



Correctional Consulting
Services
LLC

May 3, 2019

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

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

Sheriff Ferrara:

Correctional Consulting Services LLC conducted a Prison Rape Elimination Act (PREA) audit on the Solano County Jail Claybank Facility from August 27, 2018 through August 30, 2018. (11) Eleven PREA Standard deficiencies were identified and documented in the PREA Audit Interim Summary Report. The deficiencies placed the Solano County Jail Claybank Facility into the 180-day Corrective Action process with a deadline of April 12, 2019. The PREA Coordinator and staff have brought the Claybank facility in compliance with the Standards requiring Corrective Action.

PREA Coordinator, Captain Bill Hornbrook maintained constant communication with the auditor, providing 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 PREA 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 Claybank Facility PREA Audit Summary Report
Cc: Captain Bill Hornbrook, PREA Coordinator

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

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

Interim Final

Date of Report 5/3/19

Auditor Information

Name: Eric Woodford	Email: eiw@comcast.net
Company Name: Correctional Consulting Services, LLC.	
Mailing Address: PO Box 732	City, State, Zip: Benicia, CA 94510
Telephone: (707) 333-8303	Date of Facility Visit: 8/27/18 to 8/30/18

Agency Information

Name of Agency: Solano County Sheriff's Office		Governing Authority or Parent Agency (If Applicable): Solano County Sheriff's Office	
Physical Address: 500 Union Avenue		City, State, Zip: Fairfield, CA 94533	
Mailing Address: Same as above		City, State, Zip: Same as above	
Telephone: (707) 784-7087		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: The Solano County Sheriff's Office is dedicated to the safety and well-being of all persons within Solano County. Through comprehensive community, intergovernmental and employee partnerships, we will provide effective law enforcement; safe, humane, secure jails, and security for the Courts. We are committed to provide professional community-oriented service incorporating problem solving strategies to ensure the quality of life set forth in our constitution.

Agency Website with PREA Information: <https://www.solanocounty.com/depts/sheriff/prea.asp>

Agency Chief Executive Officer

Name: Tom Ferrara	Title: Sheriff
Email: tferrara@solanocounty.com	Telephone: (707) 784-7030

Agency-Wide PREA Coordinator

Name: Bill Hornbrook	Title: Lieutenant
Email: wshornbrook@solanocounty.com	Telephone: (707) 784-7087
PREA Coordinator Reports to: Captain Brad DeWall & Sheriff Ferrara	Number of Compliance Managers who report to the PREA Coordinator Three – 1 position unfilled due to recent retirement

Facility Information

Name of Facility: Claybank Detention Facility (CDF)								
Physical Address: 2500 Claybank Road, Fairfield CA 94533								
Mailing Address (if different than above): Same as above								
Telephone Number: (707) 784-7190								
<table border="1" style="width: 100%;"> <tr> <td>The Facility Is:</td> <td><input type="checkbox"/> Military</td> <td><input type="checkbox"/> Private for profit</td> <td><input type="checkbox"/> Private not for profit</td> </tr> <tr> <td><input type="checkbox"/> Municipal</td> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> State</td> <td><input type="checkbox"/> Federal</td> </tr> </table>	The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit					
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal					
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison						
Facility Mission: Same as Agency								
Facility Website with PREA Information: https://www.solanocounty.com/depts/sheriff/prea.asp								

Warden/Superintendent

Name: Brad DeWall	Title: Captain
Email: bddewall@solanocounty.com	Telephone: (707) 784-1713

Facility PREA Compliance Manager

Name: Dan Castillo	Title: Lieutenant
Email: dtcastillo@solanocounty.com	Telephone: (707) 784-4820

Facility Health Service Administrator

Name: George Bernardino	Title: Nursing Manager
Email: gbernardino@solanocounty.com	Telephone: (707) 784-7130

Facility Characteristics

Designated Facility Capacity: 379	Current Population of Facility: 233
Number of inmates admitted to facility during the past 12 months	1199

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			806
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			1394
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:			None
Age Range of Population:	Youthful Inmates Under 18: None	Adults: 18-64	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:			None
Average length of stay or time under supervision:			55.6
Facility security level/inmate custody levels:			Ad-sep, med, min, inmate worker
Number of staff currently employed by the facility who may have contact with inmates:			235
Number of staff hired by the facility during the past 12 months who may have contact with inmates:			6
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:			25
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: None	
Number of Multiple Occupancy Cell Housing Units:		10	
Number of Open Bay/Dorm Housing Units:		10	
Number of Segregation Cells (Administrative and Disciplinary):		3	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
Video surveillance system is controlled/monitored in Central Control. There are additional monitoring stations located in some housing areas and in the supervisor's office. Retention period is 1 year. Some cameras are continuous feed and others are motion controlled.			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		North Bay Hospital	
Other			
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:			11
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			4

Audit Findings

Audit Narrative

A Prison Rape Elimination Act (PREA) Field Training Audit was conducted at the Solano County Jail Claybank Detention Facility (CDF) during the week of 8/27/18 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. This was the second PREA audit for the Solano County Jail Sheriff's Department and first PREA audit for the Claybank Facility.

On 6/1/17 the Solano County Jail and auditor signed a PREA audit agreement to conduct PREA audits for each of its three correctional facilities. Term of the contract is from 6/1/17 to 6/30/19.

On 6/24/18, auditor provided the agency PREA Coordinator with pre-audit documentation such as the pre-audit questionnaire, audit process map, audit documentation checklist and audit tour instructions. The auditor submitted an additional document request on 7/1/18 for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review.

On 7/5/18, auditor provided agency with Notice of Auditor poster language in both English and Spanish. Instructions on posting, date of posting deadline and proof of posting verification to be provided to the auditor accompanied the Notice of Auditor posting language. Agency provided verification of posting by the deadline which was six weeks prior to the onsite audit. The Notices of Auditor were posted in all inmate living areas, hallways where inmates and staff travel throughout the facility, doorways that lead to each part of the facility for both staff and inmates, facility lobby area, visiting, kitchen, break rooms, medical and program rooms.

Agency provided requested lists for document review on 7/11/18. Auditor made selections based upon hire date, gender, job positions and shifts. Auditor presented agency with random selections for document review on 7/13/18. Auditor also requested investigation records, grievances, training records and personnel records pulled from the selections made by auditor. The agency provided the documents by 7/17/18 for auditor to complete the document review worksheets for verification of compliance.

The facility completed the Pre-Audit Questionnaire (PAQ) on 8/1/18. Facility staff provided the auditor with a number of documents including schematics, policies, logs and other resources to the PAQ. A conference call was conducted with facility administration on 8/1/18 to make introductions, establish the PREA Coordinator to be the point of contact (POC), discuss processes and expectations with the auditor. Mail process of correspondence between inmate and auditor was also discussed.

On 8/20/18, auditor contacted Just Detention International (JDI) and spoke with the Operations Director who indicated there has been no record of calls or correspondence regarding allegations of sexual abuse from the Solano County Jail Claybank Detention Facility over the past 12 months.

