



Correctional Consulting
Services
LLC

March 28, 2018

Tom Ferrara
Sheriff/Coroner
Solano County Sheriff's Office
53 Union Avenue Suite 100
Fairfield, California 95433

Re: Solano County Jail Stanton Facility PREA Audit – Final Report

Sheriff Ferrara:

Correctional Consulting Services LLC conducted a Prison Rape Elimination Act (PREA) audit on the Solano County Jail Stanton Facility from July 31, 2017 through August 2, 2017. (32) Thirty-two PREA Standard deficiencies were identified and documented in the PREA Audit Interim Summary Report. The deficiencies placed the Solano County Jail Stanton Facility into the 180-day Corrective Action process with a deadline of March 13, 2018. The PREA Coordinator and staff have brought the Stanton facility in compliance with the Standards requiring Corrective Action.

PREA Coordinator, Lieutenant Bill Hornbrook maintained constant communication with me, informing me of the Corrective Action status and progress towards compliance. I commend your staff for their professionalism and hard work. The Final Audit Summary Report is attached. Upon receipt, the Final Audit Summary Report is to be made public on the Agency website within 90 days per Standard 115.403.

Should you have any questions or concerns, please feel free to contact me. It was a pleasure working with your staff.

A handwritten signature in black ink, appearing to read "Eric Woodford".

Eric Woodford, CEO
Correctional Consulting Services LLC

Attachment: Final PREA Audit Summary Report
Cc: Lieutenant Bill Hornbrook, PREA Coordinator

PO Box 732
Benicia, CA 94510-0732
Phone: (707) 333-8303
E-mail: eiw@comcast.net

PREA AUDIT REPORT Interim Final

ADULT PRISONS & JAILS

Date of report: 3/28/18

Auditor Information			
Auditor name: Eric Woodford			
Address: PO Box 732 Benicia California 94510-0732			
Email: eiw@comcast.net			
Telephone number: (707) 333-8303			
Date of facility visit: July 31, 2017 through August 2, 2017			
Facility Information			
Facility name: Stanton Detention Facility			
Facility physical address: 2450 Claybank Road Fairfield California 94533			
Facility mailing address: <i>(if different from above)</i>			
Facility telephone number: (707) 784-7000			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
Name of facility's Chief Executive Officer: Captain Autry Denton			
Number of staff assigned to the facility in the last 12 months: 292			
Designed facility capacity: 365			
Current population of facility: 284			
Facility security levels/inmate custody levels: Administrative Separation, inmate worker, medium, maximum and PC			
Age range of the population: 18 - 64			
Name of PREA Compliance Manager: Bill Hornbrook		Title: Lieutenant	
Email address: wshornbrook@solanocounty.com		Telephone number: (707) 784-7087	
Agency Information			
Name of agency: Solano County Sheriff's Office			
Governing authority or parent agency: <i>(if applicable)</i>			
Physical address: 530 Union Avenue Suite 100, Fairfield, CA 95433			
Mailing address: <i>(if different from above)</i>			
Telephone number: (707) 784-7000			
Agency Chief Executive Officer			
Name: Tom Ferrara		Title: Sheriff/Coroner	
Email address: tferrara@solanocounty.com		Telephone number: (707) 784-7087	
Agency-Wide PREA Coordinator			
Name: William Hornbrook		Title: Lieutenant	
Email address: wshornbrook@solanocounty.com		Telephone number: (707) 784-7087	

AUDIT FINDINGS

NARRATIVE

The Solano County Jail Stanton Facility On-Site PREA Audit was conducted from July 31, 2017 through August 2, 2017. The following dates identify processes conducted during the Pre-Audit phase:

- 5/26/17 - Auditor provided Agency the Pre-Audit Questionnaire (PAQ), Audit Process Map, PREA Audit Checklist and Instructions for PREA Audit Tour.
- 6/9/17 - Auditor provided the Agency with the Notice of Auditor poster language in English & Spanish and Pre-Audit and On-Site Audit Timeline for review and action by the PREA Coordinator to be placed in all general areas of the facility with access by both inmates and staff no later than 6/19/17.
- 6/7/17 - Auditor requested Agency provide list of inmates, staff, volunteers and contractors assigned to the facility for random selection by Auditor to review Personnel, Training, Investigative, Screening, Medical and Mental Health documentation.
- 6/12/17 - Meeting with PREA Coordinator, Facility Commander, Correctional Facilities Commander and Administration Lieutenant to discuss conduct of the audit, answer Pre-Audit questions and tour the facility.
- 6/20/17 - Agency provided Auditor with the requested lists.
- 6/21/17 - English and Spanish Notices of the Audit were posted in general areas of the facility accessible to both residents and staff. The PREA Coordinator provided auditor with photo samples of dated Notice locations.
- 6/23/17 - Auditor submitted random selections of 24 inmates, 21 staff, 4 Volunteers and 4 Contractors from the lists provided and requested the above identified documentation be provided to Auditor for review during the Pre-Audit phase by 6/30/17.
- 6/23/17 - Agency provided the requested documentation for Auditor review.
- 6/23/17 - The PREA Coordinator provided Auditor with the PAQ and supporting documentation. Auditor and PREA Coordinator communicated throughout the Pre-Audit phase to discuss issues identified within the Pre-Audit Questionnaire and to correct deficiencies and provide clarification prior to the On-Site Audit Phase.
- 7/9/17 - Auditor completed PAQ review and submitted Pre-Audit Issue Paper to PREA Coordinator which identified deficiencies in PAQ responses, supporting documentation and request for clarification in some areas.
- 7/7/17 - Agency provided Auditor with requested Personnel, Inmate, Training, Investigative and Screening documents for document review.
- 7/20/17 - Auditor completed document review.
- 7/17/17 - Auditor submitted On-Site Audit Timeline and requested a roster of all Stanton Facility inmates and roster of all staff from each of the three shifts scheduled to work during the on-site audit in order to make random selections of staff and residents for interviews. Both rosters were also used by the auditor to make random selections for Personnel, Training and Screening document reviews. Agency to provide staff and inmate rosters to Auditor by 8/2/17.
- 7/17/17 - Auditor contacted Just Detention International regarding any reporting of sexual abuse or sexual harassment from Solano CJ Stanton Facility. The response was negative.
- 7/24/17 - Auditor interviewed the SAFEQUEST Director who also indicated there was no contact from Solano CJ Stanton Facility alleging sexual abuse or sexual harassment.
- 7/25/17 - Auditor received staff and inmate rosters from Agency to conduct random selections for interviews.
- 7/27/17 - Auditor submitted Specialized Staff list and random selection of staff and inmates for On-Site Audit interviews.

The On-Site audit phase began on 7/31/17 with the entry briefing, which included the Agency Undersheriff, Stanton Facility Commander, PREA Coordinator, Stanton Facility Lieutenant/PREA Manager, and Stanton Facility Sergeant/PREA Training Officer. A summary of the complete Audit process was explained. The Pre-Audit, On-Site Audit, Post-Audit and Corrective Action phases were explained and discussed. Auditor went into detail explaining how an auditor conducts each stage of the On-Site audit process. All questions were answered and the physical plant review began. The Stanton Facility contains 12 housing units, facility laundry, medical clinic, mental health offices, video courtroom, intake area with holding tanks, dry & cool food storage areas, non-contact visiting, attorney visiting, administrative and ancillary offices. Total resident population at time of physical plant review was 282 inmates. The Stanton Facility is an all-male inmate facility. Physical Plant Review

was conducted as follows:

Living Unit: Housing Units 1 thru 4 – ADMIN-SEPARATION CLASSIFICATION

PREA Information Posted: Yes, all Units have small PREA posters on the Medical Interview room window
Opposite Sex Viewing: Not as long as cross-gender announcement is made prior to entry into the housing unit per policy.
Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells
Announcement: NONE Note: twice during the Swing Shift, Auditor observed Medical Staff entering 2 separate housing Units for pill call, escorted by 2 officers. In both instances, neither the custody nor non-custody staff provide an announcement when entering the Units.
General Discussion with Staff (Not Interviews): Female officer asked to provide 1st responder responsibilities. Officer recited the responsibilities in compliance with the PREA Standards.
General Discussion with Inmates (Not Interviews): NONE
Phones: Yes, 4 per housing unit
Grievance Process: No grievance process for PREA related grievances. No procedure in place for inmates to obtain and submit grievance anonymously. Inmate must obtain grievance from officer and submit completed grievance to an officer.
Showers and Bathrooms: 2 showers in each housing unit. Toilets are in each cell
Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose rooms and Recreation yards for all units have camera surveillance.

Living Unit: Housing Units 5 – MEDIUM CLASSIFICATION

PREA Information Posted: Yes, small PREA poster on the Medical Interview room window
Opposite Sex Viewing: Not as long as cross-gender announcement is made prior to entry into the housing unit per policy.
Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells
Announcement: YES How: FEMALE ON DECK.
General Discussion with Staff (Not Interviews): NONE.
General Discussion with Inmates (Not Interviews): Inmate acknowledged he feels safe in the facility & indicated he has no problem in reporting to staff.
Phones: Yes, 4 per housing unit
Grievance Process: No grievance process for PREA related grievances. No procedure in place for inmates to obtain and submit grievance anonymously. Inmate must obtain grievance from officer and submit completed grievance to an officer.
Showers and Bathrooms: 2 showers housing unit, PREA compliant. Toilets are in each cell
Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose rooms and Recreation yards for all units have camera surveillance.

Living Unit: Housing Unit 6 – PC

PREA Information Posted: Yes, small PREA poster on the Medical Interview room window
Opposite Sex Viewing: Not as long as cross-gender announcement is made prior to entry into the housing unit per policy.
Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells
Announcement: Not observed.
General Discussion with Staff (Not Interviews): NONE.
General Discussion with Inmates (Not Interviews): NONE
Phones: Yes, 4 per housing unit
Grievance Process: No grievance process for PREA related grievances. No procedure in place for inmates to obtain and submit grievance anonymously. Inmate must obtain grievance from officer and submit completed grievance to an officer.
Showers and Bathrooms: 2 showers in housing unit PREA Compliant. Toilets are in each cell
Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose room and Recreation yard has camera surveillance.

Living Unit: Housing Units 7 thru 12 – MINIMUM CLASSIFICATION

PREA Information Posted: Yes, all Units have small PREA posters on the Medical Interview room window
Opposite Sex Viewing: Not as long as cross-gender announcement is made prior to entry into the housing unit per policy.
Camera Placement: 5 Cameras throughout the Units, both view 1st & 2nd floor cells
Announcement: YES How: FEMALE ON DECK.
General Discussion with Staff (Not Interviews): NONE

General Discussion with Inmates (Not Interviews): NONE

Phones: Yes, 4 per housing unit

Grievance Process: No grievance process for PREA related grievances. No procedure in place for inmates to obtain and submit grievance anonymously. Inmate must obtain grievance from officer and submit completed grievance to an officer.

Showers and Bathrooms: 2 showers in each housing unit PREA compliant. Toilets are in each cell

Recreation Areas/TV/Multi-Purpose: Both Multi-Purpose rooms and Recreation yards for all units have camera surveillance.

Laundry

Hidden areas: NONE

Camera Placement: 2 cameras in hallway leading to Laundry. 6 cameras in Laundry

Supervision: Direct supervision by 1 non-custody staff member

General comments inmates: Inmate states he feels safe reporting to staff. Does not know method of reporting to Agency(s) outside of the Jail.

General comments staff: Non-custody staff recited his 1st responder responsibilities

Loading Dock

Hidden areas: NONE

Camera Placement: 2 cameras & 3 mirrors

Supervision: Direct Supervision

General comments inmates: NONE

General comments staff: NONE

Receiving and Discharge (Intake processing)

Strip Areas (Private): 16 holding cells. 3 cells available for strip searches. Cross-gender viewing possible when female officers enter Intake through main hallway while strip search in progress. Holding Cells #4, #6 & #11 allows for cross-gender viewing during toileting.

Dress-Out Areas: 3 dress-out cells. Chance for cross-gender viewing during dress-out utilizing female custody staff for dress-outs for release. No procedure in place to provide announcement before opening door for clothing exchange

Information Posted: Yes, Zero-Tolerance posters

Cameras: 7 cameras throughout Intake

Phones: Yes

Ask for Information Provided to Offenders: Zero-Tolerance PREA pamphlet provided to Auditor. Both inmate Handbook and Zero-Tolerance pamphlet provided to inmate during booking and classification at the Main Jail intake

Visitation

Strip/Shakedown Area: In Housing Units

Information Posted: No PREA postings in hallways, 2 attorney contact rooms or 8 non-contact rooms

Camera Placement: 1 camera in each attorney contact room. 5 cameras and 2 mirrors located in hallways leading to visitation non-contact and contact rooms.

Chapel/ Religious Services

Multi-Purpose Rooms: No PREA posters in Housing Unit Multi-purpose rooms

Sacrament area: NONE

Religious Education Area: NONE

Storage Areas: NONE

Cameras: 1 camera in multi-purpose room

Front Entrance (Reception Area)

PREA Information Provided: Zero-Tolerance Pamphlet available in Reception Area

Food Service

Dining Rooms: NONE – Dining in each Housing Unit

Officer Dining Area: Small kitchen off main Housing Unit Hallway – Locked when not in use, covered by main hallway cameras.

Kitchen: Food trucked in daily and kept in reefer near Laundry. Only officers have access.
Coolers: 1 reefer, covered by cameras and 3 mirrors. Only officers have access.
Garbage Area: Internal Trash Compactor Covered by cameras and 3 mirrors.
Dishroom: NONE
Tool Room: NONE
Camera Placement: 2 cameras & 3 mirrors
Supervision: Direct Supervision

Health Services

Cameras: 3 cameras with Direct Supervision by officers
Reception Area: 2 Medical holding cells
Exam Rooms: 2 Exam rooms, 1 Dental suite
Infirmary/Observation Rooms: NONE
Suicide Watch Room(s): NONE
Ancillary Areas: NONE

Following the physical plant review, Auditor conducted interviews comprised of a sampling of 21 random inmates selected from a housing roster of all inmates assigned to the facility and 5 inmates of varying disabled and risk characteristics such as Limited English Proficient, LGBTI inmates, Inmate who alleged sexual abuse at screening and inmate who reported sexual abuse while housed at the facility. A sampling of 20 random staff, 5 from each shift, was selected from staff shift roster provided by Agency for interviews. A number of Specialized Staff of various disciplines were interviewed also on 7/31/17.

On 8/1/17 Auditor completed the inmate & staff interviews to include the remaining interviews of 20 Specialized staff of various disciplines such as Agency Head designee, PREA Coordinator, PREA Manager, Facility Commander, Intermediate level staff (Team supervisors), Medical and Mental Health Manager, Personnel Administrator, SAFE & SANE Director, Victim Advocacy Services, Volunteers, Contractors, Investigative Staff, Classification Staff, Segregated Housing Staff, Incident Review Team, Retaliation Monitor Staff, 1st Responder Staff, Main Jail Intake Staff and Stanton Facility Intake Processing Staff. . During resident inmate interviews, staff mental health practitioners and SAFEQUEST Domestic Violence and Sexual Abuse Agency Advocates were available for inmate emotional support if needed. No referrals for advocacy occurred during the inmate interview process. Following the interviews, the auditor conducted a review of 21 Personnel files, 24 screening records, 18 investigative files and 21 training records. An exit briefing was conducted on 8/2/17 and attended by the Agency Head, Undersheriff, PREA Coordinator, PREA Managers and Investigation staff. General observations by auditor was discussed with attendees. On-Site Audit was then concluded at the end of the exit briefing. During the Post-Audit phase, PREA Coordinator and Auditor collaborated on issues discovered during the On-Site Audit review, interviews and document review. Auditor issued the Interim Report on 9/14/17.

On 9/28/17, auditor conducted conference call with the Solano County Jail PREA Coordinator regarding the Interim Report Corrective Action Plans. Agency agreed with the Plans as written. Auditor submitted a Corrective Action Issue Paper to the facility on 10/1/17 for a focused response accompanied by supporting documentation to be completed and returned before 12/12/17, which the facility complied with. During the post audit, auditor and Agency maintained continuous contact to ensure the Corrective Action Plans were implemented. On 1/24/18, auditor conducted a 90-day onsite status review to review updates to the physical plant and conduct random interviews of both inmates and staff. Auditor interviewed 21 randomly selected inmates selected out of 238 inmates identified by housing unit, currently assigned to Stanton Facility received after 5/31/17. Auditor also interviewed 7 randomly selected staff from list of all staff assigned to work on 1/24/18. Review of 24 inmate classification files selected from a list of 142 inmates booked after 5/31/17. Auditor found the classification files were inadequate with regards to 30-day reassessments and comprehensive education. On 3/21/18, auditor conducted the 180-day status review and randomly selected 44 classification files from a list of 93 inmates booked into Stanton facility between 1/24/18 and 3/9/18. Auditor found only 5 discrepancies out of the 44 classification files reviewed. The auditor found the Stanton Facility compliant with all 43 PREA Standards. The Final Report was issued to the Agency Head and PREA Coordinator on 3/28/18.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Solano County Jail Stanton facility is located at 2500 Claybank Road Fairfield California, built in 2014 and houses a male only inmate population. The Stanton Facility houses post-arraignment and pre-sentenced inmates, consists of podular housing units operated by a central control in a modified direct supervision model. The facility design uses modern electronic security to maximize staff effectiveness and efficiency. The facility includes laundry facilities, administrative services, secure vehicle sallyport, intake and processing area as well as a large training room. The facility is designed to house up to 362 high risk offenders and consists of one building. Additional facts include 194 CCTV cameras, 2 negative pressure rooms for medical protection, Web-based Jail Management System, inmate kiosks and video visitation system. The facility possesses a laundry run by inmate workers and managed by non-custody staff. The meals are trucked in, maintained in a large reefer and distributed to the housing units by custody staff. All housing units are off the 500 hallway which runs the length of the Housing Facility. The facility has 12 housing units utilizing a POD style architecture. Each housing unit is in a POD design. Unit 1 thru 4 are designated as administrative separation housing. Housing unit 5 is designated as Medium classification housing. Housing unit 6 is designated as Protective Custody housing. Housing units 7 through 12 are designated as Minimum housing.

SUMMARY OF AUDIT FINDINGS

From July 31, 2017 through August 2, 2017, a PREA Audit physical plant review was conducted at Solano County Jail Stanton Facility in Fairfield, California. The summary of Interim audit result findings are as follows:

INTERIM AUDIT FINDINGS		FINAL AUDIT FINDINGS	
Number of standards exceeded	0	Number of standards exceeded	4
Number of standards met	11	Number of standards met	39
Number of standards not met	32	Number of standards not met	0

During the Interim Audit, the following standards were deemed non-compliant by the auditor:					
115.11	115.13	115.15	115.16	115.17	115.21
115.31	115.32	115.33	115.35	115.41	115.42
115.43	115.51	115.52	115.53	115.62	115.63
115.64	115.65	115.66	115.67	115.71	115.72
115.73	115.76	115.77	115.78	115.86	115.87
115.88	115.89				

Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

- 115.11(a): Policy 5.041 mandates the Solano County Sheriff's Office maintain a Zero-Tolerance policy for any act of assault, abuse, misconduct and harassment of a sexual nature perpetrated by another inmate, detainee, staff member, volunteers and independent contractors regardless of consent. Policy outlines implementation through detection of and mandatory reporting processes related to sexual abuse. Definitions of prohibited behaviors, sanctions for violations of the policy and description of agency strategies and responses to reduce and prevent sexual abuse/harassment of inmates is outlined in the policy. Policy 5.041 mandates the Solano County Sheriff's Office maintain a Zero-Tolerance policy for any act of assault, abuse, misconduct and harassment of a sexual nature perpetrated by another inmate, detainee, staff member, volunteers and independent contractors regardless of consent. Policy outlines implementation through detection of and mandatory reporting processes related to sexual abuse. Definitions of prohibited behaviors, sanctions for violations of the policy and description of agency strategies and responses to reduce and prevent sexual abuse/harassment of inmates is outlined in the policy.
- 115.11(b): Agency identifies the Agency PREA Coordinator in a Lieutenant's position which is situated in an upper-level position, 2nd level from the Sheriff in the Organizational Chart. During on-site physical plant review, auditor interviewed the PREA Coordinator who indicates he has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The PREA Coordinator position is at the Lieutenant level. Auditor observed the PREA Coordinator interaction with the Undersheriff and Sheriff. The PREA Coordinator has access to speak directly to the Undersheriff and Sheriff in order to accomplish the PREA Mission.
- 115.11(c): The Agency Organizational Chart does not identify a PREA Compliance Manager for the Stanton Facility. The Agency operates 3 facilities. Interview with the Stanton PREA Compliance Manager indicates each Custody Lieutenant assigned to each facility serves as the PREA Compliance Manager. The PREA Compliance Manager indicates he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The Agency Organizational chart identifies the Custody Lieutenants assigned to each facility to include their duties, however, PREA Compliance Manager is not identified as one of their designated duties. Each Custody Lieutenant reports directly to the Division Captain who reports directly to the Undersheriff.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.11(c) and corrective action is required.

