-wide position in the agency organizational chart.

The agency/facility has met the requirements of Standard provision(s) 115.11(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.11.

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

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

#### 115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

#### 115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

115.12(a): Agency indicates that one inmate currently housed at CDCR, contract pending, all other contracts for confinement have expired. Agency to provide auditor with a copy of the CDCR contract for the inmate housed in CDCR custody. To date, agency had 4 previous contracts for the confinement of inmates in California Department of Corrections (CDCR), Solano County Jail and Alameda County Jail. The last contract expired in 6/30/2019 to house and provide medical treatment for a CDCR inmate pending court proceedings. The inmate, currently housed in CDCR custody, was recently transferred to CDCR as he has been a serious management problem at Sonoma County Jail. Sonoma County is awaiting approval and working toward obtaining a court order for the movement. Agency provided auditor with the Safekeeper housing review to CDCR which is awaiting approval. Agency requested to provide auditor with a copy of the 658 Calif. Dept. of Corrections and Rehabilitation (CDCR) housing contract upon approval.

115.12(b): Agreement 658 Calif. Dept. of Corrections and Rehabilitation (CDCR) provided by agency is an expired sample. Exhibit F of this agreement covers the CDCR to abide by the PREA requirements. Agency indicates that all contracts for the confinement of inmates have expired and all contained an Exhibit which mandated the housing agency to follow the PREA standards. Agency provided a copy of the PREA Final report for the CDCR housing facility which was completed in 2017 and found the facility in compliance with the PREA standards. Agency requested to provide auditor with a copy of the 658 Calif. Dept. of Corrections and Rehabilitation (CDCR) housing contract upon approval.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.12(a) & 115.12(b). Corrective action is required.

**Corrective Action Recommended:**

1. Agency requested to provide auditor with a copy of the 658 Calif. Dept. of Corrections and Rehabilitation (CDCR) housing contract upon approval.

Auditor will conduct a 90-day status review on 10/26/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/24/20

**Corrective Action Completion 11/18/19:**

1. On 11/18/19, Agency provided auditor with copy of California Department of Corrections and Rehabilitation Agreement #5608219 to house an inmate for medical reasons in a CDCR medical facility. Term of contract is between 6/21/18 and 6/30/19.  
On 11/18/19, Agency provided auditor with copy of California Department of Corrections and Rehabilitation Agreement #C5608823 to provide temporary housing an inmate for safekeeping purposes. Term of contract is between 4/11/19 and 6/30/21.

The agency/facility has met the requirements of Standard provision(s) 115.12(a) & 115.12(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.12.

## Standard 115.13: Supervision and monitoring

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

#### 115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?  
 Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?  
 Yes  No  NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the

staffing plan take into consideration: Any other relevant factors?  Yes  No

#### 115.13 (b)

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

#### 115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?  Yes  No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?  Yes  No

#### 115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?  Yes  No
- Is this policy and practice implemented for night shifts as well as day shifts?  Yes  No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.13(a): NCDF Staffing Plan dated 9/17/18 provides for adequate levels of staffing and video monitoring, where applicable, to protect inmates against sexual abuse. Furthermore, this standard requires the agency assess, determine, and document whether adjustments to the plan is needed, including the facility's deployment of video monitoring systems and other monitoring technologies, as well as available resources. The facility's average daily number of inmates is identified as 327. The average daily number of inmates on which the Staffing Plan was predicated on 359 inmates. Agency uploaded the Average Daily Population as 8/22/17 to 8/22/17. Auditor reviewed the Facility characteristics and found Agency had not entered any data into that sheet. Agency required to upload the Average Daily Population spanning over the past 12 months on which the staffing plan was predicated upon, in the Facility Characteristics

115.13(b): N/A - Agency indicates there has been no deviation from the staffing plan. Review of the 9/17/18 Staffing Plan indicates that "In reviewing documented staffing deficiencies, it was apparent that multiple unanticipated vacancies on a given date due to illnesses, without available Deputies to cover, was the primary reason for last minute deviations to the staffing plan. In each instance, available on duty staff assignments were shifted and operational procedures were adjusted, including locking down modules, to accommodate the staffing deficiency. These deficiencies are documented in the NCDF Supervisor's Log and Shift Log. " Agency has not provided auditor with copy of the NCDF Supervisor's Log and Shift Log regarding these documented deficiencies.

Interview with the Facility Commander indicates that any non-compliance with the Staffing Plan is documented by the custody Sergeant in the Daily Staffing roster which is located within the Scheduling Traffic System. The custody Sergeant is also charged with documentation of staffing in the Shift Log.

115.13(c): Agency indicates the facility annually reviews the staffing plan to see whether adjustments are needed to: (a) the staffing plan, (b) the deployment of monitoring technology, or (c) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan. The 2018 Staffing Plan indicate the review and changes to staffing plan from 2016 to 2018. In both 2017 & 2018 the Staffing Plan reports staff and inmate movement between MADF and NCDF for MADF facility upgrades resulting in both inmate and staff shift between facilities.

115.13(d): Facility Rounds Policy, provided by agency mandates that an important function of the Detention Division is to ensure the safety of inmates and staff. Deputies shall make frequent scheduled and unscheduled rounds to observe inmate behavior, identify maintenance problems and/or any safety and security breaches. Agency provided auditor a copy of random dates within the Supervisor's Log where facility rounds were documented on both night and day shifts by supervisory staff on 4/6/18 - 4/10/19. Interview with supervisory staff indicate that the facility prohibits staff from alerting other staff of the conduct of unscheduled rounds by upper management. Supervisory staff rounds are conducted during infrequent hours and they tour the facility taking different paths.

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



**Corrective Action Recommended:**

Agency uploaded the Average Daily Population as 8/22/17 to 8/22/17. Auditor reviewed the Facility characteristics and found Agency had not entered any data into that sheet.

Agency initially stated there was no deviations to the staffing plan, however, paragraph #2 of the 9/17/18 NCDF Staffing Plan indicates otherwise and any staffing plan deficiencies are documented in the NCDF Supervisor's Log and Shift Log.

1. Agency required to upload the Average Daily Population spanning over the past 12 months on which the staffing plan was predicated upon, in the Facility Characteristics.

2. Agency to provide auditor with a copy of the NCDF Supervisor's Log and Shift Log which identifies the deficient staffing discussed in paragraph #2 of the 9/17/18 Staffing Plan. Auditor will conduct a 90-day status review on 10/26/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/24/20

**Corrective Action Completion 12/23/19:**

1. On 12/23/19, Agency provided the Average Daily Population over the past 12 months in the Pre-Audit Questionnaire. The Agency identified the average daily number of inmates in which the Staffing Plan was predicated on as 359 inmates. Auditor missed the numbers provided by the agency which makes the Corrective Action request a moot issue.
2. On 1/14/20, the PREA Coordinator provided auditor with copies North County Detention Facility (NCDF) Operations Custody Shift Logs from 4/1/18 to 3/31/19 which identifies shift vacancies, NCDF Supervisors Log that identifies actions taken for the vacancies and explanation memorandum from the PREA Coordinator. The Supervisors Log indicated no vacancy entry for 4 vacancies indicating that NCDF would be running short one movement deputy for each identified shifts. To explain the significance of this lack of information, the PREA Coordinator provided a memorandum to the auditor dated 1/16/20 which verifies that NCDF has never run under minimum supervision on any shift. NCDF added an extra movement deputy on each shift, which ensures they do not fall below minimum staffing levels. On 12 occasions during the PREA audit period, there was a vacant movement position due to last minute vacancies, however, at no time did staffing fall below minimum staffing levels. Staffing for each position is calculated consistent with methodologies outlined in the US Dept. of Justice Staffing Analysis Workbook 2<sup>nd</sup> edition. 4.2 Full Time Equivalent (FTE) positions are needed for every Correctional Deputy position staffed 24-hours a day/7-days a week at NCDF. 22 Correctional Deputies are needed to staff NCDF at established minimum staffing levels. Minimum staffing for Movement Deputies are:

- 2 for Day Shift
- 1 for Grave Shift
- 2 for Swing Shift

The Staffing Plan mandates the staffing for Movement Deputies:

- 3 for Day Shift
- 3 for Grave Shift
- 2 for Swing Shift

Assistant Facility Managers were also identified as vacant positions on the NCDF Operations Log, however, Assistant Facility Manager positions are not part of the Minimum Staffing Regulations. This information verifies that at no time did NCDF fall below minimum staffing.

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

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

#### 115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.14(a): N/A - Classification Policy mandates that:

- I. Psychotropic medications shall not be administered to a juvenile inmate absent an emergency unless informed consent has been given by the parent/guardian or the court.
- 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.
- L. The Program Sergeant will coordinate with the County Department of Education to determine if education programs are required under Section 48200 of the Education Code and will endeavor to provide access to other programs and work opportunities to the extent possible.
- M. A Classification Deputy shall ensure medical staff is notified of any juvenile inmate brought into custody to ensure compliance with Title 15 mandates 1120, 1121, 1122, 1123 and 1125. A classification deputy shall also notify the jail's Medical Program Manager electronically that a juvenile inmate is in custody and forward the above mentioned Title 15 mandates.
- N. Existing detention policies ensure compliance with all other mandates relating to the housing of juvenile inmates that are not outlined in this policy section.
- O. The parents or guardians of a juvenile inmate shall be notified prior to the release of a juvenile inmate.

There were no youthful inmates housed at either MADF or NCDF

115.14(b): N/A - Classification Policy mandates that:

- I. Psychotropic medications shall not be administered to a juvenile inmate absent an emergency unless informed consent has been given by the parent/guardian or the court.
- 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.
- L. The Program Sergeant will coordinate with the County Department of Education to determine if education programs are required under Section 48200 of the Education Code and will endeavor to provide access to other programs and work opportunities to the extent possible.
- M. A Classification Deputy shall ensure medical staff is notified of any juvenile inmate brought into custody to ensure compliance with Title 15 mandates 1120, 1121, 1122, 1123 and 1125. A classification deputy shall also notify the jail's Medical Program Manager electronically that a juvenile inmate is in custody and forward the above mentioned Title 15 mandates.

N. Existing detention policies ensure compliance with all other mandates relating to the housing of juvenile inmates that are not outlined in this policy section.

O. The parents or guardians of a juvenile inmate shall be notified prior to the release of a juvenile inmate.

There were no youthful inmates housed at either MADF or NCDF.

115.14(c): Classification Policy mandates that:

I. Psychotropic medications shall not be administered to a juvenile inmate absent an emergency unless informed consent has been given by the parent/guardian or the court.

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.

L. The Program Sergeant will coordinate with the County Department of Education to determine if education programs are required under Section 48200 of the Education Code and will endeavor to provide access to other programs and work opportunities to the extent possible.

M. A Classification Deputy shall ensure medical staff is notified of any juvenile inmate brought into custody to ensure compliance with Title 15 mandates 1120, 1121, 1122, 1123 and 1125. A classification deputy shall also notify the jail's Medical Program Manager electronically that a juvenile inmate is in custody and forward the above mentioned Title 15 mandates.

N. Existing detention policies ensure compliance with all other mandates relating to the housing of juvenile inmates that are not outlined in this policy section.

O. The parents or guardians of a juvenile inmate shall be notified prior to the release of a juvenile inmate.

There were no youthful inmates housed at either MADF or NCDF. Policy Classification - Primary Classification 5.2 outlines protocol for housing Juveniles. Policy prohibits housing juveniles at NCDF.

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

## Standard 115.15: Limits to cross-gender viewing and searches

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

### 115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
 Yes  No

### 115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)  
 Yes  No  NA

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

#### 115.15 (c)

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

#### 115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?  Yes  No

#### 115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?  Yes  No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?  Yes  No

#### 115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.15(a): Policy Searches-Pat-Searches-and-Strip-Searches mandates that 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. 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. 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. Deputies shall not deliberately touch the breasts, buttocks, or genitalia of the person being searched. Deputies shall document the results of any strip search on the Authorization for Strip Search form and/or incident report, as applicable, and shall comply with the following:

1. Location of weapons or contraband. Any weapons or contraband located and seized pursuant to a search should be disposed of according to the requirements of Contraband and Evidence – Collecting, Storage and Disposition.
2. Weapons or contraband visible. If any weapons or contraband are visible in a body cavity of an inmate, the Deputy shall handcuff the inmate and refer to the requirements of Searches - Body Cavity.