The PAQ noted that no internal or external audits except for the American Correctional Association accreditations for the Claybank facility. During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests. The agency complied with all requests.

Auditor received one correspondence letter from a CDF inmate. This inmate included in the interview list for the onsite audit. One week prior to the onsite audit, auditor requested agency complete the Specialized listing of staff and provide a listing of staff, contractors and volunteers which provides for their duty shifts and titles or designations for onsite interviews. Listing for inmates to identify their housing units, gender, and earliest possible release date for formal interviews. Agency provided the requested lists three days later and auditor made random selections of staff based upon shifts and

titles. The selections equaled five staff members per shift. The contractors and volunteers were selected at random based upon their job titles. Inmates were selected based upon gender and housing unit, where the female inmates were oversampled. Auditor selected one inmate per page to a total of 23 random inmates. Auditor provided agency with a completed interview listing on first day of the onsite audit.

The on-site review began on 08/27/18 with an entry briefing. Attendees from Solano County Jail command staff included: The Jail Commander, agency PREA Coordinator, Facility Lieutenant, and Facility Shift Sergeants. During the briefing, conduct of the audit was discussed including the audit timeline during the week. Auditor opened the floor for questions and provided responses for any questions asked. Following the in briefing, the physical plant review was conducted by the PREA Coordinator, Jail Commander and shift staff. Solano County Jail is one building 10 multiple occupancy housing units, 10 open bay/dorm housing units, three segregation cells, Administration, Maintenance, medical clinic and others as noted in the following summary:

The site review was conducted as follows:

Living Unit: S & T – Modules - Female Dorm Setting - Q & R HOUSING UNITS CLOSED

PREA Information Posted? Yes, in common areas and between phones in the modules

Auditor Notice Posted? In common areas throughout the facility and in each housing unit

Opposite Sex Viewing? None

Camera Placement? Two cameras in each module, three cameras in hallway entrance to the housing unit

Announcement made? Yes How: Male on the floor

General Discussion with Inmates (Not Interviews) Inmates in housing unit explained PREA and indicated they were provided an Inmate handbook with Sexual Awareness Poster upon intake. They also viewed posters between phones and can recite what is on those posters as it relates to contacting advocacy and Rape Crisis through the hotline.

Other Notes: _____

Phones: Two phones per module

Grievance Process: Grievance forms provided by staff and submitted to staff.

Supervision (staff to inmate ratio): two staff to 38 inmates

Showers and Bathrooms (privacy, opposite gender viewing?): Each module have common bathrooms and separate showers with curtains.

Recreation Areas/TV/Multi-Purpose: Library/classroom. Recreation yard with one camera each. Posters are in common areas.

Other: Housing unit contains a sewing room and laundry (off library). Only female staff are assigned to the housing unit. If short staff, female is assigned with a male and female will conduct count. Video visiting in each module.

Living Unit: Q & R Modules – Female Dorm Setting

PREA Information Posted? Yes, by the phones

Auditor Notice Posted? Yes, on windows

Opposite Sex Viewing? No

Camera Placement? Two in each module

Announcement made? Not observed

Other Notes: _____

Phones: Two in each module

Grievance Process: Grievance forms provided by staff and submitted to staff.

Supervision (staff to inmate ratio): Two staff for 36 inmates

Showers and Bathrooms (privacy, opposite gender viewing?): Toilets in cells, two shower stalls in each module, showers with curtains. Shower areas are blind spots without direct supervision by staff or cameras.

Other: Video visiting available in each module.

Living Unit: ABCD – ADMINISTRATIVE SEPARATION – All Male Unit

PREA Information Posted? Yes – near phones and general area

Auditor Notice Posted? Yes – entry to housing unit

Opposite Sex Viewing? None

Camera Placement? Two in each module and one in the main control area

Announcement made? Not observed

Other Notes:

Phones: Two in each module

Grievance Process: Grievance forms provided by staff and submitted to staff.

Supervision (staff to inmate ratio): One staff for 9 inmates per module

Showers and Bathrooms (privacy, opposite gender viewing?): Bathroom inside cell, two showers with curtains per module

Recreation Areas/TV/Multi-Purpose: Outside recreation yard – no multi-purpose room. Central day-room

Other: Room 106 – holding cell. Announce sign by door of each housing unit

Living Unit: EFGH – MEDIUM/MINIMUM classification – All Male Unit

PREA Information Posted? Yes – near phones and general area

Auditor Notice Posted? Yes – entry to housing unit

Opposite Sex Viewing? None

Camera Placement? Two in each module and one in the main control area

Announcement made? Not observed

Other Notes:

Phones: Two in each module

Grievance Process: Grievance forms provided by staff and submitted to staff.

Supervision (staff to inmate ratio): One staff for 18 inmates per module

Showers and Bathrooms (privacy, opposite gender viewing?): Bathroom inside cell, two showers with curtains per module

Recreation Areas/TV/Multi-Purpose: Outside recreation yard – no multi-purpose room. Central day-room

Other: Room 106 – holding cell. Announce sign by door of each housing unit

Living Unit: IJKL – ADMINISTRATIVE SEPARATION – All Male Unit

PREA Information Posted? Yes – near phones and general area

Auditor Notice Posted? Yes – entry to housing unit

Opposite Sex Viewing? None

Camera Placement? Two in each module and two cameras in each common area

Announcement made? Not observed as male staff and visitor entered the housing unit

General Discussion with Inmates (Not Interviews): Inmate was given sexual awareness pamphlet, handbook, reviewed PREA posters and viewed PREA movie when in intake. He also saw PREA video when housed at Stanton facility and it is played in his current housing unit in Claybank.

Other Notes:

Phones: Two in each module

Grievance Process: Grievance forms provided by staff and submitted to staff.

Supervision (staff to inmate ratio): two staff for 18 inmates per module – all three shifts

Showers and Bathrooms (privacy, opposite gender viewing?): Bathroom and showers per module. Barriers erected to dissuade cross-gender viewing.
Recreation Areas/TV/Multi-Purpose: Outside recreation yard – no multi-purpose room. Central day-room
Other: Dormitory style modules. Announce sign by door of each housing unit

Living Unit: **MNOP – MINIMUM classification – All Male Unit**
PREA Information Posted? Yes – near phones and general area
Auditor Notice Posted? Yes – entry to housing unit
Opposite Sex Viewing? None
Camera Placement? Two in each module and one in the main control area
Announcement made? Not observed

Other Notes:

Phones: Two in each module

Grievance Process: Grievance forms provided by staff and submitted to staff.