Corrective Action Recommended:

1. Agency to amend the Agency Organizational Chart to identify the PREA Compliance Manager for the Stanton Facility.

Recommendation: Since the Agency operates 3 facilities, it is recommended Agency identify a PREA Compliance Manager for each of its facilities in the Agency Organizational Chart.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17, agency provided auditor with an amended Solano County Sheriff-Coroner's Office Agency Organizational Chart. The chart designates the PREA Coordinator position reporting to the Undersheriff. The Undersheriff reports to the Sheriff-Coroner. The Organizational Chart also identifies the PREA Compliance Manager position for all three Solano County Jail facilities.

The agency/facility has met the requirements of Standard provision 115.11(c) completed during the corrective action period. The auditor has determined that the agency/facility is in compliance with Standard 115.11

Standard 115.12 Contracting with other entities for the confinement of inmates

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

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

115.12(a)/(b): N/A - The agency has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012. This is the Agency's 1st PREA Audit

Auditor has determined that Agency/facility meets Standard 115.12

Standard 115.13 Supervision and monitoring

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

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

115.13(a): The Agency has not provided auditor with a written staffing plan. Policy GO# 5.041 mandates the Sheriff's Office shall ensure sufficient staffing and where available alternative means of supervision, such as video monitoring, to ensure inmates are protected from sexual abuse. Such staffing levels shall consider physical layout of each facility, composition of inmate population use of video monitoring technologies to protect inmates from sexual abuse and other relevant factors. Agency reports the average daily number of inmates since August 20, 2012 is 256. Staffing plan is predicated on 356 inmate population. Interview with Facility Commander and PREA Compliance Manager indicate there is a Staffing Plan that is documented and maintained by the PREA Coordinator. The Staffing Plan considers safety checks, blind spots, staffing issues and resources, policies, training and where staffing priorities may be refocused to maintain minimum staffing levels on all shifts.

Interview with the PREA Coordinator indicates he is currently drafting the Agency Staffing Plan and will provide to Auditor when completed.

115.13(b): N/A – There have been no deviations from the staffing mandate.

115.13(c): Policy GO# 5.041 mandates the PREA Coordinator and Facility Commander shall reevaluate staffing levels and use of video monitoring to determine and document adequacy of the staffing and use of video monitoring technologies to protect inmates from sexual abuse. The report for this assessment will be forwarded to the Sheriff via the chain of command. Interview with PREA Coordinator indicates that the Staffing Plan is an ongoing reevaluation of staff placement. The Staffing Plan will be reviewed at least annually to determine what adjustments may be needed to include deployment of monitoring technology and restructuring of staff placement on each shift. The Staffing plan is submitted to the Sheriff for approval before being adopted and implementation.

115.13(d): Agency provided auditor with May 8, 2017 PREA Standards Interview Guide Training mandated by the Sheriff which states: Administrators are required and shall be making unannounced rounds at all facilities to emphasize PREA and to answer questions. These rounds shall also have to be documented for the audit. Standard provision 115.13(d) mandates documentation of unannounced rounds for all shifts, whether or not an audit is being conducted. Agency also provided electronic documentation file which provides verification that unannounced rounds by intermediate level or higher-level supervisors have been conducted on all shifts from 6/7/17 to 6/20/17. Interview with Shift Sergeants indicate they conduct unannounced rounds at least once per shift, sometimes twice. Review of unit logs for each shift indicate Shift Sergeants document their unannounced rounds. Due to Standards Interview Guide Training provided to all Upper Management Staff to emphasize the PREA audit, Auditor will need to revisit the announcement logs in 90 days from the date of the on-site Audit.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.13(a) & 115.13(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor with a Stanton Facility Staffing Plan that complies with PREA Standard requirement outlined in Standard provision 115.13(a).
2. Agency to provide Auditor with sample of documented unannounced rounds conducted on days and shifts, randomly selected by the auditor, that was conducted over a 90-day period for Standard provision compliance verification.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 3/9/18:

1. On 3/9/18, agency provided auditor with a copy of the Stanton Facility staffing plan, approved signed by the agency head on 2/18/15. The plan includes descriptions of housing units, video surveillance and staff monitoring, components of physical plant, describes inmate population, inmate programs, PREA training, 2017 allegations of sexual abuse (case statistics) and staffing to include number and placement of supervisory staff. The Solano County Sheriff's Office has not received any findings of inadequacy from any court, agency or oversight body.
2. On 12/14/17, agency provided auditor with electronic snapshot of unannounced round for all 3 shifts from 9/1/17 to 12/10/17. Supervisors and managers enter unannounced rounds conducted and type of PREA training supervisors may conduct during those times. An example is training custody and non-custody staff on unannounced rounds, question staff on reporting responsibilities, checking to see if staff has their 1st responder cards, observing opposite-gender announcement by custody for non-custody staff, etc. On 1/24/17 during 90-day onsite status review, agency provided auditor with announcement and cross-gender pat search training signed acknowledgements for 268 custody staff. Training was conducted between 11/11/17 and 12/7/17. Auditor interviewed random sample of 11 custody staff regarding their training. All staff indicated they have received announcement, cross-gender pat search

training which included a component of transgender/intersex pat search training conducted in November and December of 2017. All staff indicated the training was conducted in a classroom setting and one staff member recalled the training to be online. Auditor cross referenced the interviewed staff with the acknowledgements received by agency. All interviewed staff have signed acknowledgements for the training. Interviews were met with compliant responses with regards to training attendance, 1st responder protocol – each staff member carried their 1st responder cards on their person while on duty and cross-gender announcement responses. Auditor observed random cross-gender announcement made by staff member who was escorting cross-gender medical practitioner into an inmate housing unit.

The agency/facility has met the requirements of Standard provision 115.13(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standards provisions and is in compliance with Standard 115.13.

Standard 115.14 Youthful inmates

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

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

115.14(a)/(b)/(c): N/A – Agency has not housed youthful inmates over the past 12 months and does not currently house youthful inmates as verified through auditor observations during on-site audit document reviews and interviews with random staff, random inmates and Specialized staff.

Auditor has determined that Agency/facility meets Standard 115.14

Standard 115.15 Limits to cross-gender viewing and searches

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

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

115.15(a): Policy GO#5.041 states the Sheriff’s Office does not conduct cross-gender strip or cavity searches. Agency reports there have been no cross-gender strip or visual body cavity searches of inmates over the past 12 months. Interview with staff indicate cross-gender strip or visual body cavity searches are prohibited unless conducted by medical staff.

- 115.15(b): Policy GO#5.041 mandates Cross gender pat searches shall not be conducted inside Sheriff's Office detention facilities except in exigent circumstances. Exigent circumstances must be documented in an incident report to the Facility Commander via the chain of command for retention. Stanton facility houses male inmates only. Interview with random sample of 20 staff indicate they have all been trained on cross-gender pat-down search training. Female staff indicate male custody staff conduct pat-down searches.
- 115.15(c): Policy GO#5.041 mandates Cross gender, transgender and intersex inmate pat searches shall not be conducted except in exigent circumstances. Exigent circumstances must be documented in writing to the facility commander and forwarded to the PREA Coordinator for file retention. Cross gender pat searches shall not be conducted inside Sheriff's Office detention facilities except in exigent circumstances. Exigent circumstances must be documented in an incident report to the Facility Commander via the chain of command for retention.
- 115.15(d): Policy GO# 3.013 mandates that the presence of opposite gender staff or visitors in all housing units shall be announced to the inmates prior to staff entry. The announcement will provide appropriate warning to inmates who may be changing clothing or using the toilet. These announcements shall consist of "male on the floor" in a female housing module or unit and "female on the floor" in a male housing module or unit. Custody staff shall not enter the shower and toilet areas, living spaces or cells of opposite gender inmates except in exigent or emergency circumstances and/or when accompanied by a staff member who is the same gender as the inmate. Custody staff may perform observation log checks on inmates of the opposite gender; however, the previously mentioned announcement must be made. Auditor observed the intake area where there are 16 holding cells. 3 cells available for strip searches. Cross-gender viewing possible when female officers enter Intake through main hallway while strip search in progress. Holding Cells #4, #6 & #11 allows for cross-gender viewing during toileting. In the release Dress-Out Areas there are 3 dress-out cells. Chance for cross-gender viewing during dress-out utilizing female custody staff for dress-outs for release. No procedure in place to provide announcement before opening door for clothing exchange. Interview with random sample of 20 staff and 21 inmates indicate inmates are provided private showers on each floor of the housing unit. Auditor viewed the showers which are PREA Compliant and bathrooms are located in the individual cells. Interviews also indicated that the cross-gender announcements are sporadic if any. Auditor observed cross-gender medical staff, accompanied by 2 custody staff members entering two housing units. Announcements were not made by the medical staff or the custody staff when they entered both housing units. Interview with all staff indicate they announce when escorting cross-gender staff into the housing units and all female custody staff interviewed indicate they announce when entering the housing units.
- 115.15(e): Policy GO#5.041 mandates Searches or examinations of a transgender or intersex inmate solely for the purpose of determining genital status are prohibited. If the status is unknown, staff should use other means to determine the person's sex, such as reviewing arrest history, available databases, available medical records, or by speaking with the individual. Interview with random sample of 20 staff verifies their knowledge of policy prohibiting search of transgender or intersex inmate for the sole purpose of determining their genital status. There was no Transgender or intersex inmate housed at Stanton facility.
- 115.15(f): Agency has not provided Auditor with the percent of all security staff assigned to Stanton Facility who received cross-gender pat-down searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs. Interview with random sample of 20 staff indicates 3 had not received cross-gender pat-down search training. All others have received the training within the past 15 months.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.15(d) & 115.15(f). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy GO #3.013 or create a directive to include mandated narrative which eliminates cross-gender viewing during the strip-search process in the Intake Processing Area. Agency to provide Auditor with the written procedure and verification of the date staff have been trained on the new procedure.
2. Agency to amend Policy GO #3.013 or create a directive to include mandated narrative which eliminates cross-gender viewing during dress-out when female custody staff conducts dress-outs for inmates' release. Agency to

provide Auditor with the written procedure and verification of the date staff have been trained on the new procedure.

3. Agency to provide custody and non-custody staff with refresher training on mandated announcement procedure utilized when custody staff, non-custody staff or during escort of contractors, volunteers or others who enter the housing unit of the opposite gender.
4. Agency to provide auditor with documented refresher training verification of all staff.
5. Agency to provide Auditor with the percent of all security staff assigned to Stanton Facility who received cross-gender pat-down searches and searches and searches of transgender and intersex inmates in a professional and respectful manner, consistent with security needs.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/24/18:

On 12/14/17, agency provided auditor with an amended policy 3.013 Opposite Gender Housing and Supervision section III B, which mandates opposite gender staff or visitors in all housing units shall be announced to inmates prior to staff entering the housing unit, the presence of opposite gender staff or visitors in areas where inmates may be strip searched and/or dressed in and/or out, such as safety cell, intake area or inmate release area, shall be announced to the inmates, prior to staff entry, custody staff may perform observation log checks on inmates of the opposite gender; however, the previously mentioned announcement must be made.

On 10/17/17, PREA Coordinator forwarded an informative e-mail to all custody Sergeants and Lieutenants indicating that training has been created by the training lieutenant regarding announcements and cross-gender refresher training to update staff on the policy amendments. On 1/24/17 during 90-day onsite status review, agency provided auditor with announcement and cross-gender pat search training signed acknowledgements for 268 custody staff. Training was conducted between 11/11/17 and 12/7/17. Auditor interviewed random sample of 11 custody staff regarding their training. All staff indicated they have received announcement, cross-gender pat search training which included a component of transgender/intersex pat search training conducted in November and December of 2017. All staff indicated the training was conducted in a classroom setting and one staff member recalled the training to be online. Auditor cross referenced the interviewed staff with the acknowledgements received by agency. All interviewed staff have signed acknowledgements for the training. Interviews were met with compliant responses with regards to training attendance, 1st responder protocol – each staff member carried their 1st responder cards on their person while on duty and cross-gender announcement responses. Auditor observed random cross-gender announcement made by staff member who was escorting cross-gender medical practitioner into an inmate housing unit.

Over 90% at Stanton (SCF), 4 missing out of 51. Several of the people agency wide that are missing the training are out on extended leave. On 12/14/17, agency provided auditor with electronic PREA Cross Gender Pat Search Training Checklist which included names of all correctional officers and sergeants assigned to all three facilities. This electronic checklist identifies staff who have completed the training. Agency also provided the PREA Pat-Search Training power-point which is found to be PREA compliant. Accompanying the power-point is the PREA Cross-Gender questionnaire and SROVT completion form which must be completed and graded by staff members in order to obtain credit for training participation. On 1/24/17 during 90-day onsite status review, agency provided auditor with announcement and cross-gender pat search training signed acknowledgements for 268 custody staff assigned to all three facilities. Training was conducted between 11/11/17 and 12/7/17. Auditor interviewed random sample of 11 custody staff regarding their training. All staff indicated they have received announcement, cross-gender pat search training which included a component of transgender/intersex pat search training conducted in November and December of 2017.

The agency/facility has met the requirements of Standard provisions 115.15(d) and 115.15(f) completed during the corrective action period. The auditor has determined that the agency/facility is in compliance with Standard 115.15.

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

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

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

- 115.16(a): Policy GO# 5.041 mandates appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Policy GO #13.015 mandates accommodations for inmates who have been identified as disabled such as TTY/TDD for hearing impaired, rule book in Braille, Point Book made available for inmates unable to communicate verbally, language interpreter, tactile interpreter and staff communication with hearing impaired inmates for daily interactions in the method most effective for the situation. Disabled inmates are identified in booking between intake custody staff and intake medical for evidence of a management need. This information is recorded in the Agency JMS (Jail Management System). Interview with Agency Head indicates a number of communication methods are available to disabled inmates such as TTY/TDD, Language Interpreters, Braille Interpreters, Bi-lingual staff. Point books are available on every floor Sergeant station and in Receiving. Interview with three limited English Proficient inmates verified Agency's approach to provide effective communication with inmates. Bi-lingual staff was used with one of the inmates, contract interpreter was provided for the other two, however, inmates indicated they could understand Auditor and participated in the interview without interpreter.
- 115.16(b): Policy GO# 5.041 mandates appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired or otherwise disabled as well as to inmates who have limited reading skills. Policy GO #13.015 mandates accommodations for inmates who have been identified as disabled such as TTY/TDD for hearing impaired, rule book in Braille, Point Book made available for inmates unable to communicate verbally, language interpreter, tactile interpreter and staff communication with hearing impaired inmates for daily interactions in the method most effective for the situation. Disabled inmates are identified in booking between intake custody staff and intake medical for evidence of a management need. This information is recorded in the Agency JMS (Jail Management System). Interview with three limited English Proficient inmates verified Agency's approach to provide effective communication with inmates. Bi-lingual staff was used with one of the inmates and available for the others, however, inmates indicated they could understand Auditor and participated in the interview without interpreter. Agency has not provided Auditor with copy of the MOU for contract interpreters or any documentation to indicate attempts to obtain an agreement with an interpreter service.
- 115.16(c): Agency reports they do not possess a policy or procedure compliant with Standard provision 115.16(c) which mandates: Agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations. Agency reports that in the past 12 months, there have been no instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties under §115.64, or the investigation of the resident's allegations. Interview with random sample of 20 staff indicates it is prohibited to use inmate interpreters to assist with sexual abuse allegations except in exigent circumstances. Auditor could not locate any documentation or information from the random selection of 21

inmates interviewed and 3 limited English proficient (LEP) inmates that could verify that inmate interpreters have ever been used when an LEP inmate alleged sexual abuse/harassment.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.16(a) & 115.16(b). Corrective action is required.

Corrective Action Recommended:

1. Agency has not provided Auditor with copy of the MOU for contract interpreters or any documentation which verifies attempts to obtain an agreement with an interpreter service.
2. Agency to create policy or written directive which prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.
3. Agency to provide Auditor with the policy or written directive as indicated in corrective action plan #2.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 3/9/18:

1. On 11/29/17, Language Line Solutions forwarded a contract draft to the PREA Coordinator to establish an MOU for interpreter contract services. On 3/9/18, agency provided auditor with electronic documentation of the discussions between the PREA Coordinator and Language Line Solutions to include the creation of pricing (\$0.94 minute for all languages), account setup and contract agreement language. The services provided by Language Line include 125 languages with 24/7/365 availability. Language Line also has a visual interpreter which can be used for both LEP and American Sign. The MOU is currently at the Solano County Sheriff's Office contract department for signature. The steps agency has taken and continues to take in order to provide contract interpreters meets Standard provision 115.16(b).
2. On 12/14/17, agency provided amended policy 13.015 sec V. H. 7, which mandates custody staff shall not rely on inmate interpreters, inmate readers or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-responder duties, or the investigation of the inmate's allegations.

The agency/facility has met the requirements of Standard provisions 115.16(a) and 115.16(b), completed during the corrective action period. The auditor has determined that the agency/facility is in compliance with Standard 115.16

Standard 115.17 Hiring and promotion decisions

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

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

corrective actions taken by the facility.

- 115.17(a): Policy GO# 5.041 mandates that the Sheriff's Office shall not knowingly hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who:
1. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);
 2. Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 3. Has been civilly or administratively adjudicated to have engaged in the activity described in Paragraph A 2 of this section.
- Auditor conducted a document review of a random sample of 21 personnel files of custody staff, 5 contractors and 7 volunteers selected from lists of all custody and non-custody staff, contractors and volunteers assigned to Stanton Facility. Background checks have been conducted on all and each are Live-Scanned and have FBI fingerprint clearances. Personnel and supervisory files are reviewed prior to promotional interviews on all custody staff. All staff, contractors and employees have an affirmative duty to report any arrest & DOJ informs Agency should any staff, contractor or volunteer be fingerprinted as a result of an arrest.
- 115.17(b): Policy GO# 5.041 mandates incidents of sexual harassment shall be considered in determining whether to hire or promote any employee, or to enlist the services of any contractor or volunteer, who may have contact with inmates. Interview with Human Resources (HR) director indicates Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.
- 115.17(c): Policy GO# 5.041 mandates that before hiring, all employees who may have contact with inmates shall be subject to a criminal background check. Consistent with Federal, State and local law, the Sheriff's Office shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Agency reports that 100% of the 38 persons hired over the past 12 months who may have contact with inmates who have had criminal record checks. Interview with Human Resources (HR) director indicates Live-Scan is conducted on all applicants and are screened through FBI fingerprint background checks as verified via document review conducted by Auditor during the on-site audit. Out of the 20-random staff selected, 8 of them had a hire date within the past 12 months. All had Background checks conducted and was cleared through Live-Scan and FBI clearance.
- 115.17(d): Policy GO# 5.041 mandates that before hiring, all employees (which included contractors), who may have contact with inmates shall be subject to a criminal background check consistent with Federal, State and local law. Agency reports 25 contracts entered into in the past 12 months for services with contractors who may have contact with inmates. Agency indicates 91 criminal background record checks were conducted on all staff contractors in the past 12 months who may have contact with inmates. Interview with Human Resources (HR) director indicates all contractors and volunteers go through Live-Scan and FBI clearance before they obtain a gate clearance to work in any facility where they would have contact with inmates. Even with this clearance, contractors and volunteers are under constant supervision by custody staff when inside the facilities.
- 115.17(e): Policy GO# 5.041 mandates that the Agency maintain a procedure where the agency is notified by DOJ any time the employee or contractor is fingerprinted as the result of an arrest. Interview with Human Resources (HR) director indicates employees and contractors have an affirmative duty to inform Agency if they are arrested and the DOJ provides notification if any employee, contractor or volunteer is arrested as they are all Live-Scanned and have been cleared through the FBI.
- 115.17(f): Policy GO# 5.041 mandates all applicants and employees who may have contact with inmates shall be questioned directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Every employee and volunteer has an affirmative duty to disclose any misconduct. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination. Interview with Human Resources (HR) director indicates applications for employment ask applicants and employees about previous sexual misconduct

in the written applications and supplemental applications for employment. There are no such questions asked of contractors. The Agency also imposes a continuing affirmative duty to disclose any such misconduct from employees, contractors and volunteers.