At the conclusion of a strip search, the inmate shall be issued clothing and allowed to dress in privacy, outside the purview of any staff or inmates. Deputies may be present when the inmate's behavior presents a risk to safety and security.

Agency reports that in the past 12 months no cross-gender strip or cross-gender visual cavity searches of inmates have been conducted. Agency reports no female inmates are housed at NCDF

115.15(b): Policy Searches-Pat-Searches-and-Strip-Searches mandates that The following protocols shall apply to all pat searches:

1. Inmates being booked into the facility will remain handcuffed until a pat search has been completed.
2. All inmates being dressed in for housing will be pat searched prior to entering the dress-in

booth whether or not the inmate is eligible to be strip searched.

3. Protective gloves shall be provided by the Department and worn by the Deputy anytime a pat search is conducted.

4. 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.

To conduct a pat search, a deputy shall comply with the following:

1. 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.

2. All inmates being dressed in for housing will be pat searched prior to entering the dress-in booth whether or not the inmate is eligible to be strip searched.

3. Protective gloves shall be provided by the Department and worn by the Deputy anytime a pat search is conducted.

4. 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.

Agency indicated that no pat-down searches of female inmates conducted by male staff.

Interview with random sample of 20 staff and random sample of 7 female inmates 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. Agency reports there are no female inmates housed at NCDF

Interview with random sample of 13 staff verifies compliance with the Policy.

115.15(c): Policy Searches-Pat-Searches-and-Strip-Searches mandates that 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. Policy failed to mandate that all cross-gender visual body cavity searches be documented. 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. Agency reports they do not house female inmates at NCDF.

115.15(d): 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. All staff of the opposite gender of the inmates housed, shall announce their presence when entering the housing area.

Interview with random sample of 27 inmates indicates that staff always announces when entering the housing unit but saying Male in the Unit, or Female in the Unit, loud enough for inmates in the housing unit can hear. This practice was observed by the auditor during the physical plant review when both custody staff and non-custody cross-gender staff entered the housing units.

115.15(e): Policy transgender-intersex-inmates 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 non-compliant searches of transgender or intersex inmates have not occurred in the past 12 months.

Interview with random sample of 13 staff and 1 transgender inmate indicates that all interviewees verify compliance with the PREA standard and this policy. The Transgender staff indicates that there are private showers and staff are careful regarding housing. Transgender feels safe in NCDF and since staff is aware of the Transgender status, inmate reported "They are pretty cool here".

15.15(f): Agency indicates that 100% of security staff completed cross-gender pat search training. Interview of 13 random staff also verifies cross-gender pat search training being conducted in 2018 and 2019. Electronic Cross-Gender Pat Search and Policy Training Record, provided to auditor found training being conducted between 2018 and 2019 for 100 custody staff.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.15.

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

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

#### **115.16 (a)**

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



and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities?  Yes  No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)?  Yes  No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?  Yes  No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?  Yes  No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision?  Yes  No

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  Yes  No

#### 115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?  Yes  No

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.16(a): Disability Accommodations Policy mandates that:

A. The Sheriff's Office will take the appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are sight impaired or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Sheriff Office's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

B. The Sheriff's Office will ensure effective communication with inmates who are deaf or hard of hearing and when necessary will provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the Sheriff's Office will ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are sight impaired or have low vision.

C. Inmate interpreters, inmate readers, or other types of inmate assistants will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responders duties or the investigation of the inmate's allegations.

Agency provided auditor with copies of the PREA education brochure in both English and Spanish. The brochure provides inmates with an explanation on PREA, to include the Zero-Tolerance policy, inmate rights, contact with the Sonoma County Rape Crisis Center to include information forwarded to authorities according with mandatory reporting laws, information on how to make a report to include 3rd Party intervention, definition of sexual abuse, sexual harassment and voyeurism. Inmate to sign copy of the form of which inmate is provided a copy.

Agency provided auditor with the PREA training for all Sheriff's Office Employees Orientation, which provides for the history of PREA, definitions, sexual harassment offenses, reportable offenses, California Penal Code 289.6 prohibitions as it relates to sex with inmates prohibition, abuse during searches, barriers to reporting, ensuring limited English proficient (LEP) inmates understand the steps to reporting, signs of sexual abuse and sexual harassment, staff response to reports of sexual abuse and sexual harassment, data collection and review, Red Flags, staff sexual abuse, prevalence, ongoing abuse, vulnerable populations, common reactions of sexual abuse and sexual harassment, sexual trauma, how to detect signs of sexual abuse and sexual harassment, screening, avoiding false claims of sexual misconduct and sexual assault, inappropriate relationships with inmates, professional communication with inmates including LGBTI, victim advocacy and detecting sexual abuse.

Interview with Agency Head designee indicates that agency possesses TTD machines for deaf or hard of hearing, documentation in braille, translator services through the phone or in person.

Interview with three Spanish speaking inmates who are identified as limited English proficient indicates that one of the inmates stated that the facility had him sign forms that were in English at Booking. All 3 indicated the PREA forms were read to them by staff bi-lingual interpreters in intake.

115.16(b): Disability Accommodations Policy mandates that:

A. The Sheriff's Office will take the appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are sight impaired or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the Sheriff Office's efforts to prevent, detect and respond to sexual abuse and sexual harassment.

B. The Sheriff's Office will ensure effective communication with inmates who are deaf or hard of hearing and when necessary will provide access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the Sheriff's Office will ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities, including inmates who have intellectual disabilities, limited reading skills, or who are sight impaired or have low vision.

C. Inmate interpreters, inmate readers, or other types of inmate assistants will not be used except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of 1st responders duties or the investigation of the inmate's allegations.

Interview with three Spanish speaking inmates who are identified as limited English proficient indicates that intake provided them with staff interpreters to explain the PREA education forms.

115.16(c): PREA Policy indicates that inmate interpreters, inmate readers, or other types of inmate assistants shall not be used, 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 28 C.F.R. § 115.64, or the investigation of the inmate's allegations. Interview with random sample of 13 staff indicates that agency prohibits the use of inmate interpreters to assist inmates when making an allegation of sexual abuse or sexual harassment. They either obtain assistance from bi-lingual staff or contact the AT&T phone service for interpretation.

Interview with 3 LEP inmates indicates that all three inmates were provided an interpreter during booking. Staff interpreters assisted during booking and screening instrument questions. Agency PAQ indicated that over the past 12 months there were no instances where inmate interpreters were used. Prior to the onsite audit, auditor requested agency provide a list of inmates who were LEP. The agency provided a list of 17 inmates who were identified as Limited English Proficient housed at NCDF.

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

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?  Yes  No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above?  Yes  No

#### 115.17 (b)

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

#### 115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check?  Yes  No
- Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers

for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?  Yes  No

#### 115.17 (d)

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

#### 115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?  Yes  No

#### 115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?  Yes  No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?  Yes  No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?  Yes  No

#### 115.17 (g)

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

#### 115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

115.17(a): PREA Policy Hiring & 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.
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.

Of the 16 personnel files of randomly selected staff found that only 12 staff were asked the 3 required questions. Two of the 4 promoted staff were promoted prior to the PREA standards being enacted. The other two promoted staff were not asked the 3 required questions. Of the 8 randomly selected contractors, auditor was informed that there was no background record for 4 contractors. Agency indicates there was a hire date for these 4 contractors but no criminal background dates for 3 contractors as they were denied access. These contractors were on the list of contractors provided to auditor for random selection for document review while onsite. 1 contractor had a criminal background date but the criminal background source could not be provided, nor could the teletype background response. Of the remaining 3 contractors, none possessed the 3 required questions.

115.17(b): PREA Policy Hiring & 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.

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

115.17(c): PREA Policy Hiring & 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 (HR) Staff indicates that the facility performs criminal record background checks, or consider pertinent civil or administrative adjudications for all newly

hired employees who may have contact with inmates and all employees, who may have contact with inmates, who are considered for promotions. Agency indicates that in the past 12 months 33 persons hired who may have contacted inmates who have had criminal record background checks. Of the 16 employee records, 14 documented criminal records background checks with both NCIC and FBI national clearances prior to hire dates.

115.17(d): PREA Policy Hiring & Promotional Process mandates that before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment. Agency indicates that 15 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates. Interview with HR staff indicates that facility performs records background checks or consider pertinent civil or industrial communications wrongly hired employees who may have contact with the mates and all employees, who may have contact with inmates, were considered for promotions.

Review of 8 randomly selected contractors indicates that 4 showed dates where contractors have completed the criminal records background checks prior to their hire dates. The 1 of these contractor records did not identify the source documents for the background clearances. Pursuant to Government Code section 15151, the California Law Enforcement Telecommunications System (CLETS) is an efficient law enforcement communications network available to all public agencies of law enforcement within the state. The CLETS will provide all law enforcement and criminal justice user agencies with the capability of obtaining information directly from federal and state computerized information files.

115.17(e): PAQ indicates that agency policy does not require that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with inmates, or that a system is in place for otherwise capturing such information for current employees. Auditor reviewed PREA Policy Hiring & Promotional Process and found it is non-compliant with the standard. The agency is notified by the Department of Justice anytime an employee is fingerprinted as a result of any arrest for current employees.

Interview with HR staff indicates that they use CLETS to meet the requirement of this standard. Since FBI clearances is utilized for staff, the review of randomly selected contractor records indicate that CLETS is utilized by the agency contractor background checks every 5 years. Agency has not provided auditor of documented verification that this process is utilized every 5 years for contractors.

115.17(f): PREA Policy Hiring & 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.
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.

Policy also mandates that the Sheriff's Office shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph 5.0 (A) of this section in written applications or interviews for promotions. The Sheriff's Office shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

115.17(g): PREA Policy Hiring & Promotional Process mandates that material omission regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

115.17(h): PREA Policy Hiring & Promotional Process mandates that 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 HR staff indicates that information is provided to a pending institutional employer of former employee as long as a signed release is received.

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

**Corrective Action Recommended:**

1. Agency to provide auditor with lists of all promoted staff, random staff, contractors and volunteers who have been hired or promoted 90-days after 7/28/19 for random selections for document review to determine compliance verification with this standard.
2. Agency to provide auditor with list of contactors that have been hired within 90-days after the Interim Report for auditor to make random selections of hiring documentation for compliance verification.
3. Agency to retain CLETS clearance sheets which verifies contractors and volunteers have successfully cleared the NCIC backgrounds checks
4. If Agency unable to maintain CLETS clearance sheets, then they must obtain other means to verify successful completion of both the initial national background clearance and the 5-year national background clearance for contractors.
5. Agency to amend PREA Hiring and Promotional Process policy to comply with Standard provision 115.17(e).
6. Agency to provide auditor with list of contractors who have worked over the past 5 years and provide auditor with copy of their Federal clearance per standard requirements.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

**Corrective Action Completion 1/22/20:**

On 12/23/19, Agency indicates that there were 9 staff hired between 7/28/19 and 10/24/19. Agency provided auditor with copies of the staff hire applications. Upon review of the applications, Question 12 included the 3 required questions to which all 9 staff responded "No".



1. On 12/23/19, Agency indicates that there were no staff promotions conducted during the period of 7/28/19 and 10/24/19. On 1/17/20, the PREA Coordinator informed the auditor that the promotional testing process, including the interviews, occurred on 12/18 & 19, 2018. There were several promotions off that list with the most recent being 7/2/19 and 11/6/19. The 3 required questions was not completed for the 11/6/19 promotion due to an error with the promotional process. PREA Coordinator states that the Agency is working with County Counsel and Human Resources to move forward with a promotional process to implement the following: "When Sheriff's Personnel receives an applicant list for a promotional process from County Human Services, Sheriff's Personnel will administer a questionnaire to all applicants with the 3 required questions from 115.17. Any affirmative responses will result in disqualification."