Supervision (staff to inmate ratio): two staff for 18 inmates per module – all three shifts

Showers and Bathrooms (privacy, opposite gender viewing?): Bathroom inside cell, two showers with curtains per module

Recreation Areas/TV/Multi-Purpose: Outside recreation yard – education area. Central day-room

Other: Room 106 – holding cell. Dormitory style module. Inmate workers. Officers station has camera viewing. Announce sign by door of each housing unit

Laundry

Hidden areas?: None

Camera Placement: Three cameras

Supervision: No staff assigned. Supervision is through the cameras in the laundry room

Warehouse

Hidden areas?: Back of the warehouse has no supervision and no cameras – LARGE BLIND SPOT

Camera Placement: Five cameras

Supervision: One custody staff for five inmates

Receiving and Discharge (Intake)

Strip Areas (Private?): Conducted at main jail then again at Stanton Facility

Interview Areas (Confidential): Confidential interview rooms at both main jail and Stanton facility.

PREA Information Posted: Yes, as observed in both facilities

Cameras: Observation cameras observed throughout both facilities in the intake area to include the vehicle sally port.

Receiving and Discharge (Cont.)

Phones?: Phones available in intake area and also in the holding tanks.

Ask for Information Provided to Offenders: Provided by intake officers to include PREA brochure and inmate handbook

Visitation

Strip/Shakedown Area: N/A – No contact visiting – attorney visiting through video or through glass

PREA Information Posted? Yes, in lobby entrance to visiting

Third Party Information Posted?: In lobby entrance to visiting and on Sheriff's website

Camera Placement: Cameras in lobby entrance

Chapel/ Religious Services

Multi-Purpose Rooms: Available for each housing unit

Education (Academic)

Classrooms: Four classrooms four male modules – One classroom four women's modules

Camera Placement: One camera per classroom – central control opens/closes doors

Supervision: One instructor for 14 inmates

Front Entrance (Reception Area)

PREA Information Posted: Yes

Third Party Info Posted: Yes

Food Service/Kitchen

Dining Rooms: Inmate food served in housing modules

Officer Dining Area: Staff dining is small break room with Notice of Auditor posters and one camera

Kitchen Area -

Coolers: Two

Freezers: Two

Dry Goods Storage: None

Garbage Area: Located on the dock which has one camera

Dishroom: Covered by camera

Tool Room: Secured by Aramark staff

Camera Placement: Five cameras & two mirrors inside the kitchen. 1 camera on the loading dock

Supervision: Two Aramark staff for seven male inmates during dining – 12pm to 6pm. Hourly rover

Isolated areas: Inmate bathroom area/hallway behind Aramark staff offices. Whole back area of kitchen is a LARGE BLIND SPOT when staff are supervising the front area. No cameras or mirrors there.

Health Services

Reception Area: Yes, with PREA posters in English & Spanish

Exam Rooms: One

Treatment Rooms: None

Infirmary/Observation Rooms: None

Suicide Watch Room(s): If need for suicide watch, inmates take to Stanton facility

Ancillary Areas: None

Outside Areas

Power House? None

Outside Mechanical Service Shops: Building Trades no inmates allowed – during interview, maintenance worker indicated one inmate was allowed in to toilet. No cameras

Garage: OES stores boats & vehicles in Maintenance building rollups.

Administration

Offender Access? None

PREA Information: None

Third Party Info: None

During the course of the Field Training Audit, the team reviewed the number of documents to assist in the triangulation of data and support the findings in the individual provisions. These documents included:

- Complete inmate roster*
- Youthful inmates/detainees
- Inmates with disabilities
- Inmates who are LEP
- LGBTI Inmates
- Inmates in segregated housing
- Residents in isolation
- Inmates/residents who reported sexual abuse
- Inmates/residents who reported sexual victimization during risk screening
- Complete staff roster
- Specialized staff
- All contractors who have contact with inmates
- All volunteers who have contact with inmates
- All grievances made in the 12 months preceding the audit
- All incident reports from the 12 months preceding the audit
- Allegations of sexual abuse and sexual harassment reported for investigation in the 12 months preceding the audit. – 11 investigations should be reviewed, (8 allegations submitted 8 investigations)
- All hotline calls made during the 12 months preceding the audit
- 12 Staff Files were reviewed
- 18 Contractors & Volunteer files were reviewed
- 20 Inmate screening files were reviewed.

Formal interviews were conducted on 8/28/18. Random staff, specialized staff, random and targeted inmate interviews were conducted by the auditor. The number of inmates housed at Solano County Jail on the first day of the on-site audit was 230.

Total of inmate interviews were conducted: 27

- Random inmates – 23
- Youthful Inmates - 0
- Physically disabled, blind, deaf, and/or hard of hearing inmates – 2
- Cognitively disabled inmates – 0
- Gay and/or bisexual inmates – 2
- Transgender or intersex inmates – 0
- Inmates in segregation for risk of victimization - 1
- Inmates who reported sexual abuse – 2
- Inmates who disclosed victimization during a risk assessment - 0

Total of staff interviews were conducted: 47

- Random staff – 15
- Director / designees-Sheriff
- Superintendent -Captain
- Contract administrator

- PREA Coordinator -1
- PREA Compliance Manager - 1
- Intermediate or higher level supervisors - 1
- Line staff who supervise youthful inmates - 0
- Education and program staff who supervise youthful inmates - 0
- Medical and mental health staff - 3
- Human resources staff - 1
- SAFE/SANE hospital staff - 1
- Volunteers-2
- Contractors - 2
- Volunteer Coordinator-1
- Investigators -3
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 1
- Incident review team members - 1
- Staff charged with retaliation monitoring - 1
- Intake staff - 1
- First Responders –Security - 1
- First Responders-non-security - 1
- Mail Room - 1
- IT Staff - 1
- Training Staff - 2
- Staff who respond to grievances - 1
- Victim Advocacy – 1
- Kitchen staff – 1
- Hearing/Disciplinary staff – 1
- Maintenance Staff - 1

Solano County Jail provides 3rd party reporting of allegations of sexual abuse via the Sheriff’s website. The information is listed under their OPTIONS tab and includes citation of the Prison Rape Elimination act, their zero tolerance policy and contact information for reporting allegations of sexual abuse.

The onsite audit was completed on 8/30/18 with a closeout briefing with administrative staff. Attendees were the Undersheriff, PREA Coordinator, Facility Commander, PREA Compliance Managers for both Claybank facility and the Main Jail, Classification Sergeant and Investigations. Auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Agency has 90-days to upload the Final Report to the agency website for public access.

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

Facility Characteristics

The Solano County Jail Claybank Facility is located at 2500 Claybank Road in Fairfield. The facility was opened in 1979 as a Type III/IV facility, designed to house inmates that have been sentenced. It is also a Type IV facility used for work furlough programs. Design capacity of the facility is 379. The facility is a one story building that houses both female and male inmates. The Claybank Detention Facility has 358 rated beds distributed across twenty separate dayrooms, all of which have similar floor plans. There is a total of one hundred and forty-three cells that includes five dormitory style dayrooms; M, N, O, P & T. The M, N, O, and P dayrooms each have twenty-four rated beds and T dayroom has sixteen rated beds. There are thirty single occupancy cells; Cells 106 (Z1), 206 (Z2) & 406 (Z3) are used for administrative separation of hostile/violent inmates. There are one hundred and eight double occupancy cells.