115.17(g): Policy GO# 5.041 mandates all applicants and employees who may have contact with inmates shall be questioned directly about previous misconduct in written applications or interviews for hiring or promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. Every employee and volunteer has an affirmative duty to disclose any misconduct. Material omissions regarding misconduct, or the provision of materially false information, shall be grounds for termination.

115.17(h): Policy GO# 5.041 mandates Information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be provided to an institutional employer conducting an employment background investigation upon request unless prohibited by law. Interview with HR Director indicates information on substantiated allegations of sexual abuse or sexual harassment involving a former employee shall be provided to an institutional employer upon receipt of a release of information form signed by the former employee.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.17(f) and corrective action is required.

Corrective Action Recommended:

1. Agency to create supplemental questionnaire which asks direct questions about previous sexual misconduct as outlined in Standard provision 115.17(a), in written applications or interviews for hiring of contractors.
2. Agency to provide Auditor with copy of supplemental questionnaire and date of implementation.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 3/8/18:

On 3/8/18, the Director of Human Resources sent a directive to the Human Resources Department team which mandated the implementation of the PREA forms for all new hires to include but not limited to Sheriff's office employees, volunteers and contractors and for all promotions at the time of the conditional job offer. The signed forms, which asks the three questions outlined in Standard provision 115.17(a), will be maintained in the employees personnel record. On 3/12/18, the Sheriff's Department conducted promotional interviews. Agency provided auditor with a copy of the signed PREA forms for each of the eight promotional candidates. Agency has adopted the Standard provision mandate, implemented and practiced the application of the Standard provision mandate.

The agency/facility has met the requirements of Standard provision 115.17(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.17.

Standard 115.18 Upgrades to facilities and technologies

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a): The Stanton Facility opened in October 2014 and is the only correctional facility acquired by the Solano County Sheriff’s Department since August 20, 2012. Interview with Agency Head and Facility Commander indicates the only newly acquired facility has been the Stanton Facility. No substantial expansion of modifications made to existing facilities.

115.18(b): Agency enhanced the video monitoring technology at the Stanton Facility in 2017. Physical plant review of Stanton Facility indicates there are numerous cameras throughout the facility. Some are continuous feed, others are motion controlled. Agency recently increased cameras in the intake processing area.

Auditor has determined that Agency/facility meets Standard 115.18

Standard 115.21 Evidence protocol and forensic medical examinations

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

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

115.21(a): Agency conducts both criminal and administrative sexual abuse investigations. Agency provided Auditor with verification of a compliant Uniform Evidence Protocol that agency investigators follow. Interview with random sample of 20 staff indicate majority of staff 1st Responders do not include preservation of usable physical evidence as part of their 1st Responder responsibilities. Review of Solano County Sheriff’s **DRAFT** evidence protocol verifies there is sufficient technical detail to aid responders in obtaining usable physical evidence.

115.21(b): Agency does not house youthful offenders. **DRAFT** Protocol was adapted from U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. All Patrol Staff receive training regarding preliminary investigations through the California Peace Officer Standards and Training Academy, as well as training from a DOJ approved course on Investigating Sexual Assaults in Confinement Facilities.

115.21(c): Policy GO #13.016 mandates Medical staff may require the inmate be transported to the hospital for a forensic sexual assault examination, if appropriate. The inmate shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. Napa/Solano/Marin SANE/SART Agency serves Solano County Jails and conduct all forensic examinations on victims of sexual abuse. Agency reports no forensic examinations conducted over the past 12 months. Interview with SART Team staff member at Kaiser Vallejo indicate the SART Team serves Solano County Jail. They are on-call 24/7 and provide forensic examinations. Victim advocates are allowed to be present during forensic exams with victim’s permission. SART Team provides SDT prophylaxis, pregnancy information and documentation to include whatever additional medical needs that are required.

115.21(d): Agency maintains MOU with the SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency who provides both sexual abuse reporting and advocacy. They respond to requests from Solano County Sheriff’s Department and Solano County Jail inmates, provide SART/hospital accompaniment for current inmates at North Bay Medical Center, provide toll free telephone number for inmates who wish to report a sexual assault or harassment at

Solano County Sheriff's Office facilities at no expense to the inmate. The MOU mandates both Solano County Sheriff's Department and SafeQuest maintain strict confidentiality as it relates to inmate clients. SafeQuest counselors are available 24/7. Interview with PREA Compliance Manager indicates the Agency has MOU with SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency which provides sexual abuse reporting and advocacy. Auditor interviewed the Director of SafeQuest who verified the MOU responsibilities to provide both reporting and advocacy. Advocacy provided throughout the forensic, investigative and court process to include follow-up counseling. Interview of the 1 inmate who was identified as reporting sexual abuse was found to have only reported sexual abuse during intake screening, not while in confinement. The abuse occurred when this inmate was in his teens.

115.21(e): SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency counselors respond to requests from Solano County Sheriff's Department and Solano County Jail inmates, provide SART/hospital accompaniment for current inmates at North Bay Medical Center, provide toll free telephone number for inmates who wish to report a sexual assault or harassment at Solano County Sheriff's Office facilities at no expense to the inmate. Interview with PREA Compliance Manager indicates the Agency has MOU with SafeQuest Solano Dual Domestic Violence & Sexual Assault Agency which provides sexual abuse reporting and advocacy.

115.21(f): N/A – Agency is responsible for both administrative and criminal investigations.

115.21(g)/(h): Auditor not required to audit these Standard provisions.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.21(a) and corrective action is required.

Corrective Action Recommended:

1. Solano County Sheriff's DRAFT evidence protocol is deemed non-compliant until approved by Agency Head and implemented.
2. Provide Auditor with copy of Solano County Sheriff's evidence protocol that has been signed and dated by the Agency Head or designee to include date of implementation by Agency staff.
3. Agency to conduct refresher training of custody staff with regards to their 1st Responder protocol.
4. **Recommendation:** Provide both custody and non-custody staff with 1st Responder cards with instructions to have on their person during their shift. Staff can refer to these cards in the event of an allegation of sexual abuse.
5. Auditor to interview additional staff during 90-day status review to determine if 1st Responder protocol is institutionalized.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/24/18:

On 12/14/17, PREA Coordinator provided the auditor with Quick Reference Cards for all custody and non-custody staff which outlines the 1st Responder protocol. 10/17/17 directive to custody sergeants and lieutenants requiring staff to have card on their persons during their shift was also provided to auditor. Agency also provided the Coordinated Response Protocol which applies to all three facilities. The Coordinated Response includes the 1st Responder Protocol for both custody and non-custody staff, notifications for PREA Coordinator, facility PREA Compliance Manager, supervisor, SAFE/SANE, advocacy, hospital utilized for forensic examinations and which investigative entity conducts the investigations for both criminal and non-criminal sexual abuse cases. On 1/24/17 during 90-day onsite status review, auditor interviewed a random sample of 11 custody staff from list of A Shift staff assigned to the Stanton Facility on 1/24/17. During the interviews, auditor questioned staff regarding their response when an inmate alleges sexual abuse or imminent sexual abuse. All 11 staff responded appropriately such as separating victim and perpetrator, detaining them in area that has no running water to preserve usable physical evidence, seal crime scene, secure witnesses, document and contact supervisor. At the end of PREA Audit Report

the interview, auditor asked if staff possessed their 1st responder cards. Each of them produced their cards and informed auditor they are mandated to carry their cards while on duty, which exceeds Standard 115.21. Staff indicated they received 1st responder refresher training near end of 2017 and they are questioned by upper-level staff during unannounced rounds as to their 1st responder protocol responses and producing their 1st responder cards.

The agency/facility has met the requirements of Standard provision 115.21(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.21.

Standard 115.22 Policies to ensure referrals of allegations for investigations

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

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

115.22(a): Policy 5.041 mandates all reported allegations of sexual abuse shall be thoroughly investigated, and where appropriate, criminal prosecution and/or disciplinary action shall result. Agency reports that over the past 12 months, there have been 8 allegations of sexual abuse/harassment, 7 resulting in administration investigation and 1 resulting in criminal investigation. Agency provided Auditor with copies of all 8 sexual abuse investigations for review. Auditor verified that all investigations have been completed. The sexual abuse allegations were reported in the other facilities, not Stanton Facility. Interview with Agency Head indicates Agency conducts both administrative and criminal investigations for all allegations of sexual abuse and sexual harassment.

115.22(b): Policy 5.041 mandates all reported allegations of sexual abuse shall be thoroughly investigated, and where appropriate, criminal prosecution and/or disciplinary action shall result. Agency conducts both criminal and administrative investigations. Policy GO 13.016 Custody Staff will work in support of Sheriff's Office Investigations personnel to protect the victim and to preserve the scene and potential evidence associated with all PREA incidents. Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim. Policy narrative is posted on the Agency website which states: *The Solano County Sheriff's Office is committed to providing inmates housed at its facilities, the safest environment possible. The Solano County Sheriff's Office has a Zero- Tolerance policy toward sexual abuse and sexual harassment of any kind. Inmates who experience these types of behaviors are strongly encouraged to report the behavior, as it will be investigated thoroughly and completely, whether criminally or administratively, whichever is most appropriate.* Auditor interviewed Investigative Staff who indicated all allegations of sexual abuse/harassment are referred for investigation.

115.22(c): N/A – Agency is responsible for criminal investigations

115.22(d)/(e): Auditor not required to audit these Standard provisions.

Auditor has determined that Agency/facility meets Standard 115.22

Standard 115.31 Employee training

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

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

- 115.31(a): Policy 5.041 mandates every employee, volunteer and contractor who may have contact with inmates, including medical and mental health providers shall be trained on the Sheriff's Office PREA policy and shall include all of the criteria outlined in Standard provision 115.31(a) – 1 thru 9. Auditor notes that policy does not include #10 training criteria provides compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Agency provided Auditor with copy of the training curriculum which includes all 10 mandated criteria as outlined in Standard provision 115.31(a). Interview with Random Sample of Staff indicates they are knowledgeable with regards to the 10 topics outlined in Standard provision 115.31(a). During on-site audit, Auditor reviewed 21 randomly selected employee training records and determined all employees received PREA comprehensive training as verified through signed PREA acknowledgement forms.
- 115.31(b): Agency reports that training is tailored to gender of inmates at all 3 facilities. Two of the facilities house only male inmates. Only the Main Jail house both male and female inmates. Review of sample of 21 training records indicate Comprehensive training incorporates training for both male and female inmates. Interview with Training Lt indicate employees who are reassigned from facilities housing the opposite gender are provided additional training.
- 115.31(c): Agency reports 100% of staff employed by the facility, who may have contact with inmates, who were trained or retrained in PREA requirements. Policy 5.041 mandates refresher training be provided to all employees at least every two years to ensure awareness of current agency policy and procedures. Between trainings the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment through policy upgrades, manager/supervisor meetings.
- 115.31(d): Policy 5.041 mandates The Sheriff's Office maintain documentation of the completion of all PREA training provided to employees, volunteers and contractors via a form that the employee must sign to acknowledge an understanding of the training received. Auditor reviewed 21 employee Training Records which included signed PREA acknowledgement forms and electronic training verification for each employee.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.31(a). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 to include #10 training criteria which states, "How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities".

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17, agency provided auditor with an amended PREA Policy 5.041 Sec VIII. Policy now includes narrative which informs staff how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA State Training Center Curriculum includes criteria as mandated by Standard 115.31.

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

Standard 115.32 Volunteer and contractor training

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

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

- 115.32(a): Policy 5.041 mandates every employee, volunteer and contractor who may have contact with inmates, including medical and mental health providers shall be trained on the Sheriff's Office PREA policy and shall include all of the criteria outlined in Standard provision 115.31(a) – 1 thru 9. Auditor notes that policy does not include #10 training criteria provides compliance with relevant laws related to mandatory reporting of sexual abuse to outside authorities. Agency provided Auditor with copy of the training curriculum which includes all 10 mandated criteria as outlined in Standard provision 115.31(a). Agency reports 100% of volunteers and individual contractors, who have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Interview with 2 Contractors and 2 Volunteers verify their knowledge and understanding of the Agency's policy regarding Zero-Tolerance and responsibilities to report any allegations of sexual abuse & harassment. They are also aware of their responsibilities as it relates to non-custody 1st responder duties. Review of a random sample of 4 Contractor and 4 Volunteer training records verify their training through their signed acknowledgement forms.
- 115.32(b): Employees, contractors and volunteers are provided the same training as custody staff, which is compliant with the PREA Standards. Interview with 2 Contractors and 2 Volunteers verify their knowledge and understanding of the Agency's policy regarding Zero-Tolerance and responsibilities to report any allegations of sexual abuse & harassment. They are also aware of their responsibilities as it relates to non-custody 1st responder duties. Review of a random sample of 4 Contractor and 4 Volunteer training records verify their training through their signed acknowledgement forms.
- 115.32(c): Policy GO#5.041 mandates The Sheriff's Office maintain documentation of the completion of all PREA training provided to employees, volunteers and contractors via a form that the employee must sign to acknowledge an understanding of the training received. Auditor reviewed randomly selected 21 electronic employee training records and the training records of the 4 contractors and 4 volunteers randomly selected training records from employee, contractor and volunteer listings provided by Agency all of which included statements of PREA training acknowledgment.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.32(a), and corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 to include #10 training criteria which states, "How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities".

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been

implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17, Agency provided auditor with an amended PREA Policy 5.041 Sec VIII. Policy now includes narrative which informs staff how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA State Training Center Curriculum includes criteria as mandated by Standard 115.32.

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

Standard 115.33 Inmate education

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

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

115.33(a): Policy GO#5.041 mandates that inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. Agency has not provided Auditor with number of inmates admitted to the facility over the past 12 months who were provided PREA education at intake. Review of 24 randomly selected screening files indicate 13 received PREA initial education and 12 received Comprehensive Education. Interview with intake staff indicates Agency began PREA assessments and education on 5/31/17. Auditor is required to review screening files of all inmates received after 5/31/17. Interview with Random sample of 21 inmates selected from Stanton facility inmate housing list provided by Agency indicate half of the inmates interviewed received Zero Tolerance Pamphlet and Handbook for PREA Orientation. 1/3 of inmates indicate they say the PREA video for Comprehensive Education.

115.33(b): Policy GO#5.041 mandates Within 30 days of intake, and within one year for inmates already in custody at the time of policy implementation, comprehensive education either in person or via video regarding rights related to this policy shall be provided to every inmate. Information within this training shall include:

1. The right to be free from sexual abuse, sexual misconduct and sexual harassment;
2. The right to be free from retaliation for reporting such abuse, misconduct or harassment;
3. Information on how to report such incidents.

Agency has not provided Auditor with number of inmates admitted to the facility over the past 12 months who were provided Comprehensive Education within 30 days of intake. Review of 24 randomly selected screening files indicate 13 received PREA initial education and 12 received Comprehensive Education.

115.33(c): Policy 5.041 mandates Refresher information shall be provided to all inmates at least annually and whenever an inmate is transferred to a different facility to ensure that education the current policies and procedure has been provided. Review of 24 randomly selected screening files indicate 13 received PREA initial education and 12 received Comprehensive Education.

115.33(d): Policy 5.041 mandates Appropriate provisions shall be made to ensure effective education for inmates who are not fluent in English, are deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. During on-site audit, Auditor observed inmate PREA Video has closed caption and is shown in each housing unit. Interview with inmates indicated any inmate housed in the middle or end of the housing unit is

unable to see the video as televisions are mounted in the front of the Unit and inmates are not informed if video is playing during their out-of-cell time. As of 5/31/17, Classification Unit implemented changes to the intake screening/interview process, classification reviews, and inmate facility transfers. Inmates are to be provided with PREA brochure titled "End The Silence", and copy of the inmate Rule Book (in either Spanish or English). Since these procedures did not start until 5/31/17 it has not become institutionalized.

115.33(e): Policy 5.041 mandates The Sheriff's Office shall maintain documentation of inmate participation in PREA education sessions. Review of 24 randomly selected screening files indicate 12 signed acknowledgements of receipt of initial and Comprehensive PREA education. This represents only half of the total reviewed inmate screening records.

115.33(f): Policy 5.041 mandates key information be continuously and readily available or visible to inmates through posters, pamphlets or other written formats. Review of physical plant indicates PREA posters are posted inside each housing unit (the size of a letter taped to the medical interview room window), providing inmates with Zero-Tolerance and reporting information to include contact numbers to outside reporting agencies and informing inmates that these numbers are confidential, toll free, not monitored and provides limits of confidentiality. Inmates are being provided the "End The Silence" pamphlet during intake. There is no PREA Posters available in the Main 500 Hallway, Visitation Hallway, non-contact rooms or attorney contact rooms. Auditor did not observe PREA Posters in Medical clinic area. None of the housing unit Multi-purpose rooms, in which programming is conducted, contained PREA education posters.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.33(a) thru 115.33(f). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor random sampling of screening documentation, selected by Auditor, inmates assigned to Stanton between after 5/31/17 and the 90-day status review date for verification of 72-hour screening, 30-day reassessments, initial and comprehensive PREA education.
2. Agency to provide auditor with documented inmate acknowledgement of initial and Comprehensive inmate PREA training, to include viewing of the PREA video.
3. Agency to provide auditor with documented inmate acknowledgement of PREA training, to include viewing of the PREA video for inmates who have transferred facility transfers.
4. Agency to ensure all inmates assigned to the Stanton facility have access to viewing the PREA video shown in each housing unit, including inmates housed in the middle and rear of the housing units.
5. Auditor to conduct interviews of a random sample of inmates, selected by auditor from each housing unit to verify compliance.
6. Agency to provide PREA posters in sizes larger than a letter
7. Agency to provide large posters in the:
 - a. Main 500 Hallway
 - b. Visitation Hallway
 - c. Non-contact rooms
 - d. Attorney contact rooms
 - e. Medical clinic area
 - f. Housing unit Multi-purpose rooms

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 3/21/18:

1 thru 7: On 1/24/17 during 90-day onsite status review auditor interviewed an intake/classification deputy. Classification deputies complete the 30-day reassessment for all inmates as each is flagged in the JMS system. Inmates in administrative segregation are reviewed every 7 days and general population inmates are flagged at 30 days. Agency provided auditor with copies of the screening sheets which included both classification and PREA education documents for 12 randomly selected inmates. Review of the screening files determined that intake/classification failed to provide initial PREA education in a timely manner for 5 inmates and failed to provide comprehensive education for four of the inmates. One inmate was reassessed 15 days late and verification of comprehensive education could not be found for one inmate. Auditor has determined that agency has not institutionalized the classification process as it relates to PREA. Agency is made significant changes since the onsite PREA audit, but more needs to be done to meet standard 115.33 and 115.41. On 3/21/18 auditor conducted a 180-day status review and received screening documentation for inmates booked into Stanton facility between 1/24/18 to 3/9/18 requested by the auditor in order to review conduct of the PREA screening practice. Auditor randomly selected 44 screening files from a list of 93 inmates received at Stanton facility between the timeframe requested. Auditor reviewed 44 inmate screening files and found 5 discrepancies. All 30-day reassessments were completed, however, the reassessments were between 2 to 10 days late for the identified discrepancies. Agency takes copious classification screening notes, conducts 7-day reviews for inmates housed in administrative separation and 30-day reviews for all other inmate classifications. Auditor recommended having inmates signed an acknowledgment for the initial PREA education. Going forward, agency has adopted this recommendation. Agency documents intake and booking forms, objective screening and housing placement, interview with inmate, initial PREA education, PREA comprehensive education and 30-day reassessments in the classification notes.