On 1/22/20, Agency PREA Coordinator forwarded a directive memorandum from the Sheriff's Personnel Manager entitled "PREA questionnaire – promotional recruitments." The directive states, "The Sheriff's Office is working with the County of Sonoma Human Resources Department in determining if the PREA questions can be placed on the application supplemental questionnaire for promotional recruitments, as it is for other recruitments which have inmate contact. In the meantime, the Sheriff's Office will be responsible for providing the attached questionnaire on promotional recruitments which have inmate contact." A copy of the PREA Mandate 115.17 Supplemental Questions for Promotional Recruitments letter accompanied the directive memorandum.

Auditor conducted an interview with the Personnel Manager regarding the referenced directive memorandum and the supplemental questions for promotional recruitments. The Personnel Manager informed auditor that 5 employees remaining on the 2018 promotional list are pending interviews. Promotions will not be enacted until later in the year pending results from backgrounds and promotional interviews. The Manager stated that the Sheriff's Personnel Manager is responsible for the 3 required questions to be completed by promotional applicants prior to the promotional interviews. Auditor was provided signed copies of the completed 3 required questionnaires for the 5 employees remaining on the promotional list pending promotional interviews. The Manager informed the auditor that County HR has agreed to place the PREA questions on the supplemental questionnaire in their recruitment application for any promotional position which has inmate contact.

2. There is no requirement to mandate agency provide a copy of the 3 required questions for completion by contractors prior to hiring. The hiring application and background check meets that requirement per the PREA Resource Center.
3. On 1/9/20, Agency provided auditor with security clearance investigation documentation for 10 contractors randomly selected by the auditor. Documentation verifies all contractors cleared an FBI/NCIC clearance check, responded to the 3 required questions in the hiring application supplemental questions prior to their hire date. This was verified upon review of the background clearance sheets and FBI documentation for each contractor.
4. Agency provided the FBI/NCIC clearance check documentation for the 5-year clearance check. See Item #3.

5. On 1/9/20 Agency provided auditor with policy language which outlines the process for standard provision 115.17(e):

**“5.13 HIRING AND PROMOTIONAL PROCESS**

B. Current Employees. The agency is notified by the Department of Justice anytime an employee is fingerprinted as a result of any arrest.” In addition, e-mail communication with the Compliance Deputy indicates that “All employees and contractors are Live-scan Fingerprinted checking State (DOJ) and Federal (FBI) clearance during their initial background.

CLETS record checks are conducted every year for contract program employees and every three years for contract medical staff. CLETS checks include a NCIC wants/warrants, DOJ wants/warrants, Sex/Arson Registration, Supervised Release & DMV check.

Employees and contractors have an affirmative duty to report arrest or PREA incident. If an employee or contractor are arrested in the state of California or out of the state of California, the Sonoma County Sheriff’s Office - Personnel Bureau will receive a subsequent arrest notification via email from the DOJ.”

On 1/14/20, Agency provided auditor with each 5-year NCIC clearances since the hire date for 5 contractors. The documentation verifies that Agency complies with Standard provision 115.17(e).

6. Item #6 completed. See narrative for item #5

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

## **Standard 115.18: Upgrades to facilities and technologies**

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

#### **115.18 (a)**

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

#### **115.18 (b)**

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
 Yes    No    NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.18(a): N/A - Agency indicates on the PAQ that the agency/facility has not 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. Interview with the Agency Head designee and Facility Commander concur with the statement of no substantial expansions or modifications to the facility since August 20,2012 or the last PREA Audit.

115.18(b): N/A - Agency indicates on the PAQ that the agency/facility The 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. The agency did, however, in 2017, the facility installed additional mirrors in he facility include mirrors in the kitchen to monitor movement and inmate safety.

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

## RESPONSIVE PLANNING

### Standard 115.21: Evidence protocol and forensic medical examinations

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

**115.21 (a)**

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
 Yes  No  NA

**115.21 (b)**

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  Yes  No  NA

**115.21 (c)**

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?  Yes  No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?  Yes  No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?  Yes  No
- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

**115.21 (d)**

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based

organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

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

#### 115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?  Yes  No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?  Yes  No

#### 115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)  Yes  No  NA

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

115.21(a): PREA Policy 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.

Interview with a random sample of 13 staff indicates that the 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) and Special Victims Unit (across the street), is responsible for conducting sexual abuse investigations.

115.21(b): PREA Policy investigative protocol is not developmentally appropriate for youth. Sonoma CJ is an adult facility and do 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.

115.21(c): PREA Policy 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. 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.

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 (Sutter Hospital). 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. 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 PAQ, efforts to provide SAFE/SANE practitioners is documented. Agency reports that there is no record of exams performed by SAFE/SANE or qualified medical practitioners over the past 12 months. Agency has not provided auditor with copy of MOU or agreement with Sutter Hospital for them to provide SAFE/SANE treatment for inmate victims of sexual abuse.

Interview with SAFE/SANE staff indicates that no forensic examinations have been conducted in the past 12 months. Interview with SART nurse at Sutter Hospital indicates that the hospital responds to and provides forensic examinations for inmates from Sonoma County Jail. SART Nurses are on call 24/7 and always available to respond to victims of sexual abuse. Facility documents efforts to provide SANE/SAFE practitioners through DVSA documents and incident reports.

115.21(d): Sexual Assault Investigations Policy mandates that the Domestic Violence/Sexual Assault Detective is responsible for requesting Sheriff's Dispatch to notify the local rape crisis center whenever a victim of Penal Code Sections 261, 261.5, 262, 286, 288a or 289 is transported to a hospital for any medical, evidentiary or physical examination. The Detective shall advise the victim that he/she has the right to have a sexual assault victim counselor, as defined in Section 1035.2 of the Evidence Code and at least one other support person of the victim's choosing present at any medical, evidentiary or physical examination. Additionally, the victim has the right to a victim advocate/counselor, as well as a support person of the victim's choosing prior to being interviewed or having District Attorney contact pertaining to any criminal action arising out of the sexual assault. Agency indicates all efforts are documented. All sexual assault examinations shall take place at the designated SART facility unless authorized by a patrol supervisor or domestic violence/sexual assault detective. The sexual assault examination shall be performed by a qualified sexual assault examiner. The Examiner will conduct the examination in accordance with the California Medical Protocol for Examination of Sexual Assault Victims.

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. There were no inmates housed at NCDF who had reported sexual abuse.

115.21(e): PREA Policy 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.

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. There were no inmates housed at NCDF who had reported sexual abuse.

115.21(f): N/A - Agency/facility is responsible for conducting administrative and criminal sexual abuse investigations.

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

115.21(h): Interview with Verify Victim Advocacy Services indicates that their services are available 24/7 and receive training through Sonoma County training unit. They provide advocacy and emotional support.

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:**

Agency has not provided auditor with copy of MOU or agreement with Sutter Hospital for them to provide SAFE/SANE treatment for inmate victims of sexual abuse.

1. Agency to provide auditor with MOU or agreement with Sutter Hospital or provide auditor with written attempts to obtain agreement for forensic examinations for inmate victims of sexual abuse.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

#### **Corrective Action Completion 10/16/19:**

On 10/16/19, the Training Unit Compliance Deputy provided Auditor with the Sutter Medical Center Health Care Access Agreement between Sutter Medical Center of Santa Rosa and the County of Sonoma which includes access to sexual assault services. The original term of the 3/26/96 to 12/31/16 Health Care Access Agreement was extended upon Board approval of the 2010 Sutter Business Plan through 2021. (HCAA § 3.1)

List of services include, but are not limited to:

- Delivery of health care services
- Jail inmate services
- Sexual assault services
- Women's care services
- HIV/AIDS clinic and HIV early intervention clinic program

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 all standard provisions and complies with Standard 115.21.

## **Standard 115.22: Policies to ensure referrals of allegations for investigations**

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

#### **115.22 (a)**

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

#### **115.22 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to



conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?  Yes  No

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

#### 115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)  Yes  No  NA

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.22(a): Policy 605 Adult Sexual Assault Investigations mandates that 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.

PREA Policy 1.0 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.

Interview with Agency Head designee indicates that all criminal and administrative allegations

of sexual abuse sexual harassment are investigating completely. Notifications of the findings with administrative or criminal investigations is conducted on all allegations and provides the outcome of said investigations. The last 12 months two allegations resulted in administrative investigations. In referring to allegations received during past 12 months both investigations were completed.

115.22(b): PREA Policy 5.4 & 5.11 mandates that allegations of sexual abuse or sexual harassment Arts referred for investigation to Control division or the domestic violence sexual assault unit for investigation. PC policy regarding the referral of allegations of sexual abuse or sexual harassment investigation is published on the agency website as verified by the auditor. Other verify posting of this information on the agency website. Copies are completed preowned related incidents and investigations shall be forwarded to the PREA Coordinator. Interview with Investigative staff indicates all administrative and criminal investigations are documented. This was verified by auditor's receipt of the criminal and administrative investigations from the Agency.

115.22(c): N/A - agency/facility is responsible for criminal investigations.

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

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?  Yes  No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment  Yes  No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?  Yes  No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?  Yes  No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?  Yes  No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  Yes  No

#### 115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility?  Yes  No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?  Yes  No

#### 115.31 (c)

- Have all current employees who may have contact with inmates received such training?  Yes  No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?  Yes  No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?  Yes  No

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.31(a): PREA Policy 5.1 mandates that all employees will be trained on the 10 PREA employee training criteria as outlined in Standard provision, Auditor reviewed the training power-point to verify compliance. Interview with a random sample of 21 staff verifies that training they have received in compliance with this standard. Review of a sample of 16 staff indicate all custody staff completed initial PREA training. 7 custody staff received their PREA training before their hire date  
9 custody staff received their PREA training after their hire date

115.31(b): PREA Policy mandates that training is tailored to the gender of the inmates at the facility. All staff, contractors and volunteers who may have inmate contact, shall receive the training criteria as outlined in PREA Standard provision 115.31(a). All staff attend training on Searches Pat Searches and Strip Searches to include Cross-gender Pat Search. This training is verified through the Policy Training Record which agency provided to auditor.

115.31(c): PREA Policy mandates that all employees shall receive refresher training every two years. All employees, in years when the above listed training is not provided, refresher information shall be provided on current sexual abuse and sexual harassment policies. Agency states that the frequency with which employees who may have contact with inmates receive refresher training on PREA requirements is annually.

115.31(d): All training shall be documented through staff member, contractor or volunteer signature or electronic verification that staff members, contractors and volunteers understand the training they have received. Auditor was provided electronic verification of refresher training attendance roster conducted 1/1/18 to 12/31/18. 288 staff attended the training.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.31(a) and corrective action is required.

#### **Corrective Action Recommended:**

Review of a sample of 16 staff training records reveals that 7 custody staff received their PREA training before their hire date and 9 custody staff received their PREA training after their hire date.

1. Agency to provide auditor with roster of custody staff hired between 8/2/19 and 11/3/19 for random staff selection for document review to verify all staff received PREA training prior to their hire date.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

**Corrective Action Completion 11/25/19:**

1. On 11/25/19, Agency provided auditor with copy of the PREA training powerpoint and an updated training records list of 9 custody staff with attestation forms, hired from 7/28/19 to 10/24/19. Agency explains that 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.

The agency/facility has met the requirements of Standard provision(s) 115.31(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.31.

**Standard 115.32: Volunteer and contractor training**

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

**115.32 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures?  Yes  No

**115.32 (b)**

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?  Yes  No

**115.32 (c)**

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

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.32(a): Policy PREA 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 indicates that 350 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. Agency provided auditor with copy of the contractors, volunteers and CFMG medical staff training power-point.

Document review of a sample of 8 contractors & 10 volunteers provided to auditor, indicate that auditor was initially provided the most recent PREA training date (2018 & 2019). Auditor re-requested their initial training date which agency provided. The review results were that all 8 contractors had hire/start dates, 5 contractors failed backgrounds and were denied access to the facility. 3 contractors completed the PREA training prior to their hire/start dates. All randomly selected volunteer records verified that all volunteers completed PREA training prior to their start dates.

115.32(b): Policy PREA mandates 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. This is verified through the training power-points provided.

Interviews with random sample of 2 contractors & 2 volunteers who have contact with inmates verify that they have received training on the agency's zero tolerance policy.