Dayrooms A, B, C, D, E, F, G and H each have nine cells, with each dayroom having a rated bed capacity of fifteen. I, J, K, and L dayrooms have nine cells each, with each dayroom having a rated bed capacity of eighteen. Dayrooms M, N, O and P, are dormitory style dayrooms, each with twenty-four rated beds. Dayrooms Q and R have nine cells each, with each dayroom having a rated capacity of eighteen. S dayroom has nine cells and fifteen rated beds. T dayroom is a dormitory style dayroom with sixteen rated beds.

Each of the twenty dayrooms at this facility provides inmate access to a television, two telephones, two showers and a video visitation area. Restrooms are either located in each cell or communal toilets for I, J, K, L, M, N, O, P, S and T dayrooms. The dayroom showers have modesty curtains. There is one toilet located in each recreation yard. Each toilet has a concrete privacy partition and privacy film on adjacent yard windows. To ensure adequate safety of inmates, video surveillance is used to monitor all activity in the dayrooms and most locations inmates have access to. The dayrooms in each section is monitored via staff line-of-sight and video monitoring which provides views of dayroom common areas. For privacy, there is no video monitoring inside inmate cells except for dayrooms M, N, O, P and T which are open bay dayrooms.

Six officers are assigned to monitor twenty separate inmate housing dayrooms in this facility on day shift and swing shift; five officers are assigned on grave shift. The officers have a workstation located outside of the inmate dayrooms. Sixteen dayrooms, A through P, house male inmates and are located on the east side of the facility. Four dayrooms, Q through T, house female inmates and are located on the west side of this facility.

One officer is assigned to monitor dayrooms A, B, C and D; one officer is assigned to monitor dayrooms E, F, G and H. There are two officers assigned to monitor dayrooms I, J, K, L, M, N, O and P. Two officers are assigned to monitor dayrooms Q, R, S and T on day and swing shift. Both officers are usually female although one officer could be male depending on staff availability. One female officer is assigned to monitor Q, R, S and T dayrooms on grave shift. There is a Roving Officer assigned to the east side of the facility and another Roving Officer assigned to the west side of the facility on day and swing shift. There is one Roving Officer assigned to grave shift. There is one officer assigned to the facility control room. This is the staffing pattern on each of the three shifts at this facility.

Claybank facility has 123 cameras throughout the facility. There are two outbuildings, Maintenance and the Warehouse. Inmates are prohibited entry in the Maintenance building. Only county maintenance workers have access to that building which is monitored by cameras. Inmates are assigned to work in the Warehouse which is also monitored by cameras and custody staff. Inmates may also work in

landscaping and kitchen based upon classification. Programs available to inmates are Five Keys Charter School and Women’s Re-entry Achievement Program (WRAP), Health rite 360, Narcotics Anonymous (NA), Alcoholics Anonymous (AA), Mental Health Services (MIOCR) and Religious Services.

Interim Report Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 3

115.15, 115.42, 115.43

Number of Standards Met: 31

115.12, 115.14, 115.16, 115.18, 115.21, 115.22, 115.31, 115.33, 115.34, 115.41, 115.51, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.81, 115.82, 115.83, 115.86, 115.89, 115.401, 115.403.

Number of Standards Not Met: 11

115.11, 115.13, 115.17, 115.32, 115.35, 115.52, 115.65, 115.71, 115.78, 115.87, 115.88.

Summary of Corrective Action (if any)

115.11:

Corrective Action Recommended:

1. Agency to designate a PREA Compliance Manager for the Claybank facility
2. Agency to ensure the Claybank PREA Compliance Manager has sufficient time and authority to coordinate the facility’s efforts to comply with the PREA standards.

115.13:

Corrective Action Recommended:

1. Agency to amend Staffing Plan to include the identification of blind spots in the facility where staff or inmates may be isolated.

2. Agency to amend Policy 5.041 PREA to mandated intermediate-level or higher level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

115.17:

Corrective Action Recommended:

1. Agency to provide auditor with verification that notification of employee and contractor arrest include any arrest that occurs outside of the state of California.

115.32:

Corrective Action Recommended:

1. Agency to provide auditor with curriculum or lesson plan of contractor/volunteer PREA training which outlines the 10 criteria as mandated by standard provision 115.31(a).
2. Agency to conduct a 90-day status review of a random sample of contractor training files to verify agency/facility compliance with standard provision 115.32(b).
3. Agency to provide auditor with employment start dates and PREA training acknowledgements for all ARAMARK contractors assigned to the Claybank Detention Facility.

115.35:

Corrective Action Recommended:

1. Please provide current list of all CFMG medical and mental health staff assigned to Claybank facility for document review random selection.

115.52:

Corrective Action Recommended:

1. Agency to provide and implement a method to ensure emergency grievances relating to sexual abuse are not referred to a staff member who is the subject of the complaint.
2. Agency to provide and implement a method to ensure inmates are not required to obtain grievance form from staff.
3. Agency indicated that four grievances involving sexual abuse had been filed over the past 12 months. Agency only provided two grievances for review. Agency to provide the two outstanding grievances with the final decision for review by the auditor

115.65:

Corrective Action Recommended:

1. Facility to create a Coordinated Response and Evidence Protocol for Claybank facility. Recommend agency do the same for each of their facilities.

115.71:

Corrective Action Recommended:

1. Please amend policy language to include "retention of the investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years."

115.78:

Corrective Action Recommended:

1. Please provide auditor with Disciplinary Hearing documentation and the sanction(s) levied against the abuser in the one substantiated sexual abuse investigation that occurred over the past 12 months.

115.87:

Corrective Action Recommended:

1. Agency to obtain incident-based and aggravated data from the Sacramento County Sheriff's Department Rio Cosumnes Detention Facility Jail Based Competency Treatment Program
2. Agency to include that data in the Annual Report for public access

115.88:

Corrective Action Recommended:

Policy is non-compliant with Standard provision 115.88(b) which mandates The annual report includes a comparison of the current year's data and corrective actions with those from prior years. Please amend policy to comply with the standard provision.

Final Report Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

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

Number of Standards Exceeded: 4

115.15, 115.42, 115.43, 115.71

Number of Standards Met: 41

115.11, 115.12, 115.13, 115.14, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403.

Number of Standards Not Met: 0

Summary of Corrective Action (if any) 0

PREVENTION PLANNING

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

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

115.11 (a)

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

115.11 (b)

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

115.11 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.11(a): 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. Interview with the agency PREA Coordinator 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. He indicates he could be more effective with additional staff to assist with compliance management. 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 identifies a PREA Compliance Manager assigned to the Claybank 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 currently oversees two facilities and indicate he does not have enough time to be pro-active. He makes time for incidents and investigations. The Agency Organizational chart identifies the Custody Lieutenants assigned to each facility as the PREA Compliance Manager. Each Custody Lieutenant reports directly to the Division Captain who reports directly to the Undersheriff. The auditor observed the interaction between the PREA Coordinator and the Stanton facility PREA Compliance Manager. They both work very well together in order to maintain sexual safety in the facilities. Interview with the PREA Coordinator indicates there is a PREA Compliance Manager at each of the three facilities assigned to the agency. One Compliance Manager retired recently and a vacancy exists at the Claybank facility. Currently the PREA Compliance Manager for the Stanton facility is working both the Stanton and Claybank facilities until the vacancy is filled.