Review of the screening files determined that intake/classification failed to provide initial PREA education in a timely manner for 5 inmates and failed to provide comprehensive education for four of the inmates. One inmate was reassessed 15 days late and verification of comprehensive education could not be found for one inmate. Auditor has determined that agency has not institutionalized the classification process as it relates to PREA. Agency is made significant changes since the onsite PREA audit, but more needs to be done to meet standard 115.33 and 115.41. On 3/21/18 auditor conducted a 180-day status review and received screening documentation for inmates booked into Stanton facility between 1/24/18 to 3/9/18 requested by the auditor in order to review conduct of the PREA screening practice. Auditor randomly selected 44 screening files from a list of 93 inmates received at Stanton facility between the timeframe requested. Auditor reviewed 44 inmate screening files and found 5 discrepancies. All 30-day reassessments were completed, however, the reassessments were between 2 to 10 days late for the identified discrepancies. Agency takes copious classification screening notes, conducts 7-day reviews for inmates housed in administrative separation and 30-day reviews for all other inmate classifications. Auditor recommended having inmates signed an acknowledgment for the initial PREA education. Going forward, agency has adopted this recommendation. Agency documents intake and booking forms, objective screening and housing placement, interview with inmate, initial PREA education, PREA comprehensive education and 30-day reassessments in the classification notes.

On 1/24/17 during 90-day onsite status review auditor interviewed a random sample of 12 inmates, one from each housing unit selected from list of inmates housed at Stanton facility. All inmates acknowledged that staff continually conduct cross-gender announcements when entering the housing units. Inmates also acknowledged receiving their initial PREA education regarding zero-tolerance and reporting methods for sexual abuse/harassment. Most recall receiving comprehensive education at the same time which included their rights. Inmates recalled having to sign acknowledgements for their training with classification. Inmate complained that they receive follow-up PREA training via the PREA video in their housing units every Sunday on a loop. One of the inmates was LEP and he indicated that the training was in Spanish, to include the video which had Spanish closed caption. Another inmate was LGBTI and specifically recalled the PREA questions being asked. Interview with classification deputy indicates all screening files are maintained in the JMS system. Auditor reviewed the JMS system with classification deputy. Classification deputy conducted an intake and classification interview as if I was an inmate. I observed the JMS electronic classification system used. The supplemental PREA screening checklist is a paper documented objective and screens with a sexual predator/vulnerability PREA screening checklist which is

weighted and allows for classification to override the results if needed for the safety of the inmate(s). There is an area for classification to provide notes as to how they arrived at their housing assignment decision. The checklist is uploaded to the JMS system for each inmate once they complete the intake/classification process. Only Classification, upper-level management, gang officers and supervisors have access to this system. Classification deputy then conducts RAP sheet verification and enters both the initial and comprehensive inmate PREA education information to include housing placement decision into the classification notes. Initial and comprehensive education is completed during intake/classification. Classification deputies complete the 30-day reassessment for all inmates as each is flagged in the JMS system. Inmates in administrative segregation are reviewed every 7 days and general population inmates are flagged at 30 days.

On 1/24/17 during 90-day onsite status review auditor observed poster placements in the following areas:

- a) Main 500 Hallway – Main housing entrance door across from Main Control
- b) Visitation Hallway – Both Spanish and English
- c) Non-contact rooms – Both Spanish and English brochures located in lobby for 3rd party information
- d) Attorney contact rooms – Both Spanish and English
- e) Medical clinic area – Both Spanish & English on practitioner office across from holding cells.
- f) Housing unit Multi-purpose rooms – None due to multi-purpose rooms are in back of each housing unit and main posters are in each housing unit located next to the phones.

The agency/facility has met the requirements of Standard provisions 115.33(a) through 115.33(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.33.

The agency/facility has met the requirements of Standard provisions 115.33(a) through 115.33(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.33.

Standard 115.34 Specialized training: Investigations

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

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

115.34(a): Policy 5.041 mandates that in addition to general training provided to all employees, the Sheriff’s Office shall ensure that investigators receive documented training in sexual abuse investigations in confinement settings. Agency provided training certifications for all 5 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course. Interview with Investigative Staff indicates all investigators assigned to sexual abuse cases have completed Sexual Abuse Investigations in a Confinement Settings Course.

115.34(b): Agency provided training certifications for all 5 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course. The curriculum complies with Standard provision 115.34(b). Agency provided training certifications for all 5 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course.

115.34(c): The Sheriff’s Department maintains training records for all employees, contractors and volunteers. Agency provided training certifications for all 5 of Agency Special Investigators. All have completed the NIC Sexual Abuse

Investigations in a Confinement Setting Course.

115.34(d): N/A Auditor is not required to audit this Standard provision.

Auditor has determined that agency/facility meets Standard 115.34

Standard 115.35 Specialized training: Medical and mental health care

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

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

115.35(a): Policy 5.041 mandates every employee, contractor and volunteer of the Sheriff's Office who has direct contact with inmates, either within or outside of the facility, but within a custodial setting, shall be trained in the detection of and mandatory reporting processes related to sexual abuse. Agency reports that all 70 medical and mental health practitioners who work regularly at Stanton facility has received this training. Agency provided Auditor with copy of the Solano Medical PowerPoint used for PREA Training. The PPT is PREA Compliant as it is derived from the Moss Group training curriculum. Interview with Medical and Mental Health staff indicate additional training is gained through the State of California continuing Education Units (CEU) for staff with current certificates or licenses. Criteria outlined in Standard provision 115.35(a) is included in the curriculum for CEU. Review of a the PREA Medical/Mental Health Training Roster provided by Agency, comprised of the 70 Medical and Mental Health practitioners who work regularly at Stanton facility, indicates that only 29 have received PREA Training. 41 practitioners have not been PREA trained (59%).

115.35(b): N/A – Agency medical staff do not conduct forensic examinations.

115.35(c): Agency reports that all 70 medical and mental health practitioners who work regularly at Stanton facility has received this training. Agency provided Auditor with copy of the Solano Medical power-point used for PREA Training. The PPT is PREA Compliant as it is derived from the Moss Group training curriculum. CFMG PREA electronic training roster was provided to Auditor for review. It was determined that 41% have been trained in PREA. Out of a total of 70 practitioners, only 21 practitioners have been trained in PREA. That leaves a balance of 41 practitioners who have not been trained in PREA. Agency has not provided Auditor with signed PREA training acknowledgements

115.35(d): Agency provided Auditor with copy of the Solano Medical power-point used for PREA Training. The PPT is PREA Compliant as it is derived from the Moss Group training curriculum. This curriculum is in addition to the PREA Comprehensive Training mandated for employees and contractors.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.35(a) & 115.35(c). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide verification in the way of documented training acknowledgements or electronic verification that 100% of Medical and Mental Health practitioners who work regularly at Stanton facility have been trained in PREA and understand the training they have received.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/2/18:

Agency indicates that the initial number of 70 Medical and Mental Health practitioners was generated incorrectly. This number relates to the total number of practitioners between all 3 facilities. The number of Medical and Mental Health practitioners who work primarily at Stanton Facility is 22. On 1/2/18, Agency provided auditor with signed training roster which reflects 22 Medical and Mental Health practitioners attending the PREA Training. On 1/2/18, Agency provided auditor with signed training roster which reflects 22 Medical and Mental Health practitioners attending the PREA Training. Electronic training acknowledgement form, with initials from all 22 practitioners was also provided.

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

Standard 115.41 Screening for risk of victimization and abusiveness

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

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

115.41(a): Policy 18.001 mandates All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or for being sexually abusive toward other inmates. Interview with Staff responsible for risk screening indicates inmates are provided intake screening and upon transfer to another facility for risk of being sexually abuse b other inmates or abusive towards other inmates. The PREA screening process did not begin until 5/31/17. Interview of Random Sample of 21 inmates selected from facility housing roster indicates only 13 inmates admitted to receiving initial screening at intake. Review of 24 randomly selected screening files from facility housing roster indicated that 13 received initial screening within 72 hours of intake and signed statement of acknowledgement.

115.41(b): Policy 17.002 mandates all inmates shall be provided an orientation within 72 hours after arrival. The orientation is meant to transition the inmate into the facility. Agency has not provided Auditor with the number of inmates entering the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. The PREA screening process did not begin until 5/31/17. Interview of Random Sample of 21 inmates selected from facility housing roster indicates only 13 inmates admitted to receiving initial screening at intake. Review of 24 randomly selected screening files from facility housing roster indicated that 13 received initial screening within 72 hours of intake and signed statement of acknowledgement.

115.41(c): Agency provided Auditor with PREA Screening Supplemental Questionnaire and Screening Tree which is weighted provides for classification placement levels based upon responses to the PREA Screening Supplemental Questionnaire. The tree does not appear to respond to PREA Questions, does not provide area for screener to override the weighted placement. There is no area for the screening officer to note placement determinations.

115.41(d): Policy #18.001 mandates that all inmates shall be screened within 24 hours of arrival for potential vulnerabilities to become victimized or tendencies of acting out with sexually aggressive behavior. Additionally, the following criteria shall be used to assess an inmate's risk of sexual victimization:

- a. Mental, physical or developmental disabilities
- b. Age
- c. Physical stature
- d. Previous incarceration
- e. Nonviolent criminal history
- f. Prior convictions for sex offenses
- g. If the inmate is perceived to be, **or admits to being** gay, lesbian, bisexual, transgender, intersex or gender nonconforming
- h. Previous sexual victimization
- i. The inmate's perception of vulnerability
- j. An inmate's request to be segregated

Policy 18.001 does not include required criteria for Standard provision 115.41(d) which mandates Agency consider whether the inmate is detained solely for civil immigration purposes. PREA Screening Supplemental Questionnaire does not provide response or answer the question if inmate is detained solely for civil immigration purposes. The current PREA Screening Supplemental Questionnaire form includes all 10 criteria as outlined in Standard provision 114.41(d). Interview with staff responsible for risk screening indicate the inmate responds to a number of PREA questions and the screening staff completes the form with their observations. There is no scoring or override area on the form. The screening officer has the opportunity to include an explanation for each question that has a "YES" answer. The Screening Tree which is weighted provides for classification placement levels based upon responses to the PREA Screening Supplemental Questionnaire.

115.41(e): Policy #18.001 mandates that all inmates shall be screened within 24 hours of arrival for potential vulnerabilities to become victimized or tendencies of acting out with sexually aggressive behavior. Additionally, the following criteria shall be used to assess an inmate's risk of sexual victimization:

- a. Mental, physical or developmental disabilities
- b. Age
- c. Physical stature
- d. Previous incarceration
- e. Nonviolent criminal history
- f. Prior convictions for sex offenses
- g. If the inmate is perceived to be, **or admits to being** gay, lesbian, bisexual, transgender, intersex or gender nonconforming
- h. Previous sexual victimization
- i. The inmate's perception of vulnerability
- j. An inmate's request to be segregated

Interview with staff responsible for risk screening indicates initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. The Screening Tree provided by Agency responds to assaultive behavior but no response to vulnerability.

115.41(f): Policy 18.001 mandates Within 30 days of arrival, or if any additional information is received that bears on an inmate's risk of sexual victimization or abusiveness, an inmate's risk level for sexual assault or abusiveness shall be reassessed. Agency has not provided Auditor with the number of inmates entering the facility (either through intake or transfer) who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based. Interview with staff responsible for risk screening indicates the new PREA screening procedure was not implemented until 5/31/17. Interview with a random sample of 21 inmates and review of 21 screening files verifies that only 13 inmates received a 30-day reassessment.

115.41(g): Policy 18.001 mandates within 30 days of arrival, or if any additional information is received that bears on an inmate's risk of sexual victimization or abusiveness, an inmate's risk level for sexual assault or abusiveness shall be reassessed. Interview with staff responsible for risk screening indicates the new PREA screening procedure was not implemented until 5/31/17. Interview with a random sample of 21 inmates and review of 21 screening

files verifies that only 13 inmates received a 30-day reassessment.

115.41(h): Policy 18.000 mandates if, during the interview process, an inmate refuses to answer questions, including those which may pertain to a disability, sexual orientation, past victimization, or their own perception of vulnerability for abuse, he or she shall not be subject to any discipline for failing or refusing to answer. Interview with staff responsible for risk screening indicates inmates are not disciplined for refusing to respond to PREA questions.

115.41(i): Policy 18.000 mandates the Classification Officer shall interview each new inmate in an area suitable for a confidential interview. The Classification Officer shall utilize all necessary information using the interview questionnaire, JMS, CLETS, ARIES and other pertinent information to classify an individual. Policy 18.001 mandates Any information provided by the inmate is confidential and will be released on a need-to-know basis. Interview with PREA Coordinator and Staff Responsible for Risk Screening indicates screening data limited to Classification officers, Division and Facility Commanders. Access to files are under supervision of Classification Officers only on a need to know basis.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.41(a) through 115.41(f). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor random sampling of screening documentation, selected by Auditor, inmates assigned to Stanton between after 5/31/17 and the 90-day status review date for verification of 72-hour screening, 30-day reassessments, initial and comprehensive PREA education.
2. Agency to provide auditor with documented inmate acknowledgement of initial and Comprehensive inmate PREA training, to include viewing of the PREA video.
3. Agency to provide auditor with documented inmate acknowledgement of PREA training, to include viewing of the PREA video for inmates who have transferred facility transfers.
4. Agency to provide Auditor with an Objective Screening Instrument which includes each of the 10 criteria outlined in Standard provision 115.41(a), is weighed, allows for classification officer override, and mandates written decision as to how classification officer made determination for housing and programming placement.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 3/21/18:

1. On 1/24/17 during 90-day onsite status review auditor interviewed an intake/classification deputy. Classification deputies complete the 30-day reassessment for all inmates as each is flagged in the JMS system. Inmates in administrative segregation are reviewed every 7 days and general population inmates are flagged at 30 days. Agency provided auditor with copies of the screening sheets which included both classification and PREA education documents for 12 randomly selected inmates. Review of the screening files determined that intake/classification failed to provide initial PREA education in a timely manner for 5 inmates and failed to provide comprehensive education for four of the inmates. One inmate was reassessed 15 days late and verification of comprehensive education could not be found for one inmate. Auditor has determined that agency has not institutionalized the classification process as it relates to PREA. Agency is made significant changes since the onsite PREA audit, but more needs to be done to meet standard 115.33 and 115.41.

On 3/21/18 auditor conducted a 180-day status review and received screening documentation for inmates booked into Stanton facility between 1/24/18 to 3/9/18 requested by the auditor in order to review conduct of the PREA screening practice. Auditor randomly selected 44 screening files from a list of 93 inmates received at Stanton facility between the timeframe requested. Auditor reviewed 44 inmate screening files and found 5 discrepancies. All 30-day reassessments were completed, however, the reassessments were between 2 to 10 days late for the identified discrepancies. Agency takes copious classification screening notes, conducts 7-day reviews for inmates housed in

administrative separation and 30-day reviews for all other inmate classifications. Auditor recommended having inmates signed an acknowledgment for the initial PREA education. Going forward, agency has adopted this recommendation. Agency documents intake and booking forms, objective screening and housing placement, interview with inmate, initial PREA education, PREA comprehensive education and 30-day reassessments in the classification notes.

2. On 1/24/17 during 90-day onsite status review auditor interviewed an intake/classification deputy. Classification deputies complete the 30-day reassessment for all inmates as each is flagged in the JMS system. Inmates in administrative segregation are reviewed every 7 days and general population inmates are flagged at 30 days. A random sample of 12 inmates, one from each housing unit selected from list of inmates housed at Stanton facility, were interviewed. All inmates acknowledged that staff continually conduct cross-gender announcements when entering the housing units. Inmates also acknowledged receiving their initial PREA education regarding zero-tolerance and reporting methods for sexual abuse/harassment. Most recall receiving comprehensive education at the same time which included their rights. Inmates recalled having to sign acknowledgements for their training with classification. Inmate complained that they receive follow-up PREA training via the PREA video in their housing units every Sunday on a loop. One of the inmates was LEP and he indicated that the training was in Spanish, to include the video which had Spanish closed caption. Another inmate was LGBTI and specifically recalled the PREA questions being asked. Agency provided auditor with copies of the screening sheets which included both classification and PREA education documents for 12 randomly selected inmates. Review of the screening files determined that intake/classification failed to provide initial PREA education in a timely manner for 5 inmates and failed to provide comprehensive education for four of the inmates. One inmate was reassessed 15 days late and verification of comprehensive education could not be found for one inmate. Auditor has determined that agency has not institutionalized the classification process as it relates to PREA. Agency is made significant changes since the onsite PREA audit, but more needs to be done to meet standard 115.33 and 115.41.

On 3/21/18 auditor conducted a 180-day status review and received screening documentation for inmates booked into Stanton facility between 1/24/18 to 3/9/18 requested by the auditor in order to review conduct of the PREA screening practice. Auditor randomly selected 44 screening files from a list of 93 inmates received at Stanton facility between the timeframe requested. Auditor reviewed 44 inmate screening files and found 5 discrepancies. All 30-day reassessments were completed, however, the reassessments were between 2 to 10 days late for the identified discrepancies. Agency takes copious classification screening notes, conducts 7-day reviews for inmates housed in administrative separation and 30-day reviews for all other inmate classifications. Auditor recommended having inmates signed an acknowledgment for the initial PREA education. Going forward, agency has adopted this recommendation. Agency documents intake and booking forms, objective screening and housing placement, interview with inmate, initial PREA education, PREA comprehensive education and 30-day reassessments in the classification notes.

3. On 12/14/17, Agency provided auditor with a copy of their Classification questionnaire and the supplemental PREA Classification screening questionnaire. Between the two forms, each of the 10 criteria outlined in Standard provision 115.41(a) are included. On 1/24/17 during 90-day onsite status review agency provided auditor with the Supplemental PREA Classification screening questionnaire. When agency provided the questionnaire on 12/14/17, they did not provide all pages. Review of the questionnaire determines that the questionnaire is weighted, has area for classification to override the objective screening decision and area for inmate and classification deputy to sign and date the form. The form is then uploaded to the JMS Classification system. This system was reviewed by auditor and is found to be compliant with Standard 115.41.

Solano County Sheriff's Office does not honor immigration holds without a crime charged. Immigration Policy 17.009 was provided to auditor which mandates that inmates who are eligible from release from custody shall not be held, pursuant to an immigration hold beyond the time they would otherwise be released unless certain conditions apply such as inmate being charged for serious violent felonies, held for felony punishable by incarceration in state prison, misdemeanor convictions over the last 5 years that could have also been charged as a felony, (wobblers) or federal crimes. If none of the condition mentioned are satisfied, the inmate shall not be detained on the basis of an immigration hold after the individual becomes eligible for release from custody. On 1/24/17 during 90-day onsite status review Agency provided auditor with a list of consulates in San Francisco. Immigration hold (detainer) protocol is "When an inmate is no longer being held on a local case and has a detainer (that is being honored pursuant to policy), staff will contact immigration and advise that the inmate must be picked up within 48 hours (as

indicted on the detainer). This notification is annotated in the JMS (Jail Management System) and staff apply an expiration (2 days) to the detainer in the JMS. If the inmate is not released from custody on the day the detainer expires, the inmate record automatically moves to a pending release queue for processing/release." Agency provided auditor with a copy of Department of Homeland Security Immigration Detainer – Notice of Action. The notice specifically states that the agency will maintain custody of the alien for a period not to exceed 48 hours beyond the time that he/she would otherwise have been released from our custody to allow DHS to assume custody. In the event contact numbers to consular officials are requested by ICE inmates, agency has secured copy of all consulates located in San Francisco and contact numbers will be made available to the inmates upon request.

4. On 1/24/17 during 90-day onsite status review auditor interviewed an intake/classification deputy. Classification deputies complete the 30-day reassessment for all inmates as each is flagged in the JMS system. Inmates in administrative segregation are reviewed every 7 days and general population inmates are flagged at 30 days. Agency provided auditor with copies of the screening sheets which included both classification and PREA education documents for 12 randomly selected inmates. Review of the screening files determined that intake/classification failed to provide initial PREA education in a timely manner for 5 inmates and failed to provide comprehensive education for four of the inmates. One inmate was reassessed 15 days late and verification of comprehensive education could not be found for one inmate. Auditor has determined that agency has not institutionalized the classification process as it relates to PREA. Agency is made significant changes since the onsite PREA audit, but more needs to be done to meet standard 115.33 and 115.41.