115.32(c): Policy PREA mandates that the agency maintains documentation confirming that volunteers and contractors understand the training they have received based upon documentation provided to the auditor for verification (MADF PREA Training Form).

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.32(a) and corrective action is required.

**Corrective Action Recommended:**

Document review of a sample of 8 contractors & 10 volunteers provided to auditor, indicate that auditor was initially provided the most recent PREA training date (2018 & 2019). Auditor re-requested their initial training date which agency provided. The review results were that all 8 contractors had hire/start dates, 5 contractors failed backgrounds and were denied access to the facility. 3 contractors completed the PREA training prior to their hire/start dates.

1. Agency to provide auditor with roster of contractors hired between 8/2/19 and 11/3/19 for random staff selection for document review to verify all contractors received PREA training prior to their hire/start date.
2. Agency to provide auditor with copy of lesson plan or curriculum for the Sheriff's Office PREA Training power-point presentation for:
  - a) Fac Ops and contractors.
  - b) Medical Power-point training for CFMG

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20

**Corrective Action Completion 11/25/19:**

1 & 2. Agency provided auditor with the compliant PREA power-point presentations for facility operations contractors, volunteers and CFMG staff. Agency does not possess lesson plan or curriculum for the power-point presentations as they are not STC certified training platforms. Agency also provided auditor with PREA training dates for 10 Contractors and 10 Volunteers. Dates of training indicates that of the 10 Contractors, 9 contractors completed PREA training by their hire date or prior to entering the facility.

Of the 10 volunteers, 9 volunteers completed PREA training by their hire date or prior to entering the facility. Agency provided attestation forms signed by the contractors and volunteers who attended the PREA training. Attestation forms verifies student's attendance and understanding of the training provided.

Agency is in the process of updating the tracking system for volunteers and contractors. Prior 2018, per policy, Agency required all staff, volunteers, and contractor receive a refresher training on PREA every two years. In 2018, policy was changed where only staff is required to have this refresher training (not volunteers and contractors). This means that only the initial PREA training for volunteers and contractors is now required. The Programs department was/is deleting the initial PREA training date and replacing it with the most current training date in their Tracking system. This error causes the PREA tracking system to appear as if some individuals have a 9-year gap between the hire date and

when they completed their PREA training. Moving forward, the Programs department has been informed to maintain initial PREA training dates and keep a separate tracking log.

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

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?  Yes  No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?  Yes  No

#### 115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)?  Yes  No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?  Yes  No

#### 115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?  Yes  No



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

### 115.33 (e)

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

### 115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.33(a): Agency indicates that inmates receive information at time of intake about the zerotolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The number of inmates admitted during the past 12 months who were given this information at intake was 16811. Review of Custody Advisements DD-526 provided to auditor by agency includes information on the PREA Zero-Tolerance policy in both English & Spanish and must be signed by the inmate and witnessed by staff. Agency also provided auditor with the PREA inmate education brochure in both English and Spanish which provides the inmate education on Zero-Tolerance, inmate rights under PREA, how to make a report, 3rd party

reporting, emergency medical care and treatment, definitions of sexual harassment, sexual abuse and voyeurism.

Interview with intake staff indicates that they provide zero-tolerance and how to report sexual abuse and sexual harassment by reading the advisement to the inmate and provide them with a carbon copy of the form after they sign it. Any inmate who transfers between facilities are provided the same form upon intake. Interview with random sample of 27 inmates indicates that inmates are handed an inmate handbook, pamphlet and see a PREA video at intake, prior to being housed.

115.33(b): Agency indicates they are unable to provide auditor with the number of those 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 due to data being unavailable. Interview with intake staff indicates that inmates are provided comprehensive education within 30 days of intake by classification. Interview with random sample of 27 inmates indicate that they remember being provided comprehensive education during booking, soon after intake. Most inmates say there is no intake at NCDF.

115.33(c): Policy PREA 5.2 mandates that:

- 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 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.

Interview with intake staff indicates that inmates are provided all information during intake.

115.33(d): Policy PREA 5.2 mandates that:

- 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 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. The information is provided in the following formats:

prison-rape-elimination-act-.pdf  
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  
Custody-Advisements-dd-526.pdf

Inmates also have access to language interpreters, both through contract and staff, TDD and TTY, and verbally through intake staff.

115.33(e): Inmates sign forms when obtaining the information and materials as evidenced by copies of signed documents provided to auditor.

115.33(f): Policy PREA 5.2 mandates that 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. Auditor evidenced education materials in the way of posters placed throughout the facility and housing units.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.33.

## Standard 115.34: Specialized training: Investigations

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

### 115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA
  
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### 115.34 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.34(a): Policy PREA 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.

Policy PREA training for DVSA detectives - Sexual Assaults in a Confinement Setting powerpoint mandates that DVSA will investigate all felony sex crimes that occur in the jails. Upon review of both policies, auditor cannot verify that this training meets the training requirements of PREA Standard 115.34(b).

115.34(b): Policy 605 - Adult Sexual Assault Investigations mandates that:

(a) Cases of sexual assault that are reported to the Sheriff's Department will normally be referred to the Patrol Division for the initial investigation and crime report.

(b) The exceptions to the above procedure shall be in cases where the sexual assault report is made directly to the Domestic Violence/Sexual Assault Unit of the Investigations Division. In those situations, the Domestic Violence/Sexual Assault Unit supervisor shall have the option of assigning the case directly to a Detective or referring the case to the Patrol Division, if deemed appropriate.

Policy PREA 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.

Policy PREA training for DVSA detectives - Sexual Assaults in a Confinement Setting powerpoint mandates that DVSA will investigate all felony sex crimes that occur in the jails.

Upon review of both policies, auditor cannot verify that this training meets the training requirements of PREA Standard 115.34(b). The narrative in both PREA Policy and DVSA training power-point does not discuss proper use of Garrity Warnings, interview techniques of sexual abuse victims, sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Agency did not provide auditor with the lesson plan or curriculum which identified the specific lesson that accompanies the power-point topic bullet points.

Interview with both DVSA and IA Investigative staff indicates that the investigators received training specific to conducting sexual abuse investigations in a confinement setting. One of the investigators indicated he may have taken the National Institute of Corrections course but could not inform the auditor when that may have occurred or if he possessed a NIC certificate of training. Another indicated he took a week-long IGI course but could not verify if the course was an IGI-1 course (which is non-compliant for conducting sexual abuse in a confinement setting), or the compliant IGI-2 course.

115.34(c): Agency verifies that they employ 6 special investigators who have completed the required training. Agency provided auditor with a copy of a blank PREA Training Attestation Form. Auditor unable to verify investigative class attendance.

115.34(d): Agency indicates they have 6 special investigators and did not provide auditor with an attestation form for any of the 6 investigators.

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

**Corrective Action Recommended:**

Upon review of policies PREA, DVSA detectives - Sexual Assaults in a Confinement Setting power-point and Policy 605 - Adult Sexual Assault Investigations, auditor cannot verify that this training meets the training requirements of PREA Standard 115.34(a & b).

1. Agency to provide auditor with a copy of the training lesson plan and/or curriculum which verifies at least the minimum training being conducted for special investigators in accordance with these standards.
2. Agency to provide auditor with training logs of all staff trained to conduct sexual abuse investigations in a confinement setting.
3. Agency to provide auditor with certifications from NIC or POST IGI-2 course for staff trained to conduct sexual abuse investigations in a confinement setting.
4. Agency to provide auditor with attestation forms for investigators who completed the DVSA Sexual Assaults in a Confinement Setting course.

Auditor will conduct a 90-day status review on 10/26/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/24/20

**Corrective Action Completion 11/19/19:**

1 thru 4: On 11/19/19 the Training Coordinator provided auditor with an updated copy of the PPT presentation for DVSA Sexual Assault Investigators. The training provides extensive training in Garrity warnings, Beheler and Miranda. Agency provided electronic training sheet and attestation forms which verifies completion of the Sexual Assault Investigation (ICI) training through POST by the 4 DVSA investigators trained to provide sexual abuse investigations in a confinement setting.

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

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

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

**115.35 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  Yes  No  NA

### 115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  Yes  No  NA

### 115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)  Yes  No  NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.35(a): Policy PREA 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 a copy of the Medical power-point training for CFMG. The power-point outlines each of the 10 minimum criteria outlined in the PREA standard. All training shall be documented through staff member, contractor or volunteer signature or electronic verification that staff members, contractors and volunteers understand the training they have received. Agency indicates that 111 medical and mental health care practitioners who work regularly at this facility who received the training required by agency policy which agency interprets that 90% of medical and mental health care practitioners who work regularly at the facility have received the training required by the agency. Review of the medical pdf electronic training documentation indicates that out of the 111 medical and mental health care practitioners 11 are awaiting training. Of the 11 awaiting PREA training, 1 is assigned to both MADF and NCDF and has been cleared with a D-PASS.

115.35(b): N/A - Interview with medical and mental health staff indicates that agency medical staff (CFMG) at this facility does not conduct forensic medical exams.

115.35(c): The agency maintains documentation showing that medical and mental health practitioners have completed the required training in the form of electronic data sheet.

115.35(d): The power-point training contains the 11 mandated criteria outlined in the PREA mandated training standards for employees. Medical and mental health practitioners are contractors through CFMG.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with



Standard provision(s) 115.35(a) and corrective action is required.

**Corrective Action Recommended:**

Review of the medical pdf electronic training documentation indicates that out of the 111 medical and mental health care practitioners 11 are awaiting training. Of the 11 awaiting PREA training, 1 is assigned to both MADF and NCDF and has been cleared with a D-PASS. Agency did not provide auditor with copy of lesson plan or curriculum to verify content of training.

1. Agency to inform auditor the reason why the 1 identified medical or mental health practitioner has not completed the PREA training but has been granted clearance in both MADF and NCDF without completing PREA training?
2. Agency to provide auditor with copy of the training power-point lesson plan or curriculum.
3. Agency to provide auditor with verification that participants in the PREA training understand the training that was provided.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

**Corrective Action Completion 11/18/19:**

1 thru 3. On 11/18/19, Agency provided auditor with copy of electronic PREA training attendance form and attestation of understanding from the 1 medical practitioner in question. Agency indicates that the failure to identify this practitioner as attending PREA training after her CLETS training in 2/14/17 was an oversight as this information was not entered into the Access System. Agency provided auditor with the signed attestation form dated 5/16/19 from the practitioner, and the latest Access System printout which identifies this practitioner as attending and completing the PREA training on 5/13/19.

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

**SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

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

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

#### 115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?  Yes  No

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective

determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses?  Yes  No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse?  Yes  No

#### 115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?  Yes  No

#### 115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to a request?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?  Yes  No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?  Yes  No

#### 115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?  Yes  No

#### 115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.41(a): Classification Primary Classification Policy 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. Classification PREA 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. 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. Classification deputies shall utilize this information for all transfers between facilities. NCDF Audit Inmate Records Review Tool indicates that out of the 20 randomly selected inmates who entered the facility over the past year, 17 inmates received their screening within 72 hours of intake. Interview with Risk Screening staff indicates that inmates are screened upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Interview with 27 randomly selected inmates indicates that they all received initial screening same day as intake.

115.41(b): Classification PREA 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. 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. Classification deputies shall utilize this information for all transfers between facilities.

30-Day Assessment NCDF indicates that 4387 inmates, entered the facility over the past 12 months. Classification notes indicates that all inmates received their screening within 72 hours of intake.

Interview with Risk Screening Staff indicates that they screen inmates risk of sexual victimization risk of sexually abusing other inmates within seventy two hours of their intake. Interview with random sample of 20 inmates indicates that they recall screening when they came to the facility and either Booking or Classification asked them the PREA questions such as have they been sexually abused in the past, what gender they identify as and if they believe they may be sexually abused in this facility.

115.41(c): Primary Classification Decision Tree is the screening instrument utilized in Booking. The screening tool identifies race, age, weight, height, previous incarceration history, criminal history, prior sexual victimization question, questions about vulnerability, if they are been a victim sexual abuse, ever being accused of sexual abuse, sexual orientation questions, sexual identity & perception questions. mental health developmental questions, history of victimization questions. sex. Policy Classification PREA 5.0 Procedures includes question for inmate being detained solely for civil immigration purposes. Primary Classification Decision Tree does not include the question regarding whether the inmate is detained solely for civil immigration purposes.