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

Corrective Action Recommended:

1. Agency to designate a PREA Compliance Manager for the Claybank facility
2. Agency to ensure the Claybank PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 3/14/19:

1. On 2/23/19, the PREA Coordinator submitted a directive dated 2/23/19 to all custody staff. The directive announced the designation of sergeant positions as PREA Compliance Managers in each of the agency's 3 correctional facilities. All 3 facilities have sergeants as designated PREA Compliance Managers effective 2/24/19.
2. Auditor interviewed the PREA Compliance Manager (PCM) for the Claybank facility on 3/14/18 using the patterned questions. He indicates that he has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. He started 2-3 weeks ago, but has been instrumental in assisting staff in complying with the facility PREA standards and is knowledgeable of the PREA requirements.

The agency/facility has met the requirements of Standard provisions 115.12(c), which was completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.12.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.12(a): The agency entered into a contract for the confinement of inmates on 4/4/16 to 4/3/19 with Department of State Hospitals. The scope of service is to provide the Solano County Sheriff's Department a Jail Based Competency Treatment program through the Sacramento County Sheriff's Office Rio Cosumnes Correctional Center located in Elk Grove California. The agreement provides for the restoration of competency treatment services for individuals found by the courts to be incompetent to stand trial (IST). These individuals are characterized as "Patient Inmates" and belong to the Solano County Sheriff's Office. This agreement mandates Sacramento County Sheriff's office to provide at least 16 single cells with beds to Patient Inmates within the Jail Competency Treatment Program (JBCT). The agreement states "Sacramento County shall provide for the care, confinement and security of the Patient Inmates in accordance with all federal and state laws, standards, regulations, policies, procedures and court orders applicable to the Jail, including the Prison Rape Elimination Act. Upon review of the Rio Cosumnes website, the 2016/2017 PREA Audit report is available including annual reports which allows for Solano County Sheriff's Office to review the PREA compliance audits. Agency provided auditor with fully executed copy of the agreement.

115.12(b): The 2016 contract does not mandate the agency to monitor contractors compliance with PREA standards as it is not a new or renewed contract. Interview with agency Contract Administrator verifies the contract with the Sacramento County Sheriff's Office through the Jail Based Competency Treatment Program. Contract Administrator explained the contract and provided a copy to the auditor. The Administrator indicated the Solano County Sheriff's Department ensures that the Sacramento County Sheriff's Office is complying with the PREA standards through review of both the PREA Audit Reports and the Annual PREA Reports on the agency website. Auditor reviewed the agency website and verified both the Sacramento County Main Jail and the Rio Cosumnes Correctional Center have completed their 2017 PREA audits and have uploaded the audits and the Annual Reports to the Sheriff's website for public access.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.12

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? Yes No NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable

State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.13 (b)

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

115.13 (c)

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

115.13 (d)

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

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.13(a): The Agency provided auditor with a written staffing plan specific to the Claybank Facility. The staffing plan outlines, in great detail, the use of generally accepted detention and correctional practices, no findings of inadequacy from any outside entity or oversight bodies, bi-annual thorough review by the California State Board of Corrections to which is the Solano County Jail oversight commission. The commission relates to the applicable State or local laws, regulations or standards. The Staffing Plan outlines all components of the facility's physical plant, composition of the inmate population, number and placement of supervisory and custody staff per shift, institutional programs occurring on each shift, prevalence of substantiated and unsubstantiated incidents of sexual abuse in 2017. The staffing plan does not identify blind spots or areas where staff or inmates may be isolated. 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 379 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. To ensure adherence to the Staffing Plan, the agency utilizes PREA auditor reports, Staffing Plan reviews and the California Board of State Community Corrections compliance audits.

115.13(b): There have been no deviations from the staffing mandate. Interview with Facility Commander indicates there have been no deviations from the staffing plan, but if there were, said deviations would be documented in the facility Lieutenant notes. The agency either fills any proposed staff shift vacancies through overtime requests and if any vacancies remain, staff are held over from previous shifts to fill vacancy before the vacant shift occurs.

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. Staffing Plan may be assessed sooner due to significant changes in an operation. The Staffing plan is submitted to the Sheriff for approval before being adopted and implementation.

115.13(d): Agency has no policy of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Agency provided auditor with May 8, 2017 PREA Solid Reliable Verifiable Training (SROVT) 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 1/3/18 to 7/13/18. The imported spreadsheet for unannounced rounds lists Sergeants and Lieutenants who have made an entry into the system. Line staff does not have access to make entries into this form. Formal unannounced rounds are done randomly, with supervisors hitting different shifts and different facilities. There is no pre-determined "round" stated by PREA for frequency. Agency indicates it can make increases if needed. Everyone identified in the log is a Sergeant or higher in rank. Auditor conducted a second review of the log and determined that between 1/3/18 and 7/13/18, 86 unannounced rounds were conducted at the Claybank facility, mostly by Lieutenants. The rounds were conducted on all shifts and on a weekly basis. Interview with Shift Lieutenant indicate upper level staff conducts unannounced rounds at least once per shift, sometimes twice. Review of unit logs for each shift indicate Shift Sergeants and Lieutenants document their unannounced rounds in the electronic shift supervisor's log.

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

Corrective Action Recommended:

1. Agency to amend Staffing Plan to include the identification of blind spots in the facility where staff or inmates may be isolated.
2. Agency to amend Policy 5.041 PREA to mandated intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment.

Corrective Action Completion 12/15/18:

1. On 12/15/18 the facility provided auditor with the January 2019 Claybank Detention Facility PREA Staffing Plan. The plan provides discussion of Isolated Areas located in the kitchen and the warehouse. In order to correct these blind spots, the facility has mounted additional mirrors in both the warehouse and kitchen which aids staff's ability to provide direct supervision in those areas.
2. The imported spreadsheet for unannounced rounds lists Sergeants and Lieutenants who have made an entry into the system. Line staff does not have access to make entries into this form. Formal unannounced rounds are done randomly, with supervisors hitting different shifts and different facilities. There is no pre-determined "round" stated by PREA for frequency. Agency indicates it can make increases if needed. Everyone identified in the log is a Sergeant or higher in rank. Auditor conducted a second review of the log and determined that between 1/3/18 and 7/13/18, 86 unannounced rounds were conducted at the Claybank facility, mostly by Lieutenants. The rounds were conducted on all shifts and on a weekly basis. Review of 1/4/19

directive from the Undersheriff to all sworn and custody staff and amended Policy 5.014 PREA section V, page 5, updated on 2/4/19 mandates The Sheriff's Office shall have an intermediate-level supervisor to manager conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. This policy shall be implemented for night shifts as well as day shifts. Staff shall not alert other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility. (Per PREA regulation 115.13 (d)).