On 3/21/18 auditor conducted a 180-day status review and received screening documentation for inmates booked into Stanton facility between 1/24/18 to 3/9/18 requested by the auditor in order to review conduct of the PREA screening practice. Auditor randomly selected 44 screening files from a list of 93 inmates received at Stanton facility between the timeframe requested. Auditor reviewed 44 inmate screening files and found 5 discrepancies. All 30-day reassessments were completed, however, the reassessments were between 2 to 10 days late for the identified discrepancies. Agency takes copious classification screening notes, conducts 7-day reviews for inmates housed in administrative separation and 30-day reviews for all other inmate classifications. Auditor recommended having inmates signed an acknowledgment for the initial PREA education. Going forward, agency has adopted this recommendation. Agency documents intake and booking forms, objective screening and housing placement, interview with inmate, initial PREA education, PREA comprehensive education and 30-day reassessments in the classification notes. Tracking is conducted through the JMS system which currently provides for a flag alert when the 30-day deadline has been met. Auditor recommends agency update the JMS system to provide a 25-day alert and then a second 30-day alert in order to provide classification sufficient time to have all 30-day reassessments conducted prior to the 30-day deadline.

The agency/facility has met the requirements of Standard provisions 115.41(a) through 115.41(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.41.

Standard 115.42 Use of screening information

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

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

corrective actions taken by the facility.

- 115.42(a): Policy 18.000 mandates that as part of the classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies to act out with sexually aggressive behavior. Housing assignments will be made accordingly. Inmates identified as at risk for sexual victimization, or with tendencies to act out with sexually aggressive behavior, will be assessed by Mental Health personnel. Policy does not identify if the classification process is also used for work, education and program assignments. PREA Compliance Manager and Staff Responsible for Risk Screening indicate the screening process was not initiated until 5/31/17.
- 115.42(b): Policy 18.000 mandates each new inmate will be classified and screened for potential vulnerabilities and tendencies to act out with sexually aggressive behavior. Interview with Staff Responsible for Risk Screening indicate each determination is based upon individualized assessment to keep inmates' safe from risk of sexual abuse and harassment.
- 115.42(c): Policy 18.000 mandates inmates who identify as lesbian, gay, bisexual, transgender or intersex shall not be housed based solely on such identification. An inmate's personal views shall also be taken into consideration when deciding where they shall be housed. Interview with PREA Compliance Manager indicates Classification decides on housing and programming assignments for transgender and intersex inmates on an individual basis.
- 115.42(d): Policy 18.001 mandates housing assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threat to safety experienced by the inmate. Consideration shall be given to the inmate's own views with respect to his/her own safety when making housing assignments. Interview with PREA Compliance Manager and Staff Responsible for Risk Screening indicates PREA screening was not initiated until 5/31/17. There are no transgender or intersex inmates assigned to the Stanton Facility, therefore there were no records to review with regards to this Standard provision.
- 115.42(e): Policy 18.001 mandates consideration shall be given to the inmate's own views with respect to his/her own safety when making housing assignments. Interview with PREA Compliance Manager and Staff Responsible for Risk Screening indicates should a Transgender or Intersex inmate be housed at the Stanton Facility, the inmate's own views with respect to his/her own safety when making housing assignments.
- 115.42(f): Policy 18.000 mandates Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates. Interview with PREA Compliance Manager and Staff Responsible for Risk Screening indicates Transgender and intersex inmates are provided the opportunity to shower separately from other inmates as verified via Auditor's physical plant review. Showers are provided with doors and are individually separated, upstairs and downstairs, in each housing unit. Cameras coupled with direct supervision of custody staff views the entry to showers.
- 115.42(g): Physical plant review to include interviews with PREA Coordinator and PREA Compliance Manager verify that Solano County Jail facilities do not possess dedicated facilities or wings for LGBTI inmates.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.42(a), and corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 18.000 to mandate the classification process is used for both housing, work education and programming assignments

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/24/17:

On 12/14/17, agency provided amended Classification Intake Policy 1800 section III. E.1. which mandates that as part of the classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies to act out with sexually aggressive behavior. Housing assignments, work assignments, and programming/education assignments are made accordingly. Inmates identified as at-risk for sexual victimization, or with tendencies to act out with sexually

aggressive behavior, will be assessed by Mental Health personnel. Mental Health records of inmates who have been referred from Classification for assessment due to being at-risk for sexual victimization or with tendencies to act out with sexually aggressive behavior during since 10/1/17 to present. – On 1/24/17 during 90-day onsite status review, auditor interviewed a mental health practitioner who has access to both medical and mental health electronic records. The practitioner indicated that during intake if inmate states he/she has history of sexual abuse during PREA informational questions by medical or classification, medical staff refers inmate to mental health. If mental health practitioner is not on site during intake, inmate is see within one to four days for review and follow-up. The practitioner indicated only two inmates from 9/24/17 to 1/24/18 were referred to mental health from intake/classification for history of sexual abuse. The practitioner provided auditor with the PREA call slip report, medical referral and mental health documentation on both inmates. Review of documentation indicates inmates were referred to mental health on date of intake by medical staff. Mental health practitioner conducted extensive interview with both inmates on referral date. One of the inmates was LEP and Spanish interpreter was used. Both inmates declined follow-up counseling with mental health. Declination was documented in mental health interview notes.

The agency/facility has met the requirements of Standard provision 115.42(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.42

Standard 115.43 Protective custody

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

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

115.43(a): Policy 18.001 mandates inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Agency has not provided Auditor with the number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment Interview with Facility Commander indicates placing inmates in involuntary housing is the last resort to provide inmate with a safe environment. Inmates placed in involuntary segregated housing for risk of sexual abuse shall not be housed there for more than 24 hours before alternative housing is made available.

115.43(b): Policy 18.001 mandates inmates placed in segregated housing for their safety shall have access to programs, privileges, education, and work opportunities to the extent possible. If access to the preceding is limited, the following shall be documented in JMS:

- a. The opportunities limited
- b. The duration of the limitation
- c. The reasons for the limitations

Interview with Staff who Supervise Inmates in Segregated Housing indicate inmates are provided education classes in administrative separation unit. They have less recreation time but privileges are not limited and they have access to full commissary privileges. Interview with Inmate in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) indicates he has access to programming and refused to

leave the unit after Classification was ready to move him into a general housing unit after 1 day of placing him in administrative separation housing for his allegation of sexual victimization from his cell-mate. Inmate indicates his access to programming and privacy makes him wish to remain in administrative separation at this time.

115.43(c): Agency has not provided auditor with the number of inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement, over the past 12 months. Interview with Warden or Designee indicates any inmate housed in administrative separation for risk of sexual victimization or alleging sexual abuse is housed there for a very short period of and status review conducted by Classification regularly. Reviews are documented in the Classification Notes. California Code Title 15 mandates inmates held in administrative segregation be reviewed within 30 days to determine and document if continued placement is required. Interview with Staff who Supervise Inmates in Segregated Housing indicate inmates are reviewed every 7 days which exceeds PREA Standards. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) indicated he was approached by Classification 1 week after being moved to administrative separation and is pending discussion with Classification for move to a Protective Custody unit.

115.43(d): Agency has not provided Auditor with, from a review of case files of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months, the number of case files that include BOTH:

- A statement of the basis for facility's concern for the inmate's safety; and
- The reason or reasons why alternative means of separation could not be arranged

115.43(e): Policy 18.001 mandates placement into involuntary segregation shall include the following documentation in JMS:

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

Every 30 days, a review to determine a continuing need for separation from general population will be conducted and documented in JMS. For inmates who are housed over 30 days on an involuntary basis, the following shall be documented in JMS:

- a. The concern for the inmate's safety
- b. The reason for no alternative means of separation

Every 30 days, a review for the continuing need for separation shall be performed and documented in JMS. Interview with Staff who Supervise Inmates in Segregated Housing indicate inmates are reviewed every 7 days which exceeds PREA Standards. Inmates in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) indicated he was approached by Classification 1 week after being moved to administrative separation and is pending discussion with Classification for move to a Protective Custody unit.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.43(a), 115.43(c) & 115.43(d).
Corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor with the number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.
2. Agency to provide Auditor with documentation that caused the above inmates to be held in involuntary segregation to include:
 - a. A statement of the basis for facility's concern for the inmate's safety
 - b. Date of placement in involuntary segregation
 - c. Date of release or rehousing out of involuntary segregation
 - d. If no alternative means of separation could be arranged within 24 hours, the reason or reasons why alternative means of separation could not be arranged
3. Was access to programs limited
4. If access to programs were limited, for each case provide:
 - a. The opportunities limited
 - b. The duration of the limitation

c. The reasons for the limitations

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 3/8/18:

1. On 1/24/17 during 90-day onsite status review, Agency indicated that over the past 12 months, no inmates were found at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment.
2. Inmates do not leave booking until fully classified using the assessment. Auditor interviewed both PREA Coordinator and intake/classification staff. Anyone housed in segregated housing is tracked in the JMS system and is reviewed every 7 days to determine if continued segregated housing is warranted. Auditor reviewed the JMS system and verified segregated housing tracking capability. Agency reports there are no inmates held in segregated housing for being at risk of sexual abuse.
3. On 3/8/18, agency provided auditor with complete Informational Report and classification notes. Inmate in question requested housing in Protective Custody General Population (PCGP) due to his court charges. While in PCGP, classification notes verified he was reclassified every 30 days. On 7/3/17, inmate made an allegation of sexual harassment and was housed in Administrative Separation (ADSEP) for his safety as he stated that he did not feel safe and requested to be moved as soon as possible. Inmate was reviewed every 7 days while housed in ADSEP as verified by classification notes and statements he made to auditor during interview during the PREA audit. Inmate stated to auditor during the interview that classification officers met with him one week before the onsite audit to discuss moving him out of ADSEP and he declined as he felt safe and secure in ADSEP. This information was also included in classification notes. On 8/17/17, inmate was reclassified and rehoused in PCGP and reviewed every 30 days until his release on 11/13/17.

The agency/facility has met the requirements of Standard provisions 115.43(a), 115.43(c) and 115.43(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.43.

Standard 115.51 Inmate reporting

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

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

115.51(a): Policy 5.041 mandates an inmate may report sexual abuse, sexual misconduct, and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse by any employee, volunteer or contractor. Reports may be made in numerous ways, to include one way for inmates to report abuse or harassment to a public or private entity or office not part of this agency:

1. In person to any staff member, including medical and/or mental health professionals;
2. Third party reporters, such as a friend or family member, may report on behalf of the inmate. Information

- on reporting methods shall be distributed on the Solano County Sheriff's Office web site;
3. In writing in the form of an emergency grievance, inmate request or medical request;
 4. In writing to the Solano County Sheriff's Office Investigations Bureau or Administrative Investigations Unit; or
 5. By contacting the Rape, Abuse and Incest National Network (RAINN) at 1-800-656-HOPE, or other toll-free Rape Hotline or Victim Advocate.

Policy 13.016 mandates inmates who believe they are victims, may report sexual abuse or sexual harassment in the following ways:

1. To any custody staff member.
2. To any civilian staff member, including medical staff, mental health staff, clergy, program staff, contractor, volunteer etc.
3. To any third party, including, but not limited to, an agency not affiliated with the Solano County Sheriff's Office, such as the SafeQuest Sexual Assault Crisis line, which any inmate can access by dialing #93 on any inmate telephone available 24 hours a day. These lines are not recorded and reports are confidential at the inmate's request. Signage shall be posted advising inmates that such calls are not monitored. Inmates may also call SafeQuest Sexual Assault Hotline (707) 422-7345. Inmates who have been assaulted may request anonymity at any time. Trained crisis line workers will answer the calls and have the capability to arrange three-party conference calls with a translator or social worker.
4. Inmates may also report sexual harassment or abuse via inmate request card and/or inmate medical request card, grievance, letter or any other medium.
5. Staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous.
6. Staff members reporting sexual abuse, assault, or harassment, by another staff member, should report it to their immediate supervisor and may do so privately if necessary.
7. If an inmate calls the Sexual Assault Crisis number on an inmate telephone, the representative from the crisis center will notify the facility commander. The representative will advise if the report is anonymous or not. Anonymous reports will only have limited information, which shall be documented in an Incident Report and forwarded to the PREA manager at the facility.

8. Mental Health professionals assigned within Solano County jail facilities may also perform some of the above services for the inmate, if the inmate does not wish to contact the Sexual Assault Center. If an inmate reports an assault to mental health, as a mandated reporter, the staff member is required to report the assault to the Sheriff's Office. An appropriate investigation will immediately commence. The on-site Mental Health staff will handle all necessary follow-up care at the facility.
9. Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided.
10. Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Agency provided Auditor with copy of the inmate rulebook which includes PREA related narrative which provides numerous methods of reporting sexual abuse/harassment/retaliation, inmate rights, confidentiality, counseling and how to avoid sexual abuse. Interview with 20 randomly selected sample of staff indicate inmates have multiple methods for inmates to privately report allegations of sexual abuse & sexual harassment through SAFEQUEST, 3rd Party, Medical, Mental Health practitioners and calling local law enforcement. Interview with 21 randomly selected sample of Inmates indicated 3 did not know how or who to privately report to. The remaining 18 all indicated the Hotline, 3rd Party, and other numbers identified in the PREA Zero Tolerance posters are methods available to them for private reporting.

115.51(b): Policy 13.016 mandates inmates who believe they are victims, may report sexual abuse or sexual harassment in the following ways:

1. To any custody staff member.
2. To any civilian staff member, including medical staff, mental health staff, clergy, program staff, contractor, volunteer etc.
3. To any third party, including, but not limited to, an agency not affiliated with the Solano County Sheriff's Office, such as the SafeQuest Sexual Assault Crisis line, which any inmate can access by dialing #93 on any inmate telephone available 24 hours a day. These lines are not recorded and reports are confidential at the inmate's request. Signage shall be posted advising inmates that such calls are not monitored. Inmates may also call SafeQuest Sexual Assault Hotline (707) 422-7345. Inmates who have been assaulted may request anonymity at any time. Trained crisis line workers will answer the calls and have the capability to arrange three-party conference calls with a translator or social worker.
4. Inmates may also report sexual harassment or abuse via inmate request card and/or inmate medical request card, grievance, letter or any other medium.
5. Staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous.
6. Staff members reporting sexual abuse, assault, or harassment, by another staff member, should report it to their immediate supervisor and may do so privately if necessary.
7. If an inmate calls the Sexual Assault Crisis number on an inmate telephone, the representative from the crisis center will notify the facility commander. The representative will advise if the report is anonymous or not. Anonymous reports will only have limited information, which shall be documented in an Incident Report and forwarded to the PREA manager at the facility.

8. Mental Health professionals assigned within Solano County jail facilities may also perform some of the above services for the inmate, if the inmate does not wish to contact the Sexual Assault Center. If an inmate reports an assault to mental health, as a mandated reporter, the staff member is required to report the assault to the Sheriff's Office. An appropriate investigation will immediately commence. The on-site Mental Health staff will handle all necessary follow-up care at the facility.
9. Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided.
10. Agency reports they do not possess a policy or procedure requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The Zero Tolerance pamphlet contains narrative that states SAFEQUEST sexual assault hotline is for any inmate to use and their criminal charges or immigration status will not affect the level of service. Interview with PREA Compliance Manager indicates SAFEQUEST Rape Crisis is the external private reporting venue that is available via hotline Interview with 21 randomly selected sample of Inmates indicated 3 did not know how or who to privately report to. The remaining 18 all indicated the Hotline, 3rd Party, and other numbers identified in the PREA Zero Tolerance posters are methods available to them for private reporting.

115.51(c): Policy 5.041 mandates an inmate may report sexual abuse, sexual misconduct, and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse by any employee, volunteer or contractor. Reports may be made in numerous ways, to include one way for inmates to report abuse or harassment to a public or private entity or office not part of this agency:

1. In person to any staff member, including medical and/or mental health professionals;
2. Third party reporters, such as a friend or family member, may report on behalf of the inmate. Information on reporting methods shall be distributed on the Solano County Sheriff's Office web site;
3. In writing in the form of an emergency grievance, inmate request or medical request;
4. In writing to the Solano County Sheriff's Office Investigations Bureau or Administrative Investigations Unit; or
5. By contacting the Rape, Abuse and Incest National Network (RAINN) at 1-800-656-HOPE, or other toll-free Rape Hotline or Victim Advocate.

Interview with Random Sample of Staff and Random Sample of Inmates indicate staff receives reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

115.51(d): Policy 13.016 mandates staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Furthermore, all staff shall immediately report any knowledge, suspicion, or information regarding retaliation against inmates or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Failure to do so is akin to committing the act and subjects the staff member with knowledge of the act to discipline. Staff may report these acts in the following ways:

1. Verbally to a supervisor or facility commander.
2. In writing via memorandum to Internal Affairs.
3. Verbally via telephone, to Internal Affairs.

Agency has not provided Auditor with method in which staff are informed of the above procedures. Interview with Random Sample of 20 Staff indicates 4 staff are not aware of any methods to privately report allegations of sexual abuse. 16 staff indicate methods available to them for privately reporting allegations of sexual abuse is SAFEQUEST and an 800 number to an unaffiliated Agency. None could tell Auditor the name of the unaffiliated agency is.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.51(b) & 115.51(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor with the process where inmates detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials of the Department of

Homeland Security.

2. Agency to provide Auditor with method in which staff are informed of how to report allegations of sexual abuse or harassment to outside agencies.

Recommendation: provide contact information on 1st Responder Protocol cards for custody and non-custody staff.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/24/18:

1. Solano County Sheriff's Office does not honor immigration holds without a crime charged. Immigration Policy 17.009 was provided to auditor which mandates that inmates who are eligible from release from custody shall not be held, pursuant to an immigration hold beyond the time they would otherwise be released unless certain conditions apply such as inmate being charged for serious violent felonies, held for felony punishable by incarceration in state prison, misdemeanor convictions over the last 5 years that could have also been charged as a felony, (wobblers) or federal crimes. If none of the condition mentioned are satisfied, the inmate shall not be detained on the basis of an immigration hold after the individual becomes eligible for release from custody. Agency provided auditor with a list of consulates in San Francisco. This same list has been included in the inmate Rule Book. Immigration hold (detainer) protocol is "When an inmate in no longer being held on a local case and has a detainer (that is being honored pursuant to policy), staff will contact immigration and advise that the inmate must be picked up within 48 hours (as indicted on the detainer). This notification is annotated in the JMS (Jail Management System) and staff apply an expiration (2 days) to the detainer in the JMS. If the inmate is not released from custody on the day the detainer expires, the inmate record automatically moves to a pending release queue for processing/release." Agency provided auditor with a copy of Department of Homeland Security Immigration Detainer – Notice of Action. The notice specifically states that the agency will maintain custody of the alien for a period not to exceed 48 hours beyond the time that he/she would otherwise have been released from our custody to allow DHS to assume custody. In the event contact numbers to consular officials are requested by ICE inmates, agency has secured copy of all consulates located in San Francisco and contact numbers will be made available to the inmates upon request. On 12/14/17, PREA Coordinator provided the auditor with Quick Reference Cards for all custody and non-custody staff which outlines the 1st Responder protocol. 10/17/17 directive to custody sergeants and lieutenants requiring staff to have card on their persons during their shift was also provided to auditor. Agency also provided the Coordinated Response Protocol which applies to all three facilities. The Coordinated Response includes the 1st Responder Protocol for both custody and non-custody staff, notifications for PREA Coordinator, facility PREA Compliance Manager, supervisor, SAFE/SANE, advocacy, hospital utilized for forensic examinations and which investigative entity conducts the investigations for both criminal and non-criminal sexual abuse cases.
2. During the 1/24/18 90-day onsite status review, the auditor observed that The 1st Responder Cards carried by staff while on duty, contains contact number for an outside entity which staff may call to privately report allegations of sexual abuse.

The agency/facility has met the requirements of Standard provisions 115.51(b) and 115.51(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.51.

Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

115.52(a): Policy 14.005 mandates grievance procedures applicable to grievances relating to sexual assault abuse or harassment.

115.52(b): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- a. When receiving an emergency grievance, the officer receiving the grievance shall take immediate action to ensure the inmate's safety, which may include temporarily isolating the inmate from others.
- b. If the grievance is against the officer who receives it, he/she shall notify his/her supervisor immediately. It shall be the responsibility of the supervisor to contact the Facility Commander to determine further immediate action. An investigation will begin immediately.
- c. There shall be no time limit imposed on when an inmate may submit a grievance regarding an allegation of any kind of sexual abuse.
- d. Inmates are not required to resolve these types of complaints informally.