115.41(d): Primary Classification Decision Tree DD-936 is the screening instrument utilized in Booking. The screening tool identifies race, age, weight, height, previous incarceration history, criminal history, prior sexual victimization question, questions about vulnerability, if they are been a victim sexual abuse, ever being accused of sexual abuse, sexual orientation questions, sexual identity & perception questions. mental health developmental questions, history of victimization questions. sex.

Interview with Risk Screening Staff indicates that the risk screening tool includes all required questions identified in Standard provision 115.41(d). Process for conducting an initial screening includes The initial medical career screening, the pre-screening form being completed, PREA acceptance form and custody advisement.

Policy Classification PREA 5.0 Procedures includes question for inmate being detained solely for civil immigration purposes. Primary Classification Decision Tree does not include the question regarding whether the inmate is detained solely for civil immigration purposes.

115.41(e): The initial screening considers 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 verifies this claim.

115.41(f): Policy Classification PREA 5.0 mandates that "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."

Agency indicates that 2579 inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake. Both intake staff and random sample of inmates verify this statement during interviews.

115.41(g): Classification Review Reclassification Policy mandates that Classification Review Reclassification Policy mandates that 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.

Interview with Risk Screening Staff indicates that meet wrist levels are reassessed as needed due to a referral, request, incident of sexual abuse, or receipt of additional information and beers on the inmates risk of sexual victimization or abuses. There is a computer system notification provided prior to 30 day reassessment mandate. If the reassessments conducted after the thirty days. After rival inmates all wrist levels are reassessed within 30 days.

115.41(h): Classification PREA Policy 5.0 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 Risk Screening Staff indicates that the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: (a) whether or not the inmate has a mental, physical, or developmental disability; (b) whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) whether or not the inmate has previously experienced sexual victimization; and (d) the inmate's own perception of vulnerability.

115.41(i): Classification PREA Policy 5.0 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 PREA Coordinator, PREA Compliance Manager and Risk Screening Staff all indicate that the Agency/Facility in accordance with policy. 115.41(f): Classification Review Reclassification Policy mandates that 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. Review of the NCDF 30-day Reassessment of randomly selected Agency did not provide the number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more and who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake as data was not available.

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

**Corrective Action Recommended:**

Agency indicates that the number of inmates entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 72 hours or

more and who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility as the numbers are unavailable.

1. Agency to create and maintain a tracking system to identify inmates entering the facility either through intake or transfer whose length of stay in the facility was for 72 hours or more for screening verification purposes.
2. After 90-days from Agency's receipt of the Interim Report, auditor will reassess compliance with this standard. Policy Classification PREA 5.0 Procedures includes question for inmate being detained solely or civil immigration purposes. Primary Classification Decision Tree does not include the question regarding whether the inmate is detained solely for civil immigration purposes.
3. Agency to amend the Primary Classification Decision Tree to include question asking if inmate is detained solely for civil immigration purposes as mandated by the standard.
4. Agency to provide auditor with copy of amended Primary Classification Decision Tree

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20

#### **Corrective Action Completion 11/26/19:**

1 thru 4: On 11/26/19, Agency provided auditor with a copy of agency's Immigration Status Policy 1.0 in which the Policy Statement mandates that, "No person shall be held solely on the basis of their immigration status. The immigration status of a person, and the lack of immigration documentation, should have no bearing on the manner in which Sheriff's Office personnel execute their duties."

The Sheriff's Department follows mandates under:

- AB 4 (TRUST ACT)
- AB 2792 (TRUTH ACT)
- SB54 (California Values Act)
- Government Code 7282, 7282.5, 7283, 7283.1 and 7283.2, 7284, 7284.2, 7284.4, 7284.6, 7284.10
- 8 CFR 287.7
- Civil Code 1798
- California Public Records Act section 6250

On 11/25/19, Agency provided auditor with random sample of 15 electronic inmate screening tools for inmates who entered the facility between July and October 2019. All inmates received screening reassessments for their risk of sexual victimization or of being sexually abusive within 30 days of intake.

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

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?  Yes  No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?  Yes  No

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the **agency** consider, on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)



- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?  
 Yes  No

#### 115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?  Yes  No

#### 115.42 (f)

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

#### 115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  Yes  No  NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)  
 Yes  No  NA

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

115.42(a): Policy Classification PREA mandates that 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. Classification - Primary Classification Policy 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 PREA Compliance Manager and Risk Screening staff indicates that the documentation is used to assess inmates to determine if they are subject to being sexually abused or sexually abusive. The advisement that the inmate signs outlines zero-tolerance. The inmate is provided the handbook with PREA information on housing, assistance and reporting instructions.

115.42(b): Policy Classification PREA mandates that Classification deputies will make individualized determinations about how to most effectively provide for the safety and security of each inmate. Interview with Risk Screening staff verifies use of policy.

115.42(c): Policy Classification PREA mandates that 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. Policy Transgender-Intersex Inmates mandates that it is the policy of the Sonoma County Sheriff's Office to identify all transgender and intersex inmates at intake, to evaluate them on a case-by-case basis and to make housing decisions that provide for the safest housing environment possible, consistent with law and applicable regulations. Programming opportunities are available to all inmates based on their classification level and after an evaluation of all safety and security concerns. All contacts with transgender and intersex inmates will be conducted in a respectful, courteous, and professional manner while maintaining the necessary level of safety and security. Discrimination or harassment of any kind, based on actual or perceived gender, gender identity, and/or gender expression is strictly prohibited and will not be tolerated. The gender identity of all persons will be respected. Interview with the PREA Compliance Manager indicates that housing is based on classification and safety and security for each inmate. Interview with 1 Transgender inmate housed at NCDF who indicates that questions were asked regarding her safety by Classification. She was not placed in a specific housing unit for transgender or intersex inmates only. She is currently housed in a general population unit and

she feels safe. She is able to shower without other inmates.

115.42(d): Classification PREA Policy 5.1 mandates that 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 the PREA Compliance Manager indicates that transgender or intersex inmates are reassessed every 30 days to review any threats to safety experienced by the inmate. Interview with Risk Screening staff indicates that all inmates in the facility are reassessed every 30 days.

Current inmate housed at NCDF has not been incarcerated 6 months or more.

115.42(e): Policy Transgender-Intersex Inmates 4.1 mandates that a classification deputy will interview and screen all transgender and intersex inmates in the booking area before a housing decision is made. The classification deputy shall use all information learned to make individualized housing determinations about how best to ensure the safety and security of each inmate. A transgender or intersex inmate's own views with respect to their own safety and housing preference will be given serious consideration by the classification deputy. The goal being to keep separate those inmates at a high risk of being sexually or physically victimized from those inmates at a high risk of being sexually or physically abusive. Interview with the PREA Compliance Manager, Risk Screening Staff and 1 Transgender inmate all concur with agency staff following policy as written.

115.42(f): Policy Transgender-Intersex Inmates 4.2 Housing mandates that transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Interviews with the PREA Compliance Manager, Risk Screening Staff and 2 Transgender inmate agree housing staff follows policy. Housing units review by auditor determine all showers are individual with doors and are in view of the housing deputy view at all times.

115.42(g): Transgender/Intersex Policy 4.2 Housing mandates that the Office will not place transgender or intersex inmates in housing areas or wings solely on the basis of such identification or status. This is verified during the interviews with the PREA Coordinator, PREA Compliance Manager, 1 Transgender inmates.

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

## **Standard 115.43: Protective Custody**

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

#### **115.43 (a)**

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been

made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No

- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?  Yes  No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?  Yes  No
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.)  Yes  No  NA

#### 115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?  Yes  No
- Does such an assignment not ordinarily exceed a period of 30 days?  Yes  No

#### 115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the basis for the facility's concern for the inmate's safety?  Yes  No

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document the reason why no alternative means of separation can be arranged?  Yes  No

#### 115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.43(a): Classification PREA Policy mandates that 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. Agency indicates that over the past 12 months no inmates have been placed in segregated housing awaiting completion of assessment. Interview with the Facility Commander indicates that agency uses a classification plan for the safety, mental health and physical condition of inmates.

115.43(b): Classification PREA Policy mandates that 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:

- (1) The opportunities that have been limited.
- (2) The duration of the limitation; and
- (3) The reasons for such limitations.

115.43(c): 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. Facility Commander agrees with the assessment that no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

115.43(d): Agency reports there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, there no files that include BOTH (a) a statement of the basis for facility's concern for the inmate's safety, and (b) the reason or reasons why alternative means of separation could not be arranged.

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

## REPORTING

### Standard 115.51: Inmate reporting

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

#### 115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?  Yes  No
- Does the agency provide multiple internal ways for inmates to privately report staff neglect or violation of responsibilities that may have contributed to such incidents?  Yes  No

#### 115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?  Yes  No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?  Yes  No
- Does that private entity or office allow the inmate to remain anonymous upon request?  Yes  No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes)  Yes  No  NA

#### 115.51 (c)

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

- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?  
 Yes  No

#### 115.51 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.51(a): PREA Policy 5.2 mandates that the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials:

- 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 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 random sample of 13 staff and 27 inmates indicate these opportunities used to afford inmates opportunities to report is available and accessible.

115.51(b): PREA policy 5.4 & 5.7 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.

- a. Inmates who do not speak English may request a translator upon contacting the Sonoma County Rape Crisis Center.
- 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.
- e. 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.

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.

Consulate Notification mandates that 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.

- A. In accordance with federal law and 834c P.C., every peace officer, upon arrest and booking or detention of a known or suspected foreign national, shall advise the foreign national that they have a right to communicate with an official of their country.
- B. Article 36 of the V.C.C.R. requires that specific countries receive a mandatory notification.
- C. Every attempt should be made to notify consulate officials, without delay.
- D. More information regarding consulate information may be found in the Consulate Notification and Access booklet. Copies of this booklet shall be kept in Booking and Records (MADF) and in Central (NCDF).
- E. Any issue or questions from Consular Officials should be directed to the Administrative Lieutenant (MADF) or the Watch Commander (NCDF).
- F. Consular phone numbers should be given to inmates requesting them as soon as possible.
- G. Consular Officials are only entitled to the same information, excluding passport information, regarding an inmate that is available to the public.
- H. The closest consulate will be notified.
- I. If consulate notification is made by phone and only a message is left on an answering machine, follow up will be made during normal business hours to ensure that the notification was received.

Interview with the PREA Compliance Manager indicates that inmates can report through the inmate hotline where they can provide information and advise program entities of any sexual abuse or sexual harassment.

Interview with random sample of 27 inmates indicate that reporting can be accomplished through staff and the PREA hotline. Inmates also know that they can make reports



anonymously.

115.51(c): PREA Policy 5.4 mandates that 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 with a random sample of 13 staff and 27 inmates indicated staff shall immediately document verbal reports and inmates know that staff are to take action in the event a report of sexual abuse and sexual harassment is made by inmates.

115.51(d): PAQ indicates that the the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. PAQ also indicates that staff are informed through policy and staff training on how to report privately. Agency provided auditor with copy of the Sheriff's Office PREA Orientation power-point, and private reporting for staff is not indicated either in the training or PREA policy.

Interview with a random sample of 13 staff indicates that staff can privately report to Domestic Violence and Sexual Assault (DVSA) investigator.

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

## Standard 115.52: Exhaustion of administrative remedies

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

#### 115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.  Yes  No

#### 115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)  Yes  No  NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)  Yes  No  NA

### 115.52 (f)

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

- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)  Yes  No  NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)  
 Yes  No  NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (g)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.52(a): Grievances-Inmate Policy 1.0 mandates that the Sonoma County Sheriff's Office

Detention Division will provide a systematic process for resolution of inmate complaints through the Inmate Grievance Procedure. The procedure is designed to provide resolution grievances of grievances at the lowest practical level. No inmate will suffer reprisals because of use of the Grievance Procedure. The Inmate Grievance Procedure is also used to provide review of administrative policy, the assessment of staff training, the monitoring of programs, and documentation of incidents which should become subject to subsequent judicial review.