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

The agency/facility has met the requirements of Standard provisions 115.13(a) and 115.13(d) which was completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.13.

Standard 115.14: Youthful inmates

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

115.14 (a)

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

115.14 (b)

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

115.14 (c)

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

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.14(a)/(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.

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

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

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

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) Yes No NA

- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? Yes No

115.15 (d)

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

115.15 (e)

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

115.15 (f)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.15(a): Policy 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. Policy 9.008 Security and Control mandates officers of the same sex of the inmate shall conduct the strip search of an inmate absence exigent circumstances. In relation to physical body cavity search, policy mandates that no person arrested for any reason, on any charge, shall be subjected to a physical body cavity search, except under the authority of a search warrant or court order issued by a magistrate, specifically authorizing the physical body cavity search. A physical body cavity search shall only be conducted under sanitary conditions and may only be conducted by a licensed physician, nurse practitioner, registered nurse, or vocational nurse Interview with staff who conduct searches in intake to include a random sample of staff indicate cross-gender strip or visual body cavity searches are prohibited unless conducted by medical staff. Any cross-gender searches shall be documented and reviewed by the shift Lieutenant, Facility Commander or Division Captain.

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. Claybank facility houses both female and male inmates. There is no record of pat-down searches of female inmates conducted by male staff in the past 12 months. Interview with random sample of 15 staff indicate they have all been trained on cross-gender pat-down search training. Female staff indicate male custody staff conduct pat-down searches. Interview with random sample of 10 random female inmates and four targeted female inmates indicate there has been no instance of cross-gender pat-down searches of female inmates indicates the facility does not restrict female inmates' access to regularly available programming or other out of cell opportunities in order to comply with this provision.

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.

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. Agency also provided auditor with the opposite gender announcement sign which is available next to the entry door of each housing unit. Interview with random sample of 15 staff and random sample of 20 inmates indicate that 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 conducted constantly. 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. The auditor observed in every instance a cross-gender custody or non-custody staff member entered a housing unit of the opposite gender, an announcement was made. Auditor also noted that there was a “be sure to announce” poster next to the entry door of each housing unit to remind all who enter, to announce their presence. This serves as continuing education for all custody and non-custody staff members which **exceeds** standard provision 115.15(d).

115.15(e): Policy GO#5.041 PREA and Policy 9.008 Security and Control 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 15 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 Claybank facility during the onsite audit.

115.15(f): Agency indicates 100% percent of all security staff assigned to Claybank Facility 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. Agency trains staff on cross-gender and transgender pat searches using the Guidance on Cross-Gender and Transgender Pat Searches facilitator guide and power-point, both of which was provided to auditor for review. The guide was developed by the Moss Group in February 2015 and is PREA compliant. Agency has 235 inmates currently employed by the facility who may have contact with inmates. Agency provided 32 signed acknowledgement training forms randomly selected by auditor from custody attendees on Cross-Gender Pat Searches. The training was conducted between November and December 2017.

Interview with random sample of 15 staff indicates all had received cross-gender pat-down search training at their initial PREA training when hired and recently in December 2017 or January 2018 during refresher training.

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

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

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

115.16 (a)

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

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? Yes No

115.16 (b)

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

115.16 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.16(a): Policy GO# 5.041 PREA 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 Americans with Disability 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). Agency provided auditor with a signed five-year Language Line Solutions Interpreter Services contract which was enacted on 8/7/18. Agency also provided auditor with the Solano County Jail Point Book which assists staff to communicate the following areas to disabled inmates: Legal Needs, Communication needs, Medical needs, Religion, Hygiene needs, Clothing, Bedding, Dietary and Commissary.

PREA education is not included in the Point Book Interview with intake/booking staff indicates interpreters and nursing staff are used to help with inmates who may need the point book. Agency is researching ideas for what can be added to the point book for PREA reporting. If mental health issues prevented them from any form of communication they would seek out help from county services that would be appropriate. Interview with Agency Head designee 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 at the Sergeant station and in Receiving. Interview with the one limited English Proficient inmate housed at the Claybank facility was through the contract interpreter service, Language Line, indicated he was provided information regarding sexual abuse through staff interpreters when he arrived in intake. He also indicated that PREA questions regarding his sexual orientation, if he had been sexually abused in the past prior to arriving at Solano JC, being free from sexual abuse and sexual harassment and how to report allegations of sexual abuse was asked during intake/booking in Spanish. When asked about how he understood his rights under PREA, the inmate indicated that he has his cell mate. He does not know how to report allegations of sexual abuse. He was provided the PREA booklet and Sexual Awareness pamphlet in Spanish when he arrived in intake. He indicated that he did not read the material. Auditor asked inmate if he can read and he indicated that he could. Auditor queried inmate about the PREA video that plays in the housing unit in both English and Spanish versions. Inmate was not aware of it.

115.16(b): Policy GO# 5.041 PREA 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 Americans with Disability 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 the one limited English Proficient inmate housed at Claybank facility was through the contract interpreter service, Language Line, indicated he was provided information regarding sexual abuse through staff interpreters when he arrived in intake. He also indicated that PREA questions regarding his sexual orientation, if he had been sexually abused in the past prior to arriving at Solano JC, being free from sexual abuse and sexual harassment and how to report allegations of sexual abuse was asked during intake/booking in Spanish.

115.16(c): Policy 13.015 Americans with Disability Accommodation 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-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 15 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 20 inmates interviewed and the one limited English proficient (LEP) inmates that could verify that inmate interpreters have ever been used when an LEP inmate alleged sexual abuse/harassment.

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

Standard 115.17: Hiring and promotion decisions

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

115.17 (a)

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

115.17 (b)

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

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.17 (d)

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

115.17 (e)

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

115.17 (f)

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

115.17 (g)

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

115.17 (h)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.17(a): 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 12 personnel files of custody staff, 10 contractors and 8 volunteers selected from lists of all custody and non-custody staff, contractors and volunteers assigned to Claybank 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.

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. Agency provided auditor with copies of promotion questionnaire for all four of the staff promotions which has occurred within the past 12 months.

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 12 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 (employees, contractors and volunteers), and are screened through FBI fingerprint background checks as verified via document review conducted by Auditor during the on-site audit. Out of the 12 random staff selected, all had background checks conducted and were 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 61 contracts entered into in the past 12 months for services with contractors who may have contact with inmates. Interview with Human Resources (HR) director indicates all contractors and volunteers go through Live-Scan initially. Upon the initial clearance (DOJ/NCIC), fingerprints are submitted to the FBI to receive FBI/CBI 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. Statement is verified through a review of a random sample of 10 contractors and 8 volunteers personnel files.

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. For current employees, the agency is notified by DOJ anytime the employee 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. Auditor discovered that the DOJ only provides notification for arrests inside California. Only the FBI provides information and notification of arrests that occur nationally and places notification of the arrest in the FBI rap sheet.