Information regarding filing emergency grievance is included in the inmate rulebook, however, time limits imposition is not included in the rule book narrative.

115.52(c): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- e. Inmates are not required to resolve these types of complaints informally.
- f. Inmates are not required to submit grievances to staff members who may be the subject of the complaint or be referred to them in any manner.

This mandate is included in the inmate rule book under submitting procedures for submitting an emergency grievance. Interview with inmates and staff indicate inmates must obtain a grievance from an officer and submit grievances from an officer. This procedure does not allow for inmates to anonymously obtain or submit grievances. There are, however, other methods available to inmates to anonymously submit allegations of sexual abuse without involving staff.

115.52(d): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- g. As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
- h. Extensions to grievances pertaining to sexual assault / harassment may be granted for up to 70 days after the initial 90 days.

The inmate will be provided a memorandum of extension to include notice of the date by which a decision will be made. Agency reports that no grievances alleging sexual abuse have been submitted over the past 12 months.

115.52(e): Policy 14.005 mandates the following as it applies to grievances relating to sexual assault abuse or harassment.

- f. Inmates filing grievances for sexual abuse of any kind may seek the assistance of any third party, including having the third party file the grievance on their behalf. However, the inmate must agree to have the request filed on their behalf and must personally pursue subsequent steps in the process. If the inmate refuses to have the grievance filed on his/her behalf, it shall be documented in a memorandum to the PREA Coordinator.
- g. As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
- h. Extensions to grievances pertaining to sexual assault / harassment may be granted for up to 70 days after the initial 90 days.

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

115.52(f): Policy 14.005 mandates If the complaint is criminal in nature (**sexual assault, an attempted assault or threats of sexual assault**) and is recent:

- a. The officer receiving the grievance must take immediate action to secure the scene, protect the victim and existing evidence, and isolate the suspect.

- b. The supervisor and Facility Commander shall be notified and shall initiate the appropriate notifications to Solano Dispatch and the Investigations Bureau.
- c. The grievance shall be entered into JMS. The supervisor shall contact Solano Dispatch to request a detective from the Investigations Bureau respond and an official investigation begin immediately.

If the grievance is non-criminal and **against another inmate**, custody staff shall:

- a. Enter the grievance into JMS and immediately notify the supervisor to conduct a thorough investigation. This shall minimally include speaking with other inmates and the suspect. Upon completion of the investigation, if it is determined the inmate is at risk, the supervisor shall contact the Classification Unit for reclassification of the suspect.
- b. The grievance shall be entered into JMS and the PREA Coordinator notified.
- c. The PREA Coordinator and/or the PREA Compliance Manager shall be notified and provide an initial response within 72 hours, and shall issue a final decision within 7 days.

The initial response and final decision timeframes are non-compliant with Standard provision 115.52(f), which mandates Agency to provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

115.52(g): Agency reports there have been no grievances alleging sexual abuse filed by inmates in the past 12 months. Policy 14.005 mandates Inmates who falsely file grievances or make false reports of sexual abuse of any kind shall be subject to disciplinary action. Evidence that the inmate acted in bad faith shall be fully documented in a disciplinary, incident or criminal report. In the past 12 months, Stanton Facility has not received any inmate grievances alleging sexual abuse that resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.52(b), 115.52(c) & 115.52(f). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend inmate rulebook to indicate there are no time limits for filing emergency grievances to provide inmates with effective communication as it relates to PREA related grievances.
2. Agency to amend Policy 14.005 to include language that mandates when a grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse), the agency shall immediately forward the grievance to the level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

1. On 12/14/17, agency provided auditor with copy of amended inmate Rule book which mandates that there is no time limit associated with grievances related to sexual abuse and emergency grievances are acted upon immediately and taken very seriously.
2. Policy 14.005 has been amended to mandate that after receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the staff member shall immediately forward the grievance to the custody supervisor, who shall take immediate corrective action, provide an initial response within 48 hours, and issue a final agency decision within five (5) calendar days.

The agency/facility has met the requirements of Standard provisions 115.52(b), 115.52(c) and 115.52(f), completed during PREA Audit Report

the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.52

Standard 115.53 Inmate access to outside confidential support services

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

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

- 115.53(a): Policy 5.041 mandates a victim of sexual assault has the right to a victim advocate or victim support person for both the medical examination the investigatory process, unless the presence of the advocate or support person would be detrimental to the examination or interview, and the reason for exclusion can be properly articulated and documented. Agency provided Auditor with 2017 inmate Rule Book, PREA Brochure and PREA Zero Tolerance poster which provide access contact for outside victim advocate services to SafeQuest Dual Domestic Violence and Sexual Assault Agency for advocacy support and reporting for sexual abuse/harassment. Agency has provided Auditor with End the Silence brochure, which is provided to inmates during intake and booking for PREA education. The brochure provides telephone numbers (including toll-free hotline numbers where available) for SafeQuest Sexual Assault Hotline. Inmate criminal charges or immigration status does not affect the level of services. Immigrant services agencies for inmates detained solely for civil immigration purposes. This information is not provided in the inmate Rule Book, PREA Brochure or PREA Zero Tolerance poster. Interview with 21 Random Sample of Inmates indicates their understanding of available outside victim advocates for emotional support services related to sexual abuse. All but 3 inmates stated the outside Agencies afforded to them is available through the inmate telephone hotline to SAFEQUEST. Phone number is provided in the Zero-Tolerance Pamphlet and Rule Book. Interview with Inmate who Reported a Sexual Abuse indicates he is also aware of SAFEQUEST, however, he reported to staff via kite.
- 115.53(b): 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 and that the contact is not monitored by the Agency. This information is provided in the inmate rule book and on the Zero-Tolerance posters located throughout the facility and in every housing unit across from the phones with access by all inmates and staff. Interview with 21 Random Sample of Inmates and the one inmates who Reported a Sexual Abuse indicate all but 3 are aware of outside reporting Agency. All indicate call is toll-free, 2/3 believe the calls are confidential and not monitored.
- 115.53(c): Agency provided Auditor with copy of SafeQuest MOU which serves Napa, Solano and Marin Counties. Agency provided Auditor with copy of SafeQuest MOU which serves Napa, Solano and Marin Counties. Auditor interviewed SAFEQUEST director who indicated SAFEQUEST serves Napa, Solano and Marin Counties for reporting allegations of sexual abuse and advocacy.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.53(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to create procedure used to inform inmates detained solely for civil immigration purposes how immigrant services agency contact information is obtained. Immigrant services agencies for inmates detained solely for civil immigration purposes contact information is not provided in the inmate Rule Book, PREA Brochure or PREA Zero Tolerance poster.
2. Agency to provide Auditor with the procedure Agency has established.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/24/18:

1. Agency does not hold inmates solely on immigration holds per Policy 17.009. Agency provided auditor with a copy of a list of consulates in San Francisco and includes this information as an insert for the inmate Hand Book. Solano County Sheriff's Office does not honor immigration holds without a crime charged.
2. Immigration Policy 17.009 was provided to auditor which mandates that inmates who are eligible from release from custody shall not be held, pursuant to an immigration hold beyond the time they would otherwise be released unless certain conditions apply such as inmate being charged for serious violent felonies, held for felony punishable by incarceration in state prison, misdemeanor convictions over the last 5 years that could have also been charged as a felony, (wobblers) or federal crimes. If none of the conditions mentioned are satisfied, the inmate shall not be detained on the basis of an immigration hold after the individual becomes eligible for release from custody. In the event contact numbers to consular officials are requested by ICE inmates, agency has secured copy of all consulates located in San Francisco and contact numbers will be made available to the inmates upon request.

The agency/facility has met the requirements of Standard provision 115.53(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.53.

Standard 115.54 Third-party reporting

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

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

115.54(a): Policy 13.016 mandates inmates who believe they are victims, may report sexual abuse or sexual harassment in the following ways:

To any custody staff member.

1. To any civilian staff member, including medical staff, mental health staff, clergy, program staff, contractor, volunteer etc.
2. To any third party, including, but not limited to, an agency not affiliated with the Solano County Sheriff's Office, such as the SafeQuest Sexual Assault Crisis line, which any inmate can access by dialing #93 on any inmate telephone available 24 hours a day. These lines are not recorded and

reports are confidential at the inmate's request. Signage shall be posted advising inmates that such calls are not monitored. Inmates may also call SafeQuest Sexual Assault Hotline (707) 422-7345.

3. Inmates who have been assaulted may request anonymity at any time. Trained crisis line workers will answer the calls and have the capability to arrange three-party conference calls with a translator or social worker.
4. Inmates may also report sexual harassment or abuse via inmate request card and/or inmate medical request card, grievance, letter or any other medium.
5. Staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous.
6. Staff members reporting sexual abuse, assault, or harassment, by another staff member, should report it to their immediate supervisor and may do so privately if necessary.
7. If an inmate calls the Sexual Assault Crisis number on an inmate telephone, the representative from the crisis center will notify the facility commander. The representative will advise if the report is anonymous or not. Anonymous reports will only have limited information, which shall be documented in an Incident Report and forwarded to the PREA manager at the facility.

8. Mental Health professionals assigned within Solano County jail facilities may also perform some of the above services for the inmate, if the inmate does not wish to contact the Sexual Assault Center. If an inmate reports an assault to mental health, as a mandated reporter, the staff member is required to report the assault to the Sheriff's Office. An appropriate investigation will immediately commence. The on-site Mental Health staff will handle all necessary follow-up care at the facility.
9. Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided.

Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Agency provided Auditor with copy of the inmate rulebook which includes PREA related narrative which provides numerous methods of reporting sexual abuse/harassment/retaliation, inmate rights, confidentiality, counseling and how to avoid sexual abuse. 3rd party reporting information is provided on the Agency website. Review of Zero-Tolerance Pamphlet indicates narrative specific to 3rd party reporting also.

Auditor has determined that Agency/facility meets Standard 115.54

Standard 115.61 Staff and agency reporting duties

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

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

115.61(a): Policy 13.016 mandates Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Furthermore, all staff shall immediately report any knowledge, suspicion, or information regarding retaliation against inmates or staff who report such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Failure to do so is akin to committing the act and subjects the staff member with knowledge of the act to discipline. Interview with 21 Random Sample of Staff indicates staff education, knowledge, understanding and responsibilities relating to the Mandatory Reporting Law of California and their 1st Responder responsibilities as mandated reporters.

115.61(b): Policy 5.041 mandates every employee shall immediately report information that indicates an inmate is being or has been sexually abused or sexually harassed, or that an incident of sexual misconduct has occurred, to the appropriate supervisor. Reporting of information shall be completed in a confidential manner. Interview with 21 Random Sample of Staff indicates their knowledge that all sexual misconduct information is confidential and imparted to Supervisory staff and others on a need-to-know basis.

115.61(c): Policy 5.041 mandates medical and mental health staff are considered mandatory reporters. Subsequently, they shall, as required by law, report all disclosures made by inmates related the threats to kill or injure themselves or others, and any threat of sexual violence toward another.

Policy 13.016 mandates that an inmate may notify a civilian staff member if a sexual assault or harassment has occurred. If this occurs, the following guidelines are to be followed:

1. If an inmate claims to have been sexually abused or harassed, contact custody staff or sergeant immediately. It is important that all contacts with the inmate be professional and nonjudgmental.
2. Ascertain the inmate's immediate physical well-being and contact medical staff as needed. Keep the inmate under observation until custody staff arrives. While maintaining observation of the inmate, communicate to the inmate the necessity to avoid the following activities until the deputy arrives (this is vital in the event physical evidence is still present):
 - a. Changing clothes
 - b. Using the toilet
 - c. Washing/Showering
 - d. Eating/Drinking
3. Ensure the inmate's safety and notify the nearest custody staff member.

Jail medical and mental health professionals are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided.

Medical and Mental Health Staff indicate their knowledge and training with regards to non-custody 1st Responder responsibilities. Inmates are required to sign the California Forensic Medical Group (CFMG) form at intake during meeting with Medical practitioner which explains practitioner's limits of confidentiality. Agency provided Auditor with California Forensic Medical Group form.

115.61(d): Agency indicates if alleged victim is under 81 or considered a vulnerable adult, Agency shall report the allegation to the designated or local services agency under the applicable mandatory reporting laws (CPS, Elder Abuse, etc). Interview with facility Commander and PREA Coordinator indicate investigation is initiated immediately. In the case of victim under the age of 18, California Protection Services is notified. In the case of a vulnerable adult, local Elder abuse or ADA Agencies are notified.

115.61(e): Policy 13.016 mandates Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. Custody Staff will work in support of Sheriff's Office Investigations personnel to protect the victim and to preserve the scene and potential evidence associated with all PREA incidents. Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim. Policy 5.014 mandates reports may be made in numerous ways, to include one way for inmates to report abuse or harassment to a public or private entity or office not part of this agency:

1. In person to any staff member, including medical and/or mental health professionals;
2. Third party reporters, such as a friend or family member, may report on behalf of the inmate. Information on reporting methods shall be distributed on the Solano County Sheriff's Office web site.

Interview with facility Commander indicates facility staff is trained and mandated to report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to their immediate supervisors and the facility's designated investigators.

Auditor has determined that Agency/facility meets Standard 115.61

Standard 115.62 Agency protection duties

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

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

115.62(a): Policy 13.016 does not include a mandate for when the agency or facility learns that an inmate is subject to a
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substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate. Agency reports that over the past 12 months, there are no reports of an inmate being subject to substantial risk of imminent sexual abuse. Interview with the Agency Head, Facility Commander and Random Sample of 20 Staff indicate immediate action is taken to protect an inmate at substantial risk of imminent sexual abuse but removing him/her from the threat, putting them in a safe environment, contact the Supervisor. Supervisory staff will contact Classification and investigation. Victim or perpetrator, based upon initial investigation, will be rehoused pending full investigation in the matter.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.62(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 13.016 to mandate that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17 agency provided auditor with amended Sexual Assaults in Custody Policy 13.016 which mandates that when the agency or facility learns that an inmate is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate.

The agency/facility has met the requirements of Standard provision 115.62(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.62.

Standard 115.63 Reporting to other confinement facilities

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

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

115.63(a): Policy 5.041 mandates that if an inmate reports having been sexually abused at a facility other than a Solano County Detention Facility, or by an employee of an agency other than the Solano County Sheriff's Office, staff shall notify the head of that agency in writing within fourteen (14) days of receiving the allegation. Policy is non-compliant with Standard provision 115.63(a) which mandates the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. While on-site, Auditor found that Agency has not has not received any allegations that an inmate was abused while confined at another facility over the past 12 months.

115.63(b): Policy 5.041 mandates that if an inmate reports sexual abuse that occurred at a facility other than a Solano

County Detention Facility, or by an employee of an agency other than the Solano County Sheriff's Office, staff shall notify the head of that agency in writing within fourteen (14) days of receiving the allegation. Policy is non-compliant with Standard provision 115.63(a) which mandates the facility head provides such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy 5.041 mandates that if an inmate reports having being sexually abused at a facility other than a Solano County Detention Facility, or by an employee of an agency other than Solano County Sheriff's Office, staff shall notify the head of that agency in writing within 14 days of receiving the allegation.

- 115.63(c): Agency indicated they do not possess a policy or procedure that mandates Agency or Facility documents the notification made to the agency where the offense occurred within 72 hours of receiving the allegation.
- 115.63(d): Policy 5.041 mandates that if an inmate reports having being sexually abused at a facility other than a Solano County Detention Facility, or by an employee of an agency other than Solano County Sheriff's Office, staff shall notify the head of that agency in writing within 14 days of receiving the allegation. Agency indicated they do not possess a policy that requires that allegations received from other facilities/agencies are investigated in accordance with the PREA standards. Interview with Agency Head and Facility Commander indicate the PREA Coordinator is the point of contact and initiates an investigations with Internal Affairs Unit. Agency reports that in the past 12 months, there have been no allegations of sexual abuse the facility received from other facilities.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.63(a), 115.63(b), 115.63(c) and 115.63(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 to mandate the head of the facility to notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. Policy currently mandates that if an inmate reports an allegation of sexual abused at a facility other than a Solano County Detention Facility, or by an employee of an agency other than the Solano County Sheriff's Office, staff shall notify the head of that agency in writing within fourteen (14) days of receiving the allegation.
2. Agency to amend Policy 5.041 that mandates Agency or Facility documents the notification made to the agency where the offense occurred within 72 hours of receiving the allegation.
3. Agency to create policy, directive or procedure that mandates allegations received from other facilities/agencies are investigated in accordance with the PREA standards.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

1. On 12/14/17, agency indicated they have not received any allegations the facility received that an inmate was abused while confined at another facility over the past 12 months. Agency provided auditor with amended PREA Policy 5.041. Sec. X D which mandates that should an inmate report having been sexually abused at a facility other than a Solano County Detention Facility, or by an employee of an agency other than the Solano county Sheriff's Office, the head of the facility (facility commander) that received the alleged abuse report shall notify the head of the facility or appropriate office where the alleged abuse occurred.
2. Agency amended PREA Policy 5.041. Sec. X D 1, which mandates the facility head provide notification to the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred as soon as possible, and no later than 72 hours after receiving the allegation. Agency amended PREA Policy 5.041. Sec. X D 2, which mandates the facility head provides such notification the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred as soon as possible, and no later than 72 hours after receiving the allegation and the agency shall document the notification was completed.
3. Agency amended PREA Policy 5.041. Sec. X E, which mandates the facility head provides such notification the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred as soon as possible, and no later than 72 hours after receiving the allegation and the agency shall document the notification was completed. Allegations received of such incidents that allegedly occurred in a confinement facility

under the jurisdiction of Solano County Sheriff's Office from other facilities or agencies are to be investigated in accordance with PREA standards.

The agency/facility has met the requirements of Standard provisions 115.63(a), 115.63(b), 115.63(c) and 115.63(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 15.63.

Standard 115.64 Staff first responder duties

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

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

115.64(a): Policy 13.016 mandates Custody Staff will work in support of Sheriff's Office Investigations personnel to protect the victim and to preserve the scene and potential evidence associated with all PREA incidents. Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim. It is important that all contact with sexual assault inmates be professional and nonjudgmental.

1. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation.
2. Identify and separate the suspect and victims. Notify your immediate supervisor. Secure the crime scene and ask for assistance.
3. The sergeant will assign custody staff to protect the crime scene, gather witnesses and keep them separate until they can be interviewed by the Sheriff's Office Investigations personnel.

4. Identify and isolate the assailant(s) and any other duties related to the crime.
5. Identify and place the inmate/victim in a secure protective area with no access to running water, until he/she can be seen by medical staff and/or transport to the hospital. Request Medical staff to respond immediately.
6. If the assault occurred within a time period that still allows for the collection of physical evidence, explain to the inmate he/she is not to shower, wash, drink, eat, or defecate until he/she has been examined by Medical staff and/or transported to the hospital. The inmate should be asked if he/she has partaken in any of these activities prior to reporting. This information shall be communicated to responding investigative personnel and medical staff.
6. After a preliminary investigation has been conducted and documented, regardless if the inmate has made a decision to press charges or requests anonymity, the on-duty sergeant will notify Solano Dispatch to request a detective.
7. Request in-house medical staff to respond and/or escort the inmate to a medical examination room, as directed, for a medical evaluation. Medical staff may require the inmate be transported to the hospital for a forensic sexual assault examination, if appropriate. The inmate shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam.
 - a. The inmate may not want to report the name of the assailant(s) or cooperate with the investigation, but he/she is, nevertheless, entitled to protection, as well as medical and mental health treatment and support services, at no cost to him/her.
 - b. The inmate shall be offered the services of a victim advocate and if the inmate does request a victim's advocate, the advocate is to be permitted to be with the inmate throughout the investigatory process. Access to the inmate shall be made available upon return to the facility as well. The advocate's role during this process is to provide emotional support, crisis intervention, information, and referrals.
 - c. As with any other criminal investigation, information related to cases of sexual assault or harassment is confidential and shall only be discussed with those involved in the case.

Agency reports that over the last 12 months, there have been no allegations of sexual abuse at Stanton Facility. Interview with 20 Security Staff and 2 Non-Security Staff First Responders indicate all are aware of the 1st Responder protocols. 3 security staff members did not include preserving usable physical evidence and half of security staff failed to include preservation of the crime scene as part of their 1st Responder responsibilities. Interview with the 1 inmate who reported a Sexual Abuse indicated he was seen by supervisory and investigative staff 5 days after he had given a note to a correctional officer alleging sexual abuse by his cell mate. Inmate indicates he had to remain in the cell with perpetrator during that time. He was immediately re-housed after the interview.