115.52(b): Policy PREA 4.4 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. Inmates are instructed to submit grievances to either the Deputy or supervising Sergeant. Policy is not in compliance with the PREA standard.

115.52(c): Policy PREA 5.4 G does not include language which allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint or requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

115.52(d): PREA Policy 4.3 mandates that for a Formal Grievance Step I - Inmate has fourteen (14) days from the date of an incident to fill out Step I of the Inmate Grievance Form(side one) (side two) and file it with the Deputy. The Deputy has two (2) working days to meet with the inmate and has two (2) working days following the meeting to respond to the inmate on the Inmate Grievance Form.

Formal Grievance Step II - The inmate has two (2) days following the decision of the Deputy to fill out Step II of the Inmate Grievance Form and submit it to the Supervising Sergeant. The Supervising Sergeant has fourteen (14) working days to investigate the actions/responses of the Deputy and respond to the inmate in writing. Support Services Staff have fourteen (14) working days to investigate the actions/responses of the Deputy and respond to the inmate in writing.

Formal Grievance Step III - The inmate has two (2) days to appeal the decision of the Supervising Sergeant to the DGO. The DGO has five (5) working days to meet with the inmate, if a meeting is warranted. The DGO has an additional five (5) working days to investigate the grievance and to respond to the inmate in writing.

Formal Grievance appeal - The inmate has two (2) days to appeal the decision of the DGO to the designated Lieutenant. The Lieutenant has ten (10) working days to investigate the grievance and respond to the inmate in writing. The response shall be returned to the inmate through the DGO so they can log that a response was sent. Grievances that contain allegations of staff misconduct will adhere to normal time limits. The Lieutenant will have ten (10) working days from receipt of the grievance to investigate and respond to the inmate in writing. The response shall be returned to the inmate through the DGO so they can log that a response was sent.

Agency indicates that in the past 12 months no grievances alleged sexual abuse, none reached 90-days after being filed, no grievances alleging sexual abuse that involved extensions because final decision was not reached within 90 days, no extensions were requested. Grievance -Inmate Policy mandates that the agency always notifies an inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made.

Interview with 3 inmates who reported a sexual abuse indicated that they did not make

allegation of sexual abuse through the grievance system.

115.52(e): Policy PREA 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. There is no policy language which requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Agency reports that in the past 12 months there is no record in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

115.52(f): PREA Policy 5.0 mandates that correctional Staff upon learning of an inmate's substantial risk of imminent sexual abuse will take immediate steps to protect the inmate. Grievances Inmate Policy 4.0 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. There has been no grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months.

115.52(g): Grievances Inmate Policy 4.1 mandates that facility administration reserves the right to control excessive and/or frivolous grievances submitted by any one inmate. If it is determined an inmate is an excessive/frivolous grievance writer, the Lieutenant shall notify staff and the inmate in writing the process on how the inmate will submit future grievances. Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.52(b), 115.52(c) and corrective action is required.

**Corrective Action Recommended:**

Policy PREA 4.4 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. Policy is not in compliance with the PREA standard.

Inmates are instructed to submit grievances to either the Deputy or supervising Sergeant. Policy is not in compliance with the PREA standard.

Agency indicates that PREA Policy 5.4(G) contains language which is compliant with PREA Standard 115.52(c), however, auditor is unable to find the required language. There is no policy language which requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline.

1. Agency to amend policy to include language in compliance with PREA standard 115.52(b)-1 "The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse.

2. Agency to amend Policy PREA 4.4 which mandates that the agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

3. Agency to amend PREA Policy 5.4(G) to include language which allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint or requires that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

4. Agency to amend PREA Policy 115.52(e)-2 which includes language such as “if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline” in order to be compliant with the standard.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20

#### **Corrective Action Completion 11/25/19:**

1 thru 4: Agency does not possess a Grievance Policy that addresses sexual abuse. Agency claims exemption from this Standard as it does not possess administrative procedures to address inmate grievances regarding sexual abuse. Agency has a number of alternative methods where inmates may report allegations of sexual abuse.

PREA policy 5.4 & 5.7 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.

a. Inmates who do not speak English may request a translator upon contacting the Sonoma County Rape Crisis Center.

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.

e. 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. 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

60

relationships.

d. National Human Trafficking hotline.

Consulate Notification mandates that 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.

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

## Standard 115.53: Inmate access to outside confidential support services

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

#### 115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?  Yes  No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.)  Yes  No  NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?  Yes  No

#### 115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?  Yes  No

#### 115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?  Yes  No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?  Yes  No

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.53(a): PREA Policy 5.3 & 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. 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. 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.

Agency reports no inmates who reported sexual abuse from over the past 2 months NCDF.

115.53(b): The facility informs inmates, prior to giving them access to outside support services, the extent to which such communications will be monitored through:

- 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

The facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law through the PREA education brochure dd 935.

115.53(c): Verity Operational Agreement was provided to auditor by agency. The signed agreement (MOU) term is from 1/1/18 to 1/1/22. The Verity Rape Crisis Center Services 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 supporting 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.



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

## Standard 115.54: Third-party reporting

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

#### 115.54 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.54(a): 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 and posters (<https://www.sonomasheriff.org/prea>). This information is available to the public through the Sonoma County Sheriff's website and the PREA inmate education brochure - dd 935.

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

# OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

## Standard 115.61: Staff and agency reporting duties

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

### 115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  Yes  No

### 115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?  Yes  No

### 115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?  Yes  No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?  Yes  No

### 115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?  Yes  No

### 115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?  Yes  No

## Auditor Overall Compliance Determination

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.61(a): PREA Policy 5.4 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. 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.

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.

115,61(b): PREA Policy 5.4 mandates that 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.

Interview with a random sample of 13 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.

115.61(c): PREA Policy 5.4 mandates that 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 to make, practitioners disclose the limitations of confidentiality and the report this information is documented only if ass to report otherwise uses verbal mental health practitioner indicated that yes information regarding disclosing 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 their designated supervisor or officials immediately upon learning of it.

115.61(d): PREA Policy 5.4 mandates that 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 a victim under the age of 18 years who makes an allegation of sexual abuse will be investigated like any other investigation but the procedures 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): PREA Policy 5.4 mandates that all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators. 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.

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

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.62(a): PREA Policy 6.O mandates that Correctional Staff upon learning of an inmate's substantial risk of imminent sexual abuse will take immediate steps to protect the inmate. In the past 12 months, there has been no instances where the agency or facility determined that an inmate was subject to a substantial risk of imminent sexual abuse.

Interview with the Agency Head designee, Facility Commander and Random Sample of 13 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 the Rape Crisis Center, Family Justice Center, YWCA or Verity.

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

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?  Yes  No

#### 115.63 (b)

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

#### 115.63 (c)

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

## 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.63(a): PREA Policy 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. Agency reports that in the past 12 months, there were no allegations the facility received that an inmate was abused while confined at another facility.

115.63(b): PREA Policy 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.

115.63 (c): 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.

115.63 (d): PREA Policy 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. Agency reports that in the past 12 months, the number of 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 final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.63.

## Standard 115.64: Staff first responder duties

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

### 115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
 Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?  Yes  No

### 115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?  Yes  No

### Auditor Overall Compliance Determination

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.64 (a): PREA Policy 5.3 mandates that the agency has a first responder policy for allegations of sexual abuse, titled Response to a PREA Incident.

A. Correctional Staff shall take immediate steps to protect an inmate from sexual abuse and shall separate abusers from potential victims.

B. Correctional Staff shall preserve and protect the crime scene until appropriate steps can be taken to collect evidence. If the first staff responder is not a Correctional Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify Correctional Staff.

In the past 12 months there were 1 allegation that an inmate was sexually abused, 1 allegations where the first security staff member to respond to the report separated the alleged victim and abuser and there were 0 allegations where staff were notified in a time frame to collect physical evidence. Of these allegations in the past 12 months where staff were notified within a time period that still allowed for the collection of physical evidence, there were no instances where the first security staff member to respond to the report requested 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.

Interview with security staff 1st Responders and inmates who reported sexual abuse indicates that the security staff members indicated use of the 1st responder protocol. There is no record of inmate who reported sexual abuse over the past 12 months.

115.64 (b): PREA Policy B 1 mandates that Correctional Staff shall preserve and protect the crime scene until appropriate steps can be taken to collect evidence. If the first staff responder is not a Correctional Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify Correctional Staff. Review of the allegations that an inmate was sexually abused made in the past 12 months, there was no instance where a non-security staff member was the first-responder.

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



## Standard 115.65: Coordinated response

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

#### 115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?  Yes  No

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.65(a): PREA Policy 5.3 outlines the procedure in response to a PREA incident of sexual abuse:

A. Correctional Staff shall take immediate steps to protect an inmate from sexual abuse and shall separate abusers from potential victims.

B. Correctional Staff shall preserve and protect the crime scene until appropriate steps can be taken to collect evidence.

1. If the first staff responder is not a Correctional Staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify Correctional Staff

C. The Sergeant shall request a patrol Deputy via Sheriff's Dispatch to respond to all PREA related crimes that occur in a facility.

1. A Patrol Deputy will refer all PREA related crimes to the DVSA unit for investigation.

D. The Sergeant is responsible to ensure reasonable steps are taken to prevent the alleged abuser from taking any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

E. Correctional Staff shall request mental health and/or medical staff to respond to all PREA related crime/incidents.

- 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.
- 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.
- F. The reporting Deputy will access the CJS system to complete an incident report.
- G. The Sergeant shall ensure staff members, contractors and/or volunteers submit an incident report, civilian incident or memorandum detailing their observations and the role they played in the incident.
- H. The Sergeant shall ensure the crime report and incident report numbers are cross referenced, and that copies of the incident reports, supplemental reports and any memorandums are forwarded to the Patrol Deputy and the PREA Coordinator.
- I. 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.
- J. When a victim of abuse returns from the hospital the booking Deputy will notify classification of the inmate's return before being housed. In the absence of a Classification Deputy the booking Sergeant shall make the appropriate housing decision. The booking Deputy will refer the inmate to medical and mental health practitioners to ensure that any necessary follow-up treatment services are provided.

Facility's Coordinated Response does not include Facility Leadership as mandated by this standard.

Interview with the Facility Commander indicates that the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.65(a) and corrective action is required.

**Corrective Action Recommended:**

Facility's Coordinated Response does not include actions by facility leadership as mandated by this standard.

1. Agency to amend facility's Coordinated Response in the PREA Policy 5.3 to include actions by facility leadership.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20

**Corrective Action Completion 1/9/20 :**

On 9/7/19, Agency provided auditor with an PREA policy amended 12/10/19 which identifies section 5.3 Response to a PREA Incident Main Adult Detention Facility and North County Detention Facility. Both sections include narrative explaining:

1. The Sergeant briefing the Watch Commander of the incident and investigation.
2. Watch Commander review of the measures taken to ensure the incident is being investigated and documented appropriately.
3. PREA Coordinator receiving any supplemental reports and crime reports.

The agency/facility has met the requirements of Standard provision(s) 115.65(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.65.

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

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

#### **115.66 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?  Yes  No

#### **115.66 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.66 (a): Interview with the Agency Contract Administrator indicates all previous contracts

for the confinement of inmates are no longer valid and expired. There is only one inmate confined in another Agency for security reasons. Agency provided auditor with a copy of the agreement with the California Department of Corrections and Rehabilitation (CDCR) Contract Beds Unit to house this inmate as a Sonoma County Safekeeper. The agreement is effective 4/4/19 and will run until the end of all court proceedings and then renegotiated if needed. The CDCR facility where this inmate is housed has completed a PREA Audit Final Report on 1/12/18. This report was provided to the auditor.

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

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.66.

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?  Yes  No
- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services, for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?  Yes  No

#### 115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?  Yes  No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?  Yes  No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?  Yes  No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
 Yes  No

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

115.67(a): PREA Policy 5.8 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. Agency has designated the PREA Coordinator or his designee to monitor for possible retaliation.