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. Agency provided auditor with copies of promotion questionnaire for all four of the staff promotions which has occurred within the past 12 months. 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. Contractors and volunteers utilized the same employment application. The Agency also imposes a continuing affirmative duty to disclose any such misconduct from employees, contractors and volunteers. The Affirmation of Understanding

provided by agency to the auditor mandates that if the applicant, employee, volunteer or contractor is arrested, they are to promptly inform the facility commander. 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 as stated in the Advisement to Applicants Regarding False Statements form provided to auditor which requires applicant's signature. Policy 5.023 Standards for Pre-Employment Backgrounds Investigation mandates any applicant for employment with the office who knowingly and deliberately makes false statements or omissions of material fact on any application document submitted to the office shall be denied appointment. False statements include but are not limited to deliberately being non-responsive to answers and knowingly providing evasive statements of any type. Any knowing or deliberately false statements or omissions of material fact discovered on any application document at any time following appointment with the office shall be immediately investigated and, where substantiated, shall be grounds for dismissal and/or removal from office.

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.

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

Corrective Action Recommended:

1. Agency to provide auditor with verification that notification of employee and contractor arrest include any arrest that occurs outside of the state of California.

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 3/13/19:

1. On 3/13/19, Agency provided auditor with verification that it has completed the 5-year records check for out of state arrests with their contractors and volunteers for the Claybank Facility. Agency provided auditor with the clearance spreadsheet. Clearances are run through the CLETS database and FBI for clearance verification. Agency also provided auditor with copies of the FBI clearances.

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

Standard 115.18: Upgrades to facilities and technologies

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

115.18 (a)

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

115.18 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.18(a): The agency/facility reports it has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit,

whichever is later. Interview with Agency Head designee and Facility Commander indicates the only newly acquired facility has been the Stanton Facility. No substantial expansion of modifications made to existing facilities. When acquiring or planning substantial expansion or modification of existing facilities, the agency considers mirrors, cameras, classification status, population, inmate and staff safety.

115.18(b): Agency provided auditor with a copy of the Claybank facility Security Upgrade Camera Project Briefing 2012 for review. Interview with Agency Head designee and Facility Commander indicates incorporation of technology is used to assist officer and inmate safety. During the physical plant review, auditor observed a number of recent cameras and video lines throughout the facility. Update technology process was started prior to 2012 and finished after. During the onsite audit, the auditor was able to view cameras and main control while on-site. These upgrades were actually designed prior to our attempted compliance with PREA. There is a total of 123 cameras throughout the facility.

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

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

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

115.21 (b)

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

115.21 (c)

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

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.21 (e)

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

115.21 (f)

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

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.21(a): Agency conducts both criminal and administrative sexual abuse investigations. Agency provided Auditor with Solano County Sheriff's Office Coordinated Response and Evidence Protocol specific to the Claybank Facility that agency investigators follow. There is sufficient technical detail to aid responders in obtaining usable physical evidence. Interview with random sample of 15 staff indicate all of staff 1st Responders include preservation of usable physical evidence as part of their 1st Responder responsibilities. Review of Solano County Sheriff's July 2018 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.

Agency conducts both criminal and administrative sexual abuse investigations. Agency provided Auditor with Solano County Sheriff's Office Coordinated Response and Evidence Protocol that agency investigators follow. There is sufficient technical detail to aid responders in obtaining usable physical evidence. Agency reports that the 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. Special investigators receive 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 Director at Kaiser Permanente Vallejo indicates the SANE/SART team serves Solano, Marin and Napa Counties with forensic examinations. They are on-call 24/7. Victim advocates are allowed to be present during forensic exams with victim's permission. If the victim arrives without a victim advocate, they contact the local rape crisis center for an advocate to arrive on site. It is the decision of the victim as to if he/she wants the advocate to remain during the forensic examination. 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 Assistant 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 with two inmates who were identified as reporting sexual abuse. The first one indicated the agency acted immediately following the allegation of sexual abuse. There was no penetration and victim & perpetrator was separated, classification interviewed victim and medical assessed her. Fairfield PD took a statement. She were provided Marcy's law pamphlet and abuser was rehoused. Victim was referred to mental health. Mental health follow-up was two days after the incident. Case was referred to DA who declined to prosecute. The inmates indicated she received notification to inform her of the outcome of the investigation. The second victim indicated agency was alerted due to a phone conversation and immediately started the investigation. Inmate was surprised that the agency responded so quickly. She previously had no intention of making an allegation of sexual abuse. Inmate was offered mental health and medical evaluations which was declined by victim. Two officers arrived to take a statement. Non-contact order was established and perpetrator was immediately moved to another facility. Victim was provided notification from agency that the case was found to be unsubstantiated due to lack of witnesses. Victim was provided a PREA pamphlet and SafeQuest numbers.

115.21(e): SafeQuest 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): Agency is responsible for both administrative and criminal investigations. This standard provision does not apply

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

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

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

115.22 (a)

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

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

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

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Instructions for Overall Compliance Determination Narrative

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

115.22(a): Policy 5.041 mandates all reported allegations of sexual abuse shall be thoroughly investigated, and where appropriate, criminal prosecution and/or disciplinary action shall result. Policy 13.016 Sexual Assaults in Custody 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 reports that over the past 12 months, there have been eight allegations of sexual abuse/harassment, four resulting in administration investigation and four 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. Interview with Agency Head designee indicates Agency conducts both administrative and criminal investigations for all allegations of sexual abuse and sexual harassment. The PREA Coordinator and Facility Commander oversees the Criminal Investigations Division updates provided to the Sheriff and Undersheriff to include services during the investigation. Internal Affairs has not conducted any administrative investigations yet. Internal Affairs only looks for policy violations by staff members and does not participate in sexual abuse investigations in a confinement setting. Internal Affairs only uses the investigative documentation generated from the Criminal Investigations Division.

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): Agency is responsible for criminal investigations. Standard provision 115.22(c) does not apply to this agency.

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

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

TRAINING AND EDUCATION

Standard 115.31: Employee training

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

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? Yes No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? Yes No

- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? Yes No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.31 (b)

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

115.31 (c)

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

115.31 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.31(a): 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 10 and the PREA policy. Interview with Random Sample of 15 staff indicates they are knowledgeable with regards to the 10 topics outlined in Standard provision 115.31(a). During on-site audit, Auditor reviewed 12 randomly selected employee training records and determined all employees received PREA comprehensive training as verified through signed PREA acknowledgement forms. Agency provided Auditor with copy of the 8-hour PREA training curriculum which includes all 10 mandated criteria as outlined in Standard provision 115.31(a). Agency also provided auditor with the 4-hour PREA refresher training curriculum which includes staff and inmate sexual abuse, sexual abuse definitions, professionalism, improper conduct with inmates, staff responsibilities, facility culture and zero tolerance, staff duty to report mandatory reporting law, inmate process of reporting, searches of inmates, classification policy and 1st responder reference cards.