115.64(b): Policy 13.016 mandates Civilian Staff Intervention: An inmate may notify a civilian staff member if a sexual assault or harassment has occurred. If this occurs, the following guidelines are to be followed:

1. If an inmate claims to have been sexually abused or harassed, contact custody staff or sergeant immediately. It is important that all contacts with the inmate be professional and nonjudgmental.
2. Ascertain the inmate's immediate physical well-being and contact medical staff as needed. Keep the inmate under observation until custody staff arrives. While maintaining observation of the inmate, communicate to the inmate the necessity to avoid the following activities until the deputy arrives (this is vital in the event physical evidence is still present):
 - a. Changing clothes
 - b. Using the toilet
 - c. Washing/Showering
 - d. Eating/Drinking
3. Ensure the inmate's safety and notify the nearest custody staff member.

Agency reports that over the last 12 months, there have been no allegations of sexual abuse at Stanton Facility. Interview with Security Staff and Non-Security Staff First Responders and Random Sample of 20 selected custody staff and 2 non-custody staff members indicate their knowledge and responsibilities as 1st responders to preserve usable physical evidence. Only 3 custody staff members did not include this in their 1st Responder protocol response.

Recommendation: Provide both custody and non-custody staff with 1st Responder cards with instructions to have on their person during their shift. Staff can refer to these cards in the event of an allegation of sexual abuse.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.64(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to conduct refresher training of custody staff with regards to their 1st Responder protocol.
2. Auditor to interview additional staff during 90-day status review to determine if 1st Responder protocol is institutionalized.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

1. On 12/14/17, PREA Coordinator provided the auditor with Quick Reference Cards for all custody and non-custody staff which outlines the 1st Responder protocol, which exceeds the standard. 10/17/17 directive to custody sergeants and lieutenants requiring staff to have card on their persons during their shift was also provided to auditor. Agency also provided the Coordinated Response Protocol which applies to all three facilities. The Coordinated Response includes the 1st Responder Protocol for both custody and non-custody staff, notifications for PREA Coordinator, facility PREA Compliance Manager, supervisor, SAFE/SANE, advocacy, hospital utilized for forensic examinations and which investigative entity conducts the investigations for both criminal and non-criminal sexual abuse cases. On 1/24/17 during 90-day onsite status review, agency provided auditor with announcement and cross-gender pat search training signed acknowledgements for 268 custody staff. Training was conducted between 11/11/17 and 12/7/17 and topics included 1st responder refresher information.
2. Auditor interviewed random sample of 11 custody staff regarding their training. All staff indicated they have received announcement, 1st responder and cross-gender pat search training which included a component of transgender/intersex pat search training conducted in November and December of 2017. All staff indicated the training was conducted in a classroom setting and one staff member recalled the training to be online. Auditor cross referenced the interviewed staff with the acknowledgements received by agency. All interviewed staff have signed

acknowledgements for the training. Interviews were met with compliant responses with regards to the 1st responder protocol. In addition, each staff member carried their 1st responder cards on their person while on duty. Staff also indicated that during unannounced visits on all shifts, upper-level staff question staff members regarding their 1st responder response when an inmate alleges sexual abuse. Upper-level staff also checks to ensure all staff carry their 1st Responder Protocol Cards on their person.

The agency/facility has met the requirements of Standard provision 115.64(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.64.

Standard 115.65 Coordinated response

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

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

115.65(a): Agency reports the facility has not developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Interview with Facility Commander indicates Facility is currently created their Coordinated Action Plan in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.65(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to develop a written institutional plan (Coordinated Response Plan) to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. The Coordinated Response Plan must be facility specific.

Recommendation: Create a Coordinated Response Plan for each facility for future audits.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17, agency provided auditor with the Coordinated Response Protocol which applies to all three facilities. The Coordinated Response includes the 1st Responder Protocol for both custody and non-custody staff, notifications for PREA Coordinator, facility PREA Compliance Manager, supervisor, SAFE/SANE, advocacy, hospital utilized for forensic examinations and which investigative entity conducts the investigations for both criminal and non-criminal sexual abuse cases.

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

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

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

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

115.66(a): Agency provided auditor with Unit #13 Correctional Officers MOU represented by the Solano County Sheriff's Custody Association March 1, 2016 to September 28, 2017. The MOU does not limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. Interview with Agency Head indicates Correctional Officer MOU to include Sgt & Lt MOU does not restrict Agency from removing alleged staff sexual abusers from contact with any inmates pending an investigation or a determination of whether and what extent discipline is warranted. Auditor has not received Unit 14 MOU contract for Sergeants & Lieutenants.

115.66(b): Auditor is not required to audit this Standard provision.

Auditor has determined the facility is not fully compliant with Standard provision(s) 116.66(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor with Unit 14 MOU contract for Sergeants & Lieutenants.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/24/18:

Agency provided auditor with Unit 14 MOU contract for sergeants and lieutenants. The MOU does not prohibit agency from moving staff who is under investigation for sexual abuse, to a job assignment which keeps him/her separate from inmates until the outcome of the investigation, as long as their pay is not affected.

New contract for 2018-2019 is not settled yet.

The agency/facility has met the requirements of Standard provision 115.66(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.66.

Standard 115.67 Agency protection against retaliation

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

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

115.67(a): Policy 5.015 mandates retaliation against any employee or inmate for reporting or cooperating with a sexual abuse investigation is a form of employee misconduct and is strictly prohibited. Such actions are a separate violation of this policy. The facility commander shall ensure that the conduct and treatment of inmates or staff who report sexual abuse or cooperate with an investigation is monitored for signs of retaliation for at least ninety (90) days following the report or cooperation.

1. If necessary, the facility commander shall investigate and act promptly to remedy any such retaliation.
2. Monitoring shall include review of inmate disciplinary reports, housing, or program changes, or negative staff performance reviews, or reassignment of staff. Monitoring shall continue if initial monitoring indicates a continued need.
3. The facility commander shall forward copies of all reports of retaliation to the PREA Coordinator who shall also maintain records of the event.

Agency designated the PREA Compliance Manager as the staff member who monitors retaliation. Policy 18.001 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.

115.67(b): Policy 18.001 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. Interview with Facility Commander indicates he mandates face-to-face contact when monitoring for retaliation, investigation of all allegations of retaliation, pending retaliation investigations may involve rehousing of victim or perpetrator, transfers and monitoring. Interview with facility PREA Compliance Manager indicates his responsibility is to ensure staff follows the PREA Policy, monitor and manage sexual abuse and sexual harassment response and monitoring for retaliation. Interview with Inmate in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) and Inmate who reported sexual abuse indicates he feels safe in this facility and there was no retaliation to report or need for emotional support services.

115.67(c): Policy 18.001 mandates for inmates who report or cooperate with investigations pertaining to sexual abuse/harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. Interview with Facility Commander and PREA Compliance Manager indicate inmates who reported sexual abuse are monitored for 90-days and longer should the need arise. Interview of inmate who made allegation of sexual abuse and was housed in segregated housing for being at risk of sexual abuse indicated no monitoring was provided to him. Agency reported there has been no incident of retaliation in the past 12 months.

115.67(d): Policy 18.001 mandates monitoring to include periodic face-to-face discussions with the inmate. PREA Compliance Manager, charged with monitoring retaliation indicates monitoring includes periodic face-to-face checks.

115.67(e): Agency does not have policy language that complies with Standard provision 115.67(e) which mandates if any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation. Interview with Agency Head and Facility

Commander indicates should any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

115.67(f): N/A - Auditor not required to audit this Standard provision.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.67(c) & 115.67(e). Corrective action is required.

Corrective Action Recommended:

1. Provide Auditor with monitoring tracking for inmates who was housed in segregated housing for being at risk of sexual abuse during the on-site PREA Audit.
2. Agency to amend Policy 18.001 to include language that mandates that should any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 1/24/18:

1. On 1/24/18, agency provided auditor with screen shot of JMS system which tracks all inmates housed in segregated housing (AD-SEP) at any time. All inmates in AD-SEP are reviewed every 7 days until reclassified to a lower classification. The JMS classification notes are updated during each 7-day review by classification officers.
2. On 8/14/17, agency provided auditor with amended Classification PREA Requirements Policy 18.001 which mandates that should any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

The agency/facility has met the requirements of Standard provisions 115.67(c) and 115.67(e), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.67.

Standard 115.68 Post-allegation protective custody

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

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

115.68(a): Policy 18.001 mandates inmates at high risk for sexual victimization shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. Agency reports no inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment or assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. Interview with Facility Commander and Staff who Supervise Inmates in Segregated Housing indicates inmates placed in segregated housing to protect an inmate who is alleged to have suffered sexual abuse are moved within 24 hours. Interview with Inmate in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) indicate he is

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provided programming such as out-of-cell time (unlock) 30-45 minutes daily, allowed to shower and call friends and allowed to participate in the GED program where the instructor conducts class at his cell door. He was seen by investigators and supervisors within 24 hours of placement and inquired if he wished to be moved to the PC unit and inmate declined. They we reassess him in 7 days and he may reconsider then. At the moment, he is satisfied where he is in the Administrative Separation Unit.

Auditor has determined that Agency/facility meets Standard 115.68

Standard 115.71 Criminal and administrative agency investigations

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

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

115.71(a): Policy 5.001 mandates that in order to enhance public trust and confidence in Sheriff's Office services and to protect employees from unwarranted allegations of misconduct, complaints against personnel shall be received promptly and courteously and investigated in a thorough, timely, confidential and impartial manner. Policy 6.001 mandates that whenever an incident occurs in the jail that appears criminal in nature, correctional staff will request that the Sheriff's Dispatch Center send a sheriff patrol unit. A deputy sheriff shall be dispatched as soon as possible to the scene to investigate the matter. All cases shall be subject to a comprehensive investigation. All cases deemed criminal will be subject to the District Attorney's Office through normal processing procedure. Investigative Staff indicates patrol investigators are called and immediately begin the investigative process. Investigations are conducted in accordance with 1040 & 1042 of the Penal Code and as mandated by NIC Training for Sexual Abuse Investigations in a Confinement Setting.

115.71(b): Agency provided training certifications for all 5 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course. Interview with Investigative Staff indicates all investigators assigned to sexual abuse cases have completed Sexual Abuse Investigations in a Confinement Settings Course. Policy 5.041 mandates in addition to general training provided to all employees, the Sheriff's Office shall ensure that investigators receive documented training in sexual abuse investigations in confinement settings. Policy 13.016 mandates Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim.

115.71(c): Policy 5.041 mandates the criminal investigation, and all necessary processes required to collect evidence, will be under the direction of the assigned criminal investigator.

Policy 6.001 mandates the investigating deputy sheriff duty and responsibility to:

- A. Conduct a preliminary investigation to determine if a crime has been committed.
- B. If a crime has been committed, obtain a case number.
- C. Collect all evidence.
- D. Interview employees and inmates who have witnessed the incident as soon as possible.
- E. Obtain and attach copy of correctional Officer's reports to the crime report

Interview with Investigative Staff indicates investigators are trained to gather and preserve direct and circumstantial evidence which may range from video tapes, witness and victim interviews, DNA evidence from forensic examinations and any evidence from clothing or the crime scene.

- 115.71(d): Agency has not provided auditor with policy or procedure narrative compliant with Standard provision 115.71(d) which 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 investigators will not conduct compelled interviews without consulting prosecutors so as not to taint the criminal case.
- 115.71(e): Policy 13.016 mandates the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation. Interview with Investigative Staff indicates the credibility of an alleged victim is determined through the investigative process. No polygraph or truth-telling device is used as a condition for proceeding with the investigation of a sexual abuse allegation.
- 115.71(f): Agency investigative procedures includes investigative staff to determine whether staff actions or failures to act contributed to the abuse. Administrative and criminal investigations shall be documented in written reports that include witness accounts, inmate statements, physical evidence and informational reports to be included in the crime report.
Interview with Investigative Staff indicates the effort to determine whether staff actions or failures to act contributed to the abuse focuses on inaction or conduct of the staff member involved. Investigators look for negligence on staff's part or liability on part of the Agency. Both Administrative and Criminal Investigations are documented.
- 115.71(g): Policy 6.001 mandates the investigating deputy sheriff duty and responsibility to:
- A. Conduct a preliminary investigation to determine if a crime has been committed.
 - B. If a crime has been committed, obtain a case number.
 - C. Collect all evidence.
 - D. Interview employees and inmates who have witnessed the incident as soon as possible.
 - E. Obtain and attach copy of correctional Officer's reports to the crime report
- Interview with Investigative Staff indicates both Administrative and Criminal Investigations are documented with testimonial, description of physical evidence attached.
- 115.71(h): Policy 5.041 mandates that all allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint. At the conclusion of the criminal investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
Agency reports no substantiated allegations of conduct that appear to be criminal were referred for prosecution since August 20, 2012.
Interview with Investigative Staff indicates substantiated and unsubstantiated allegations of conduct that appears to be criminal shall be referred for prosecution. This exceeds the minimum Standards of compliance.
- 115.71(i): Agency has no policy or procedure narrative compliant with Standard provision 115.71(i), which mandates retention of all written Administrative and Criminal Investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. Agency provided Auditor with 8 sexual abuse/harassment investigations, none of which occurred in the Stanton Facility. One case goes back as far as 1997 and each investigation was documented.
- 115.71(j): Policy 5.041 mandates in the event that the suspected abuser leaves the employment of the agency, or the inmate has been released, the investigation shall continue. Interview with Investigative Staff indicates the departure of the alleged abuser, staff or inmate, from the employment or control of the facility or agency shall not provide a basis for terminated an investigation.
- 115.71(k): N/A – Auditor not required to audit this Standard provision
- 115.71(l): N/A – Standard provision 115.71(l) does not apply as Agency conducts both administrative and criminal investigations.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.71(d) and corrective action is required.

Corrective Action Recommended:

Agency to provide auditor with policy, directive or procedure compliant with Standard provision 115.71(d) which 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.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17, agency provided auditor with an amended PREA Policy 5.041 XI. A. 5. which mandates that when 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.

The agency/facility has met the requirements of Standard provision 115.71(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.71.

Standard 115.72 Evidentiary standard for administrative investigations

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

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

115.72(a): Policy 5.041 mandates that all allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney’s Office for consideration of criminal complaint. At the conclusion of the criminal investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff’s Office facility. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy does not include administrative investigations Interview with Investigative Staff indicates preponderance of the evidence is the standard imposed in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.72(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 or corresponding policy that addresses administrative investigations to include language that mandates at the conclusion of a criminal investigation and administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff’s Office facility. The inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17, agency provided auditor with an amended PREA Policy 5.041 XI F 1&2 which mandates that at the conclusion of a criminal investigation and administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All substantiated allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint.

The agency/facility has met the requirements of Standard provision 115.72(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.72.

Standard 115.73 Reporting to inmates

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

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

115.73(a): Policy 5.041 mandates that all allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint. At the conclusion of the criminal investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. Policy does not include administrative investigations. Agency reports that over the past 12 months 8 criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility. None of these cases occurred in the Stanton Facility. Of the alleged sexual abuse investigations that were completed, 6 inmates were notified, verbally, of the results of the investigation. Interview with Facility Commander and Investigative Staff indicates that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Review of the 8 investigative files conducted and provided by the Agency, 6 inmates were notified verbally of the results of the investigation as the other 2 were out of custody prior to the completion of the investigation. Interview of Inmate who Reported a Sexual Abuse indicates he has not received any documentation as to the status of the investigation. Inmate indicated the investigation into his allegation began 3 weeks prior to the Auditor's On-Site Audit.

115.73(b): N/A – Standard provision 115.73(b) is not applicable to Agency as they conduct both administrative and criminal investigations.

115.73(c): Policy 5.041 mandates where the inmate alleges that a staff member committed sexual abuse, unless the allegation is determined to be unfounded, the inmate shall be informed in writing whenever any of the following occur:

1. The staff member is no longer posted within the inmate's housing unit.
2. The staff member is no longer employed or assigned at the facility.

3. The staff member has been indicted or criminally charged with a crime related to sexual abuse within the facility.

4. The staff member has been convicted on a charge related to sexual abuse within the facility.

Agency reports There has not been any substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. Agency reports There has not been any substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual abuse committed by a staff member against an inmate in an agency facility in the past 12 months. No documentation available.

115.73(d): Policy 5.041 mandates Where the inmate alleges that another inmate committed sexual abuse, unless the allegation is determined to be unfounded, the inmate shall be informed in writing whenever any of the following occur:

1. The alleged abuser has been indicted or criminally charges with a crime related to sexual abuse in the facility.

2. The alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Interview with Inmate who Reported a Sexual Abuse indicates he has not been provided with the status of the investigation nor has he been provided with the whereabouts of the inmate perpetrator.

115.73(e): Policy 5.041 mandates that at the conclusion of the criminal investigation, the inmate shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Facility. Policy does not include administrative investigation outcome notifications to inmate. Review of 8 sexual abuse investigations provided by Agency indicate 6 inmates were provided notification as to the outcome of the investigation verbally. Agency has not provided Auditor with any verification that verbal notification has been accomplished.

115.73(f): N/A – Auditor not required to audit this Standard provision.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.73(a), 115.73(d) & 115.73(e). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 or corresponding policy that addresses administrative investigations to include language that mandates at the conclusion of a criminal investigation and administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

On 12/14/17, agency provided auditor with an amended PREA Policy 5.041 XI F 1&2 which mandates that at the conclusion of a criminal investigation and administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All substantiated allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint. During the 1/24/18 90-day onsite status review, Agency indicated there have been no allegations of sexual abuse received since the initial onsite PREA audit.

The agency/facility has met the requirements of Standard provisions 115.73(a), 115.73(d) and 115.73(e), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.73.

Standard 115.76 Disciplinary sanctions for staff

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

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

- 115.76(a): Policy 3.003 mandates misconduct violation of any law, Sheriff's Office General Order, County policy, Civil Service rule, Departmental procedures or orders by memorandum; neglect of duty; or any conduct or action which is detrimental to the good order and discipline of the Sheriff's Office and/or which tends to give the community or components of the criminal justice system a negative and/or unfavorable inmate of the Sheriff's Office or County of Solano may result in discipline, up to and including termination.
- 115.76(b): Policy 3.003 mandates misconduct violation of any law, Sheriff's Office General Order, County policy, Civil Service rule, Departmental procedures or orders by memorandum; neglect of duty; or any conduct or action which is detrimental to the good order and discipline of the Sheriff's Office and/or which tends to give the community or components of the criminal justice system a negative and/or unfavorable inmate of the Sheriff's Office or County of Solano may result in discipline, up to and including termination. Agency reports that over the past 12 months no staff have violated Agency's sexual abuse or sexual harassment policies.
- 115.76(c): Policy GO 3.003 mandates Definition of Misconduct is the violation of any law, Sheriff's Office General Order, County policy, Civil Service rule, departmental procedures or orders by memorandum; neglect of duty; or any conduct or action which is detrimental to the good order and discipline of the Sheriff's Office. Policy ends with "Any acts found to be a violation of this General Order may result in discipline up to and including termination. Agency reports that 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.
- 115.76(d): Agency has not provided Auditor with policy or procedure narrative compliant with Standard provision 115.76(d) which mandates 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. Agency conducts both administrative and criminal investigations. Agency is a law enforcement agency; therefore, this Standard provision is met, in part. Agency reports that in the past 12 months, no staff from the facility has 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.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.76(d) and corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor with policy or procedure narrative compliant with Standard provision 115.76(d) which mandates 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

Agency amended PREA Policy 5.041 XI K which mandates 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

The agency/facility has met the requirements of Standard provision 115.76(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.76.