115.67(b): 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 Facility Commander indicates that measures taken to protect inmates and staff from retaliation involve use of Domestic Violence Sexual Assault Unit (DVSA) to conduct an investigation for staff vs inmate issues and remove the staff member pending investigation. For inmates, we can transfer the inmate to another facility or remove access to staff on inmate aggressor. Interview with Agency Head indicates that inmates are protected from retaliation through housing changes, facility changes, monitoring behavior to look for continued retaliation. Interview with designated staff member charged with monitoring retaliation indicates that he would track and respond to any retaliation claims. In the case of an inmate being retaliated against by another inmate, rehouse if needed. In the case of staff retaliating against an inmate, reassign the staff if needed.

There are no inmates who reported sexual abuse at NCDF. There is no segregated housing at NCDF.

115.67 (c): Policy PREA 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. 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. Over the past 12 months there have been no reported incidents of retaliation.

Interview with Facility Commander indicates that the measures he takes when retaliation is suspected is zero-tolerance. Retaliation in any form is not tolerated. we take immediate action. Staff can be placed on Administrative Time Off (ATO), restrict from facility or placed on

administrative action pending investigations.

Interview with designated staff member charged with monitoring retaliation indicates that when possible retaliation is detected, I monitor grievances, behavioral reports, inmate management notes. We monitor the inmate past 90-days if needed until his/her release. Staff monitoring can continue at least 1 year to Annual Evaluation.

115.67(d): Policy PREA 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.

115.67(e): Policy PREA 5.8 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.

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 victim is transferred to another facility .

115.67(f): N/A - Auditor is not required to audit this provision per DOJ.

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

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?  Yes  No

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.68 (a): Policy Classification PREA 5.2 mandates that 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. Agency reports that 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. 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. 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 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. There have been no inmates housed in segregated housing for reporting sexual abuse or pending sexual abuse investigation.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA



- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).]  Yes  No  NA

#### 115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?  Yes  No

#### 115.71 (c)

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

#### 115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?  Yes  No

#### 115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?  Yes  No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?  Yes  No

#### 115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?  Yes  No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?  Yes  No

#### 115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?  Yes  No

#### 115.71 (h)

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

#### 115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?  Yes  No

#### 115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  Yes  No

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.71(a): Policy Personnel Investigation Procedure 1.0 mandates that this policy is for the reporting, investigation and disposition of complaints regarding the conduct and/or performance of members of the Sonoma County Sheriff's Office. This policy covers all members of the Sonoma County Sheriff's Office.

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 DVSA for investigation. Anonymous or 3rd party reports are investigated in the same manner.

115.71(b): 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 an 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 has not provided training certificates for sexual abuse investigators for verification of training compliance.

115.71(c): 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): Policy PREA 5.4 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 criminal investigators consults with prosecutors prior to conducting compelled interviews.

115.71(e): Policy PREA 5.4 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): Policy PREA 5.4 mandates that failure to report is akin to committing the act and may be punishable as such. 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. 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): Interview with investigative staff and auditors receipt of 31 case files of investigations which occurred between 2018 and 2019 verifies investigators document all investigative records. Staff statements indicates that investigations are documented. Information contained in the report are interviews, collected evidence, DNA-forensic evidence, statements, interviews, witness/suspect statements.

115.71(h): Policy PREA 5.4 mandates that 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. Agency reports there has been 1 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 indicates in other standards that there are 2 NCDF investigations of sexual abuse which appear to be criminal. Review of all 31 investigative cases of sexual abuse and sexual harassment, only one originated at NCDF.

115.71(i): Policy PREA 5.4 mandates that the Sheriff's Office shall maintain all written reports, investigations to include internal affair 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): 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): N/A - Auditor is not required to audit this provision per DOJ

115.71(l): 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 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. DVSA indicate they are liaison between the department and outside investigators. Internal Affairs indicates that they would wait until the outside investigators have completed their investigation, 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(b) and corrective action is required.

**Corrective Action Recommended:**

Agency has not provided training certificates for sexual abuse investigators for verification of training compliance.

- 1. Agency to provide auditor with training certificate or electronic verification to verify all assigned investigators trained to conduct sexual abuse investigations in a confinement setting.
- 2. Agency to provide auditor with training curriculum or lesson plan for this training to verify training curriculum is in compliance with Standard provision 115.71(b).
- 3. Agency to provide auditor with all allegations of sexual abuse and sexual harassment to include investigative files, that occurred at NCDF since 6/1/2018.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20

**Corrective Action Completion 11/19/19:**

1 thru 3: On 11/19/19 the Training Coordinator provided auditor with an updated copy of the PPT presentation for DVSA Sexual Assault Investigators. The training provides extensive training in Garrity warnings, Beheler and Miranda. Agency provided electronic training sheet and attestation forms which verifies completion of the Sexual Assault Investigation (ICI) training through POST by the 4 DVSA investigators trained to provide sexual abuse investigations in a confinement setting.

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

**Standard 115.72: Evidentiary standard for administrative investigations**

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

**115.72 (a)**

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

**Auditor Overall Compliance Determination**

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

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

115.72(a): Policy PREA 5.4 mandates that the standard used to substantiate allegations of sexual abuse shall be no higher than a preponderance of the evidence.

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

## Standard 115.73: Reporting to inmates

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

#### 115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?  Yes  No

#### 115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)  Yes  No  NA

#### 115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility?  Yes  No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate

has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?  Yes  No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?  Yes  No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?  Yes  No

#### 115.73 (e)

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

#### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.73(a): Policy PREA 5.4 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 indicates that 2 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility in the past 12 months. Of the alleged sexual abuse investigations that were completed in the past 12 months, there is no verification to auditor that inmate victims were notified, verbally or in writing, of the results of the investigation.

115.73(b): N/A - Agency reports responsibility for conducting administrative and criminal investigations.

115.73(c): Policy PREA 5.4 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.

There has been no 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.

115.73(d): Policy PREA 5.1 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.

115.73(e): Policy PREA 5.1 O & P mandates that investigative notifications to inmates are documented. Inmates are informed via memorandum. Agency reports that there was 0 completed investigations, 0 notifications have been provided over the past 12 months. In PREA Standard 115.73, Agency stated there were 2 completed investigations of sexual abuse at NCDF. Agency has not provided auditor with copies of the documented notifications provided to inmates where their cases have been closed.

115.73(f): N/A - Auditor is not required to audit this provision per DOJ. Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.73(e) and corrective action is required.



### **Corrective Action Recommended:**

Agency has not provided auditor with copies of the documented notifications provided to inmates where their cases have been closed.

1. Agency to provide auditor with copies of the NCDF documented notifications provided to inmates where the 2 substantiated cases of sexual abuse have been closed.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

### **Corrective Action Completion 11/19/19:**

Unfortunately, nine of the inmates have been released from custody. Per the standard, the obligation to report shall terminate if the inmate is released from the agency's custody.

On 11/19/19, the Compliance Deputy provided auditor with copies of the notification letters provided on 11/9/19 to the four inmates who remain in custody. Auditor was also provided the excel tracking log of PREA incidents of 2018. This log is utilized by the PREA Coordinator that identifies the following information on all PREA incidents:

- Date
- Incident Report Number
- Location of Incident
- Victim
- Suspect
- Incident Type
- Finding/Disposition
- Date inmate is notified of the disposition

On 11/27/19, the PREA Coordinator provided auditor with the PREA incidents of 2019 notification log which verifies the agency continues to provide notifications of the outcome of sexual abuse investigations. In 2019, (6) six sexual abuse allegations were investigated and inmate victims were provided notification letters. Agency has provided auditor with copies of the notification letters to verify compliance.

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

# DISCIPLINE

## Standard 115.76: Disciplinary sanctions for staff

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

### 115.76 (a)

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

### 115.76 (b)

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

### 115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

### 115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

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

115.76(a): Policy PREA 5.9 mandates that employees shall be subject to disciplinary actions up to and including termination for any violations of sexual abuse or harassment policies. 115.76(b): Policy PREA 5.9 mandates that termination shall be the presumptive disciplinary action for employees who have engaged in sexual abuse.

In the past 12 months, no from the facility who have violated agency sexual abuse or sexual harassment policies. This staff member was a contract employee who was terminated terminated for violating agency sexual abuse or sexual harassment policies.

115.76(c): Policy PREA 5.9 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. 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).

115.76(d): Policy PREA 5.9 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. In the past 12 months, no contract staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

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

## **Standard 115.77: Corrective action for contractors and volunteers**

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

#### **115.77 (a)**

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

## 115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.77(a): Policy PREA 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. This same contractor or volunteer was reported to the investigation unit of DVSA.

115.77(b): Agency reports that the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Interview with 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.

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

## Standard 115.78: Disciplinary sanctions for inmates

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

**115.78 (a)**

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

**115.78 (b)**

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?  Yes  No

**115.78 (c)**

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?  Yes  No

**115.78 (d)**

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?  Yes  No

**115.78 (e)**

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?  Yes  No

**115.78 (f)**

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?  Yes  No

**115.78 (g)**

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)  Yes  No  NA

**Auditor Overall Compliance Determination**

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

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

### **Instructions for Overall Compliance Determination Narrative**

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

115.78(a): Policy Discipline - Disciplinary Hearings and Appeals 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. Agency reports that in the past 12 months 1 administrative findings of inmate-on-inmates sexual abuse 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.

115.78(b): Policy Discipline - Disciplinary Hearings and Appeals mandates that 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.

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.

115.78(c): Policy Discipline - Disciplinary Hearings and Appeals 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.

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.

115.78(d): Policy Discipline - Disciplinary Hearings and Appeals 5.2 mandates that the Disciplinary Review Board (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.

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 programming.

115.78(e): Policy Discipline - Disciplinary Hearings and Appeals 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): Policy Discipline - Disciplinary Hearings and Appeals 4.1 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): Policy Discipline - Disciplinary Hearings and Appeals mandates that all sexual contact between inmates is prohibited and shall be investigated, documented in an incident report, referred to the DGO to ensure due process rights, which may result in possible punitive action.

Inmate Rules of Conduct and Discipline#206 mandates that Inmates will not engage in sexual activities with others. PREA Reporting Definitions provides definitions for inmate on inmate, staff on inmate sex acts and findings for violation of the definitions.

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

## MEDICAL AND MENTAL CARE

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

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

##### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

##### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

### 115.81 (c)

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

### 115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?  Yes  No

### 115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.81(a): Policy PREA 5.5 & 5.6 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.

Policy Classification-PREA 5.0 H mandates that 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.

In the past 12 months the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was not provided to auditor. All health records are available onsite, however, the agency did not have them available for auditor review.

115.81(b): Agency is a jail not a prison and the substandard does not apply. Agency did not provide the percent of inmates who have previously perpetrated sexual abuse, as indicated during the screening, who were offered a follow-up meeting with a mental health practitioner over the past 12 months.

Interview with Risk Screening staff indicates that if screening indicates that an inmate previously perpetrated sexual abuse, the agency/facility offers follow-up meeting with a mental health practitioner immediately.

115.81(c): Policy PREA 5.5 & 5.6 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 named the abuser or cooperates with any investigation arising out of the incident.

Policy Classification-PREA 5.0 H mandates that 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.

In the past 12 months the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner was not provided to auditor. All health records are available onsite, however, the agency did not have them available for auditor review.

115.81(d): Information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners. Interview with medical and mental health staff indicates their records are electronic and they have the only access to these records.

115.81(e): Policy PREA 5.4 mandates that D. 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.

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

**Corrective Action Recommended:**

In the past 12 months the percent of inmates in MADF and NCDF who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental

health practitioner was not provided to auditor. All health records are available onsite, however, the agency did not have them available for auditor review.