Standard 115.77 Corrective action for contractors and volunteers

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

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

115.77(a): Policy 5.041 mandates any employee, contractor or volunteer who violates Agency's Zero Tolerance policy shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Agency is a law enforcement body who investigates both criminal and administrative sexual abuse/harassment cases. By choosing to work in a custodial environment, an employee acknowledges and accepts the probability that inappropriate and socially deviant behavior from others may be experienced. Inappropriate sexual conduct from the inmate population will not be tolerated, and will be reported and result in disciplinary action in an attempt to eliminate and reduce repeat behavior. Agency Policy 5.041 does not include narrative compliant to Standard provision 225.77(a) which requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. Agency reports that over the past 12 months that no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

115.77(b): Interview with Facility Commander indicates that in the case of a contractor or volunteer being placed under investigation for sexual misconduct, Agency will pull the gate clearance pending outcome of the investigation, reassess clearance reinstatement upon conclusion of the investigation.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.77(a) and corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 to include narrative compliant to Standard provision 225.77(a) which mandates that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

Agency amended PREA policy 5.041 II F to mandate that any contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates.

The agency/facility has met the requirements of Standard provisions 115.77(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.77.

Standard 115.78 Disciplinary sanctions for inmates

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

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

- 115.78(a): The California Penal Code deems inmate on inmate sexual abuse as a criminal offense subject to criminal intervention by the District Attorney's Office. The Inmate Rule Book defines sexual abuse as a Major/Criminal Violation which results in a formal disciplinary process which have procedures outlined in the Inmate Rule Book. Inmates may be subject to both administrative and criminal charges if the violation is of such nature that it warrants both. Acceptable forms of discipline shall consist of, but not be limited to the following:
- a. Loss of Privileges
 - b. Disciplinary separation
 - c. Reclassification
 - d. Removal from work details
 - e. Forfeiture of work time credits
 - f. Forfeiture of good time credits
- Agency reports that over the past 12 months there have been no administrative or criminal inmate on inmate sexual abuse at the Stanton facility. Auditor interviewed an inmate who made an allegation of sexual abuse against his cell-mate, was moved to an Administrative Separation housing unit for his sexual safety and informed the Auditor that investigators told him that the case was under investigation. Inmate has not received notification of the outcome of the investigation.
- 115.78(b): Disciplinary procedures and sanctions are outlined in the Inmate Rule Book. Policy 15.003 mandate that facilities will establish authority, guidelines, and time schedules for facility disciplinary procedures to provide fair and impartial hearings and corrective dispositions within pre-determined limitations to those found guilty of not conforming to facility rules and regulations. Interview with Facility Commander indicates that disciplinary sanctions shall be commensurate with the nature and circumstances of the abuse committed. Sanctions are outlined in the Inmate Rule Book.
- 115.78(c): Agency has not provided Auditor with compliant narrative in policy or procedure which meets Standard provision 115.78(c) which mandates the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed. Interview with Facility Commander indicates disciplinary process considers if an inmate's mental disabilities may have contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
- 115.78(d): Agency reports that the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The facility considers whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits. Interview with Medical and Mental Health Staff indicates that State Hospitals offer therapy for sexual predators.

- 115.78(e): Agency has not provided Auditor with policy or procedure narrative compliant with Standard provision 115.78(e) which mandates the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- 115.78(f): Policy 5.041 mandates if it is determined that the inmate's allegations are false, the inmate may be subject to disciplinary and/or criminal action. A charge of making a false report of a crime is appropriate if evidence discovered during the investigation would support that charge.
Agency has not provided Auditor with policy or procedure narrative compliant with Standard provision 115.78(f), which mandates the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- 115.78(g): Both the Agency and the Penal Code prohibits all sexual activity between inmates. This prohibition is outlined in the Inmate handbook.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.78(a), 115.78(b), 115.78(c), 115.78(e) and 115.78(f). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 or corresponding policy that addresses administrative investigations to include language that mandates at the conclusion of a criminal investigation and administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
2. Agency to provide Auditor with compliant narrative in policy, directive or procedure which meets Standard provision 115.78(c) which mandates the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.
3. Agency to provide Auditor with compliant narrative in policy, directive or procedure which meets Standard provision 115.78(e) which mandates the agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
4. Agency to provide Auditor with compliant narrative in policy, directive or procedure which meets Standard provision 115.78(f), which mandates the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

1. On 12/14/17 agency provided auditor with amended PREA policy 5.041 XI F 1 which mandates that at the conclusion of a criminal investigation and administrative investigation, the inmate alleging abuse shall be informed in writing of the investigative outcome related to the alleged sexual abuse in a Sheriff's Office facility. The inmate shall be informed in writing as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. All substantiated allegations of conduct of the suspected perpetrator that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint.
2. Agency provided auditor with the initial investigation, identified as sexual harassment, investigated by a deputy and found to be substantiated. Agency did not provide auditor with copy of the written notification to the inmate as to the outcome of the investigation as the Standard directs notifications to be provided to inmate victims of sexual abuse. In addition, the inmate in question had been released from custody. The accompanying PREA summary report indicated that an Incident Summary Review had been conducted and inmate was verbally informed as to the outcome of the investigation by the investigating deputy.
3. Agency provided auditor with an amended Disciplinary Hearing and Basic Rules Policy 15.03 II H which mandates the

agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

4. On 12/14/17, agency provided auditor with an amended Disciplinary Hearing and Basic Rules Policy 15.03 II 1 which mandates the Sheriff's Office prohibits disciplinary action for a report of sexual abuse made in good faith and based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

The agency/facility has met the requirements of Standard provisions 115.78(a), 115.78(b), 115.78(c), 115.78(e) and 115.78(f), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.78.

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

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

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

115.81(a)/(c): California Forensic Medical Group (CFMG) Rape & Sexual Assault Policy mandates inmates identified as "at risk" for sexual victimization or abusiveness with no identified immediate medical and/or mental health need, will be referred for medical/mental health screening within 14 days of intake. Custody is responsible for the initial at-risk screening. However; medical and mental health staff should be alert for the presence of at-risk criteria in all ongoing transactions with inmates. In the past 12 months, 21 inmates who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner. 100% were seen by mental health staff within 4 days of the referral. This number was verified through the CFMG PREA Call Slip Report provided to Auditor by Agency. Interview with Inmate who Disclose Sexual Victimization at Risk Screening recalls he was offered meeting with Mental Health Practitioner but declined. Interview with Staff Responsible for Risk Screening indicates that a referral to Mental Health and follow-up interview is provided within 14 days.

115.81(b): N/A – Standard provision 115.81(b) does not apply as Stanton Facility is a jail, not a prison.

115.81(d): CFMG Rape & Sexual Assault Policy mandates all information related to sexual victimization and abusiveness that occurred in the institutional setting will be strictly limited to medical and mental health practitioners and other staff as required by Federal, State, or local law, to inform treatment plans and security management decisions, including housing, bed, work, education and programming assignments. Medical and Mental Health records are electronically secured to the practitioners' access code.

115.81(e): CFMG Rape & Sexual Assault Policy mandates that Medical and Mental Health practitioners must 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. Agency provided Auditor with a copy of a PREA Acknowledgement of Mandatory Reporting and Consent Form which informs inmates of practitioners mandatory reporting responsibilities under the law and limitations of their confidentiality. This form must be signed by both Medical/Mental Health Staff and the client to be treated. Interview with Medical and Mental Health Staff indicates the CFMG form provided at intake includes the informed consent form which must be administered to the inmate at that time. Auditor was provided a copy of the consent form and it is PREA compliant.

Auditor has determined that Agency/facility meets Standard 115.81

Standard 115.82 Access to emergency medical and mental health services

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

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

- 115.82(a): California Forensic Medical Group (CFMG) Rape & Sexual Assault Policy mandates Inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials such as CFMG PREA Call Slip Reports, CFMG Incident Report, etc. Interview with Medical and Mental Health Staff indicates inmates are provided timely and immediate access to medical treatment and crisis intervention services. The nature and scope of these services are according to the practitioner's professional judgement. Interview with Inmate who Reported a Sexual Abuse indicated the distance between the allegation and 5-day response of staff did not provide time for medical treatment and none was required.
- 115.82(b): Interview with Security Staff and Non-Security Staff First Responders indicate they initiate their 1st Responder protocols.
- 115.82(c): CFMG Rape and Sexual Assault Policy mandates inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate through CFMG Medical and Mental Health to include hospital Emergency Department SAFE/SANE staff. Interview with Medical and Mental Health Staff and SART Nurse indicate inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Interview with Inmate who Reported a Sexual Abuse indicated the distance between the allegation and 5-day response of staff did not provide time for medical treatment and none was required.
- 115.82(d): Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. Policy 13.016 mandates during treatment services, the victim of sexual abuse shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. The inmate may not want to report the name of the assailant(s) or cooperate with the investigation, but he/she is, nevertheless, entitled to protection, as well as medical and mental health treatment and support services, at no cost to him/her.

Auditor has determined that Agency/facility meets Standard 115.82

Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

- 115.83(a): California Forensic Medical Group (CFMG) Rape and Sexual Assault Policy mandates that victims of in custody sexual assault incidents will have timely access to emergency medical treatment and crisis intervention services through immediate referral to the Medical Center emergency department SART in cases occurring within 72 hours.
- 115.83(b): CFMG Rape and Sexual Assault Policy mandates 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 with Medical and Mental Health Staff indicates evaluation & treatment plans for victims of sexual abuse include working with Classification for re-housing, talking with victim in a confidential area, scheduling a social worker, contacting chaplain, family or friend for follow-up support.
- 115.83(c): CFMG Rape and Sexual Assault Policy mandates the facility shall provide such victims with medical and mental health services consistent with the community level of care. Interview with Medical and Mental Health Staff indicates services are consistent with the community level of care. Practitioners are Board Certified.
- 115.83(d): N/A – Standard provision 115.83(d) does not apply as Stanton Facility is an all-male inmate facility.
- 115.83(e): N/A – Standard provision 115.83(e) does not apply as Stanton Facility is an all-male inmate facility.
- 115.83(f): CFMG Rape and Sexual Assault Policy mandates inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.
- 115.83(g): CFMG Rape and Sexual Assault Policy mandates 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 13.016 mandates during treatment services, the victim of sexual abuse shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. The inmate may not want to report the name of the assailant(s) or cooperate with the investigation, but he/she is, nevertheless, entitled to protection, as well as medical and mental health treatment and support services, at no cost to him/her.
- 115.83(h): N/A – Standard provision 115.83(h) does not apply as Stanton Facility is a jail, not a prison.

Auditor has determined that Agency/facility meets Standard 115.83

Standard 115.86 Sexual abuse incident reviews

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.86(a): Policy 5.041 mandates the Sheriff's Office shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. Every effort will be made to ensure the review occurs within 30 days of the conclusion of the investigation.

Facility reports that in the past 12 months, no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

115.86(b): Policy 5.041 mandates the Sheriff's Office shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation has been determined to be unfounded. Every effort will be made to ensure the review occurs within 30 days of the conclusion of the investigation.

Facility reports that in the past 12 months, no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Auditor needs to review incident review board results regarding inmate interviewed during the on-site audit who made allegation of sexual abuse which was investigated.

115.86(c): Policy 5.041 mandates the Incident Review Team identified to conduct the review shall consist of a member at or above the rank of Lieutenant, a supervisor not involved in the investigation, one of the investigators of the case and medical and/or mental health professional. Interview with Facility Captain indicates Incident Review Team is comprised of Facility Commander, Facility Lieutenant, Investigator, Classification representative and any other staff members who are involved in the case. Incident Reviews are conducted 2-3 times a month.

115.86(d): Policy 5.041 mandates the review team shall:

- (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- (4) Assess the adequacy of staffing levels in that area during different shifts;
- (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- (6) Prepare a report of its findings, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

#6 does not comply with Standard provision 115.86(d) which mandates the Incident Review Team prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. Interview with Facility Commander, PREA Compliance Manager and Incident Review Team member indicates the Incident Review Team considers all 6 criteria outlined in Standard provision 115.86(d).

115.86(e): Policy 5.041 mandates an annual report shall be prepared and submitted to the PREA Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data, and outlines any corrective actions needed or taken in addressing sexual abuse.

RECOMMENDATION: Create an Incident Review Form which details the team's meeting on each case, recommendation for corrective action and determination as to whether or not corrective action was taken and document why in the event corrective action was not taken.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.86(d) and corrective action is required.

Corrective Action Recommended:

1. Agency to provide Auditor with Incident review regarding inmate interviewed during on-site PREA audit who was placed in involuntary segregation for risk of sexual abuse.
2. Agency to amend Policy 5.041 to mandate the Incident Review Team prepare a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/12/17:

1. Agency provided auditor with the initial investigation of inmate victim who was placed in involuntary segregated housing for being at risk of sexual abuse. Inmate was pending rehousing to a general population housing unit when interviewed by auditor during the onsite audit phase. The case was identified as sexual harassment, investigated by a deputy and found to be substantiated.
2. On 12/12/17, Agency amended Policy 5.041 which mandates the Incident Review Team prepare a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section and any recommendations for improvement, and submits such report to the facility head and PREA Compliance Manager. The Agency Organizational Chart identifies the Facility Commanders for each facility as custody lieutenants with duties and responsibilities as PREA Compliance Managers for their respective facilities. When the reports are submitted to the facility head and PREA Compliance Managers, Agency is in compliance with Standard provision 115.86(d) as the facility head serves as both facility commander and PREA Compliance Manager.

The agency/facility has met the requirements of Standard provision 115.86(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.86.

Standard 115.87 Data collection

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

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

115.87(a)/(c): GO Policy 5.041 mandates copies of reports of the completed investigations shall be forwarded to the PREA Coordinator, who must document the incident to the US Department of Justice using form SSV-1A. A copy of this form must be maintained by the Agency for no less than 10 years. Policy 5.041 does not include narrative compliant with Standard provision 115.87(a)/(c) which mandates the agency collects accurate, uniform data

for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

115.87(b): GO Policy 5.041 mandates an annual report shall be prepared and submitted to the PREA Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data, and outlines any corrective actions needed or taken in addressing sexual abuse. Agency has not provided Auditor with policy or procedural narrative that complies with Standard provision 115.87(b) which mandates The agency aggregates the incident-based sexual abuse data at least annually.

115.87(d): GO Policy 5.041 mandates copies of reports of the completed investigations shall be forwarded to the PREA Coordinator, who must document the incident to the US Department of Justice using form SSV-1A. A copy of this form must be maintained by the Agency for no less than 10 years.

115.87(e): N/A – Standard 115.87(e) does not apply as Agency does not contract for the confinement of inmates

115.87(f): N/A – Standard 115.87(f) does not apply as DOJ has not requested Agency data.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.87(a)/(c) & 115.87(b). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 to mandate the Agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
2. Agency to amend Policy 5.041 to mandate the agency to aggregate the incident-based sexual abuse data at least annually.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 12/14/17:

1. On 12/14/17, agency provided auditor with an amended PREA Policy 5.041 XIII D which mandates the Agency to collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
2. Amended PREA Policy 5.041 XIII D mandates agency to aggregate the incident sexual abuse data at least annually

The agency/facility has met the requirements of Standard provisions 115.87(a)/(c) and 115.87(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.87.

Standard 115.88 Data review for corrective action

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

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

115.88(a): GO Policy 5.041 mandates an annual report shall be prepared and submitted to the PREA Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data, and outlines any corrective actions needed or taken in addressing sexual abuse. Policy 5.041 is non-compliant with Standard provision 115.88(a) which mandates The agency shall 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:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Interview with Agency Head, PREA Coordinator and PREA Compliance Manager indicates Agency reviews all data collected and aggregate pursuant to PREA Standards by identifying problem areas, taking corrective action and preparing an Annual Report of the findings. This is Agency's first PREA Audit and they are currently preparing their first Annual Report.

115.88(b): GO Policy 5.041 mandates an annual report shall be prepared and submitted to the PREA Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data, and outlines any corrective actions needed or taken in addressing sexual abuse. This is Agency's first PREA Audit and they are currently preparing their first Annual Report.

115.88(c): Agency has not provided Auditor with a copy of their Annual Report and has not made an Annual Report available to the public at least annually through its website. Interview with Agency Head indicates he approves all Annual Reports.

115.88(d): Agency has not provided Auditor with a copy of their Annual Report and has not made an Annual Report available to the public at least annually through its website. Auditor unable to verify compliance with Standard provision 115.88(d) which mandates: The agency 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 and indicate the nature of the material redacted. Interview with PREA Coordinator indicates material redacted from the Annual Reports would be personal identifiers which may be detrimental to the staff, inmates and institution. Annual Report will indicate the nature of the material redacted.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.88(a), 115,88(b), 115.88(c) and 115.88(d). Corrective action is required.

Corrective Action Recommended:

1. Agency to amend Policy 5.041 to mandate Agency to review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by:
 - a) Identifying problem areas;
 - b) Taking corrective action on an ongoing basis; and
 - c) Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
2. Agency to provide auditor with a copy of their Annual Report and has not made an Annual Report available to the public at least annually through its website.
3. Agency to provide Auditor with a copy of the Annual Report and make said Annual Report available to the public at least annually through its website.
4. Agency to provide Auditor with policy, procedure or directive which includes narrative which mandates the agency to redact material from an annual report when publication would present a clear and specific threat to the safety and security of the facility and indicate the nature of the material redacted.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been

implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 2/6/18:

1. On 12/14/17, agency provided auditor with an amended PREA Policy 5.041 XIII E 1,2,3 which mandates review of all data collected and compiled in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, by:
 - a. Identifying problem areas;
 - b. Taking corrective action on an ongoing basis; and
 - c. Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.
2. On 2/6/18, agency uploaded the 2017 PREA Annual report to their website. Annual report was approved by the agency head.
3. Interview with Agency Head and PREA Coordinator indicates the Annual Report is accessible to the public annually
4. On 2/6/18, agency uploaded the 2017 PREA Annual report to their website. Annual report was approved by the agency head. No redactions identified as all data was aggregated with no personal identifiers.

The agency/facility has met the requirements of Standard provisions 115.88(a), 115.88(b), 115.88(c) and 115.88(d), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.88.

Standard 115.89 Data storage, publication, and destruction

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

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

115.89(a): Interview with PREA Coordinator indicates Agency reports that incident-based and aggregate data are securely retained by the PREA Coordinator.

115.89(b): Agency reports they do not possess policy or procedure compliant with Standard provision 115.89(b) which mandates Agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

115.89(c): Agency has not provided Auditor with a copy of their Annual Report and has not made an Annual Report available to the public at least annually through its website. Auditor unable to verify compliance with Standard provision 115.89(c) which mandates: Before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

115.89(d): GO Policy 5.041 mandates copies of the reports of the completed investigation shall be forwarded to the PREA Coordinator, who must document the incident to the US Department of Justice using form SSV-1A. A copy of this form shall be maintained by the agency for no less than ten years. This is Agency’s first PREA Audit.

Auditor has determined the facility is not fully compliant with Standard provision(s) 115.89(b) & 115.89(c). Corrective action
PREA Audit Report

is required.

Corrective Action Recommended:

1. Agency to create a policy, procedure or directive which mandates Agency to make aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.
2. Agency to provide Auditor with a copy of their Annual Report and has not made an Annual Report available to the public at least annually through its website.
3. Agency to ensure that before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

Auditor will conduct a 90-day status review during the week of 12/10/17 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented and institutionalized by the end of the 180-day Corrective Action Period: 3/13/18.

Corrective Action Completion 2/6/18:

1. On 12/14/17, agency provided auditor with an amended PREA Policy 5.041 VIII F 1,2,3 which mandates an annual report shall be prepared and submitted to the PREA Coordinator by the last day in April that compiles the data for the previous calendar year, compares it to the previous year's data and outlines any corrective actions needed to take in addressing sexual abuse
 - a) The annual report shall be approved by the agency head and made readily available to the public through the agency website.
 - b) Specific material shall be redacted from the report when publication would present a clear and specific threat to the safety and security of the facility, but the report must indicate the nature of the material being redacted.
 - c) Before making aggregated sexual abuse data publicly available, personal identifiers shall be removed.
2. On 2/6/18, agency uploaded the 2017 PREA Annual report to their website. Annual report was approved by the agency head. All data was aggregated with no personal identifiers.

The agency/facility has met the requirements of Standard provisions 115.89(b) and 115.89(c), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and is in compliance with Standard 115.89.

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.

**ERIC
WOODFORD**

Digitally signed by ERIC WOODFORD
DN: cn=ERIC WOODFORD,
o=CORRECTIONAL CONSULTING SERVICES
LLC, ou, email=eiw@comcast.net, c=US
Date: 2018.03.28 15:20:50 -07'00'

3/28/18

Auditor Signature

Date