1. Agency to provide auditor with inmates housed in MADF and NCDR who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner.
2. Agency to provide auditor with follow-up meeting date with medical or mental health provider in response to the inmate's disclosure of prior victimization to include the intake date.
3. Agency to provide auditor regarding the percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner over the 12 months preceeding 8/3/19.
4. If Agency did not track this information, agency to provide auditor with percent of inmates who disclosed prior victimization during screening who were offered a follow-up meeting with a medical or mental health practitioner between 8/3/19 and 11/30/19.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

**Corrective Action Completion 1/14/19 :**

1. Standard provision 115.81(a) was incorrectly identified as non-compliant by the auditor in the Interim Report. Both Standard provisions refer inmates housed in a prison setting, not a county jail.
2. Standard provision 115.81(b) was incorrectly identified as non-compliant by the auditor in the Interim Report. Both Standard provisions refer inmates housed in a prison setting, not a county jail.
3. Agency indicates that 100% of inmates in their custody receives an initial health assessment that occurs within 14 calendar days of arrival. Additionally, during the initial health assessment inmates receive a mental health screening that includes a structured interview with inquiries into sexual abuse and sex offenses among other topics. During the classification process and as part of our classification decision tree, all inmates are asked about sexual victimization or previous accusations of sexual abuse, with any affirmative responses referred to mental health staff for follow up.
4. On 1/14/19, Agency provided auditor with copies of 9 intake records of inmates who indicated prior victimization prior to arrest. The documentation also included written verification of meetings with medical and mental health practitioners within 14 days of referral by booking or classification officers. The verification also provided follow-up care provided inmates who requested said assistance such as Verity counseling.

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

## Standard 115.82: Access to emergency medical and mental health services

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

#### 115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
 Yes  No

#### 115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners?  Yes  No

#### 115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?  Yes  No

#### 115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
 Yes  No

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

115.82(a): Policy PREA 5.5 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.

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.

115.82(b): Agency reports that if there is no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Interview with Security and Non-Security staff 1st Responders described the 1st Responder protocol for security staff and non-security staff.

115.82(c): Policy PREA 5.5 mandate that 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. This information is also provided in the PREA Inmate Education and PREA Education Brochure in both English and Spanish.

Interview with medical and mental health staff indicates that victims of sexual abuse are offered timely information about access to emergency contraception and STDs.

115.82(d) Policy PREA 5.5 mandate that 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. This information is also provided in the PREA Inmate Education and PREA Education Brochure in both English and Spanish.

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

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

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

### 115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?  Yes  No

### 115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?  Yes  No

### 115.83 (c)

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

### 115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No  NA

### 115.83 (f)

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

### 115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

### 115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.83(a): Policy PREA 5.5 & 5.6 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. 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 shared with inmate in the PREA Inmate Education dd 939 and PREA Education Brochure dd 935.

115.83(b): Policy PREA 5.6 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. Interview from both medical and mental health practitioners concur with the policy.

Agency indicated there were no NCDF inmates who reported sexual abuse.

115.83(c): Policy PREA 5.6 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.

Interview with medical and mental health staff concur with policy and practice.

115.83(d): Policy PREA 5.6 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. Inmates are informed of this information via the PREA Inmate Education dd939 and PREA Education Brochure dd 935. Agency indicated there were no NCDF inmates who reported sexual abuse. No female inmates are assigned to NCDF.

115.83(e): Policy PREA 5.6 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.

Interview with medical and mental health staff agree that it is normal practice to offer inmate female victims a pregnancy test. No female inmates are assigned to NCDF.

115.83(f): Policy PREA 5.6 mandates that inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83(g): Policy PREA 5.6 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 shared with inmate in the PREA Inmate Education dd 939 and PREA Education Brochure DD 935.

Agency indicated there were no NCDF inmates who reported sexual abuse.

115.83(h): N/A - Facility is a Jail, not a Prison. This substandard does not apply to this facility.

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

# DATA COLLECTION AND REVIEW

## Standard 115.86: Sexual abuse incident reviews

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

### 115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?  Yes  No

### 115.86 (b)

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

### 115.86 (c)

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

### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No



## 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.86(a): Policy PREA 5.10 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. Agency provided auditor with a copy of the Incident Review Worksheet which provides for all 5 criteria for the Incident Review Team (IRB) to respond to their review. Auditor's review of the Incident Review Worksheet determined that there is no area provided to document a review of the IRB findings, recommendations for improvement, implementation of the recommendations for improvement or document of reasons for not doing so. Agency reported that in the past 12 months 1 criminal and/or administrative investigations of alleged sexual abuse completed on 1/3/18 at the facility, excluding. Agency has not provided auditor with any IRB reports for compliance review.

115.86(b): Policy PREA 5.10 mandates that the IRB 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. Agency reported that in the past 12 months criminal/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Agency has not provided auditor with any IRB reports of completed NCDF cases for compliance review.

115.86(c): Policy PREA 5.10 mandates that 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. The 2018 IRB provided to auditor by Agency. Interview with Facility Commander indicates that the IRB is staffed with the Asst. Sheriff, Administrative Lieutenant, Operations Captain, Classification, etc. Medical and Mental health practitioners were not included in this team.

115.86(d): Review if the Incident Review Worksheet verifies this preparation documentation complies with the PREA Standard.

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): Policy PREA 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. Agency provided auditor with a copy of the PREA Annual Report for 2018.

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

**Corrective Action Recommended:**

Auditor's review of the Incident Review Worksheet determined that there is no area provided to document a review of the IRB findings, recommendations for improvement, implementation of the recommendations for improvement or document of reasons for not doing so. Agency has not provided auditor with the IRB reports for compliance review. PREA policy and Sonoma CJ policy PREA 5.0 mandates that 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. The IRB which occurred in 2018 did not include medical and mental health as part of the IRB team.

1. Agency to amend the IRB Worksheet to include area to document a review of the IRB findings, recommendations for improvement, implementation of the recommendations for improvement or document of reasons for not doing so.
2. Agency to provide auditor with the IRB review sheets for the 1 NCDF identified case completed on 1/3/18, indicated in the PAQ, that occurred prior to the onsite audit review.
3. Agency to provide auditor with the 2nd IRB review NCDF sexual abuse/sexual harassment that was identified in the PAQ prior to the onsite audit
4. Agency to provide auditor with IRB reports that occurred over the 90-days following the onsite audit to review for compliance.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

**Corrective Action Completion 12/23/19:**

1. On 12/23/19, Agency provided 6 sexual abuse Incident Review Board (IRB) cases which were reviewed prior to the onsite audit review. The review worksheet documented a review of the IRB findings, recommendations for improvement, implementation of the recommendations for improvement or document of reasons for not doing so.

2. Two of the 6 sexual abuse IRB cases was identified as cases reported from NCDF
3. Agency has updated the Incident Review Board worksheet to include the 6 review criteria as mandated in standard provision 115.86(d). Review of all 6 cases provided to auditor, determined that the sexual abuse IRB reviews comply with standard provision 115.86.

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

## Standard 115.87: Data collection

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

#### 115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?  Yes  No

#### 115.87 (b)

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

#### 115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?  Yes  No

#### 115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  Yes  No

#### 115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)  Yes  No  NA

#### 115.87 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.87(a): Policy PREA 5.11 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. Agency provided auditor with PREA Reporting definitions which outlines and defines different non-compliant sexual acts.

115.87(b): Policy PREA 5.11 mandates that the Sheriff's Office will obtain incident based and aggregated data from any agency contracted to provide confinement for Sonoma County inmates. The information from all the incidents in the prior calendar year will be reviewed and compiled into an annual report.

115.87(c): Policy PREA 5.11 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.

115.87(d): Policy PREA 5.11 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. The Sheriff's Office will obtain incident based and aggregated data from any agency contracted to provide confinement for Sonoma County inmates.

115.87(e): Policy PREA 5.11 mandates that the Sheriff's Office will obtain incident based and aggregated data from any agency contracted to provide confinement for Sonoma County inmates. 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.

115.87(f): N/A - DOJ has not requested agency data for 2018.

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

## Standard 115.88: Data review for corrective action

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

#### 115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?  Yes  No

#### 115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?  Yes  No

#### 115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?  Yes  No

#### 115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?  Yes  No

### Auditor Overall Compliance Determination

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

**Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

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

115.88(a): Agency provided auditor with the PREA Annual Report for 2018. Interview with Agency Head designee indicates that. Agency uses incident-based sexual abuse data to assess and improve sexual abuse prevention, detection, and response policies and practices and training through review of the physical plant, specifically blind spots. It also includes staffing, population ratio and type of population. Interview with the PREA Coordinator 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. 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.

115.88(b): Policy PREA 5.11 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 Annual Report briefly provides an assessment of the agency's progress in addressing sexual abuse.

115.88(c): Policy PREA 5.11 mandates that 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 found the 2018 Annual report on the Sheriff's Website at <https://www.sonomasheriff.org/prea>.

115.88(d): Agency reports it redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Agency reports it redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Agency does not indicate the nature of the material redacted.

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

#### **Corrective Action Recommended:**

Agency reports it redacts material from an annual report for publication, the redactions are

limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. Agency does not indicate the nature of the material redacted.

1. Agency to amend the 2018 Annual Report to language which indicates the nature of material redacted.

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 1/31/20.

**Corrective Action Completion 1/9/20:**

1. On 1/9/20 Agency provided auditor with access to the 2018 Annual Report located on the Sheriff's website, which was amended to include the statement "All personal identifiers have been redacted from this report" in the Annual Statistics section.

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

**Standard 115.89: Data storage, publication, and destruction**

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

**115.89 (a)**

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

**115.89 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

**115.89 (c)**

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

**115.89 (d)**

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.89(a): Policy PREA 5.11 mandates that all documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years.

115.89(b): Policy PREA 5.11 D 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. 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.

115.89(c): Policy PREA 5.11 mandates that all documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years. Policy did not include language which states that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

115.89(d): Policy PREA 5.11 mandates that all documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.89(c) and corrective action is required.

### **Corrective Action Recommended:**

Policy PREA 5.11 mandates that all documents pertaining to investigations shall be securely retained by the PREA Coordinator for no less than ten (10) years. Policy did not include language which states that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

1. Agency to amend PREA Policy 5.11 to include language which states that "before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers", to comply with PREA Standard 115.89(c).

Auditor will conduct a 90-day status review on 11/ 2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be



implemented by the end of the 180-day Corrective Action Period: 1/31/20.

### Corrective Action Completion 12/20/19:

1. On 12/20/19, the Compliance Deputy provided auditor with copy of the amended PREA policy section 5.11 F Data Collection and Annual Report which mandates, "Before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers."

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.401(a): This is the Interim Report for Sonoma County Main and North County Jail. Sonoma County operates only the two facilities. This is the end of the 2nd three-year cycle. Agency has two facilities and each are being audited at the same time. Last audit of each facility was found compliant during a PREA Audit in 2017 for both facilities.

115.401(b): This is the Interim Report for Sonoma County Main and North County Jail. Sonoma County operates only the two facilities. This is the end of the 2nd three-year cycle. Agency has two facilities and each are being audited at the same time. Last audit of each facility was found compliant during a PREA Audit in 2017 for both facilities.

115.401(h): During this audit, auditor had access to both facilities to including observation of all areas of the physical plant for both facilities.

115.401(i): Auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information. The agency human relations department was pressed to provide specific documentation to verify compliance with the PREA Standard. This proves to be difficult for this agency to provide documentation in support of their claims of compliance. If agency fails to comply with the requests of specific verifying documentation for compliance during the Corrective Action period, the agency will be found non-compliant with the PREA Standards for the Final Report.

115.401(m): Agency permitted auditor to conduct private interviews with inmates and provided confidential settings for those interviews to be conducted.

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

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.403.

## **CIRCUMSTANCES**

The Interim Report was written on the PREA Resource Center Online Audit System (OAS) platform. Upon submission of the Interim Report, an error occurred with the OAS causing the auditor re-submit the Interim Report on the belief the original report was not generated. The second attempt to submit the Interim Report to the OAS caused the system to create a Final Report. Contact with the Auditor Help Desk indicated that the Final Report, which was generated in the OAS system in error, could not be removed from the OAS system and auditor was required write the Final Report using the paper audit format with the original submission due date of 2/23/2020.

This paper audit report (Template\_Version5) was written and is provided to both the Agency and the PREA Resource Center to replace the OAS formatted Final Report. Since the Final Report draft was initiated soon after the Interim Report was submitted, there is no requirement for a Corrective Action addendum to be written. This paper audit is the Final Report Sonoma North County Detention Facility.

# AUDITOR CERTIFICATION

I certify that:

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

## Auditor Instructions:

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

Eric I Woodford \_\_\_\_\_

2/21/20 \_\_\_\_\_

**Auditor Signature**

**Date**

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

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