115.31(b): Agency reports that training is tailored to gender of inmates at all 3 facilities. One of the facilities house only male inmates. Only the Main Jail and Claybank facility house both male and female inmates. Review of sample of 10 staff training records and review of SROVT training bulletins and Power-point indicate comprehensive and refresher staff PREA training is tailored for both male and female jail facilities. Interview with Training Lieutenant indicate employees who are reassigned from facilities housing the opposite gender are given additional refresher training.

115.31(c): Agency reports 100% of staff (235) 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. Review of a random sample of 10 staff training files indicate all staff have received their initial PREA training and have completed refresher PREA training in either December 2017 or January 2018. Interviews with random sample of 15 staff corroborate the training file documentation.

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 10 employee Training Records which included signed PREA acknowledgement forms and electronic training verification for each employee.

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

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

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

115.32 (b)

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

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.32(a): Policy 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 10. Agency provided Auditor the PREA training handout and Red Flags handout which is provided to contractors and volunteers and outlines their responsibilities as it relates to PREA. Agency reports 118 (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. Agency has not provided Auditor with copy of the training curriculum which includes all 10 mandated criteria as outlined in Standard provision 115.31(a). 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 10

Contractor and 10 Volunteer training records verify their training through their signed acknowledgement forms. Auditor discovered that all 10 volunteers have completed their PREA training prior to their hire/start date. Review of the 10 contractor records indicate nine contractors have not completed PREA training prior to their start date. Interview with Contractor/Volunteer Program Service Manager indicates all contractors and volunteers receive annual refresher training and sign acknowledgement of understanding of said education.

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 10 Contractor and 10 Volunteer training records verify their training through their signed acknowledgement forms. Auditor discovered that all 10 volunteers have completed their PREA training prior to their hire/start date. Review of the 10 contractor records indicate nine contractors have not completed PREA training prior to their start date.

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 10 electronic employee, 10 contractor and 10 volunteer randomly selected training records from employee, contractor and volunteer listings provided by Agency, included statements of PREA training acknowledgment except for 6 ARAMARK contractors who were pending training.

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

Corrective Action Recommended:

1. Agency to provide auditor with curriculum or lesson plan of contractor/volunteer PREA training which outlines the 10 criteria as mandated by standard provision 115.31(a).
2. Agency to conduct a 90-day status review of a random sample of contractor training files to verify agency/facility compliance with standard provision 115.32(b).
3. Agency to provide auditor with employment start dates and PREA training acknowledgements for all ARAMARK contractors assigned to the Claybank Detention Facility.

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 3/21/19 :

1. On 3/10/19, the PREA Coordinator provided auditor with contractor/volunteer lesson plan outline, instructional power-point and Aramark Shield Training employee handout which includes PREA responsibilities. Key topics of the handout includes description of PREA, sexual

abuse and sexual harassment definitions, sexual contact and consent. How PREA applies to Aramark, How Aramark complies with PREA, Responsibilities of the Aramark employee under PREA, Reporting a PREA incident, Aramark's harassment policy, Manipulation and PREA, Offender. Management, Effective Communication, Reports and grievances.

2. On 2/21/19, agency provided auditor with 11 contract employees who have start dates between July 2018 and February 2019. Contract employees were employed by 5Keys charter school as teachers and HealthRight 360 as treatment counseling providers. All 11 contractors received their PREA education prior to their start date and signed acknowledgements were also provided.
3. 3/21/19, Agency provided the Aramark in-house PREA training modules and powerpoint. On 3/29/19, Agency provided a complete contractor/volunteer list with memo explaining variations. Agency provided auditor with list of Aramark staff assigned to the Claybank facility including signed training acknowledgement forms. All have received their PREA training between 7/3/17 and 3/5/19.

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

Standard 115.33: Inmate education

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

115.33 (a)

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

115.33 (b)

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

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? Yes No

115.33 (c)

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

115.33 (d)

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

115.33 (e)

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

115.33 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.33(a): 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. Review of 20 randomly selected screening files of inmates received over the past 12 months indicate all inmates received PREA initial education and Comprehensive Education. In the PAQ, agency indicated that 1199 inmates were admitted to facility over the past 12 months and 1465 inmate were provided the zero tolerance policy and methods of reporting incidents or suspicions of sexual abuse or sexual harassment. Interview with intake staff indicates inmates are provided Inmate Handbooks in their change bags upon intake. Classification provides inmates with the zero-tolerance information, End the Silence Pamphlets and have the inmate sign acknowledgement forms. Classification provides the 72 hours PREA education and 30-day reassessments. This information is provided in both English and Spanish. If other language or the inmate cannot read, intake obtains an inmate interpreter through medical who is onsite 24/7, or staff interpreter. Disabilities are identified through medical nurse prior to intake seeing the inmate. Interview with Classification staff indicates they provide inmates PREA education initial & comprehensive within 72 hours of intake. Inmates view the PREA video in their housing unit as a continual weekly refresher training. Interview with random sample of 20 inmates indicate all but three recall receiving an inmate handbook and Sexual Awareness Pamphlet. The majority of these inmates did not read either handbook or pamphlet. Review of random sample of 20 inmate screening files indicated all inmates signed acknowledgements indicating they received their initial and comprehensive PREA training.

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 indicated 248 (100%) of inmates admitted to the facility over the past 12 months who were provided Comprehensive Education within 30 days of intake. Interview with intake staff indicates inmates are provided Inmate Handbooks in their change bags upon intake. Classification provides inmates with the zero-tolerance information, Sexual Awareness Pamphlets and have the inmate sign acknowledgement forms. Classification provides the 72 hours PREA education and 30-day reassessments. This information is provided in both English and Spanish. If other language or the inmate cannot read, intake obtains an inmate interpreter through medical who is onsite 24/7, or staff interpreter. Disabilities are identified through medical nurse prior to intake seeing the inmate. Review of 20 randomly selected screening files indicate all inmates received PREA initial education and Comprehensive Education.

115.33(c): Policy 5.041 PREA 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 of the current policies and procedure has been provided. Agency indicated 248 (100%) of inmates admitted to the facility over the past 12 months who were provided Comprehensive Education within 30 days of intake. Review of 20 randomly selected screening files indicate all inmates received PREA initial education and Comprehensive Education.

115.33(e): Policy 5.041 PREA mandates The Sheriff's Office shall maintain documentation of inmate participation in PREA education sessions. Interview with random sample of 20 inmates indicate all but three recall receiving an inmate handbook and Sexual Awareness Pamphlet. The majority of these inmates did not read either handbook or pamphlet. Review of random sample of 20 inmate screening files indicated all inmates signed acknowledgements indicating they received their initial and comprehensive PREA training.

115.33(f): Policy 5.041 PREA 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 between inmate phones and in general areas of the facility with access to both inmates and staff. The posters provide 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 Hallway leading to the housing PODs, Visitation Hallway, non-contact rooms or attorney contact rooms.

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

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

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

115.34 (b)

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

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

115.34 (c)

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

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.34(a): Policy 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 9 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 9 of Agency Special Investigators. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course. Review of the NIC curriculum complies with Standard provision 115.34(b) Interview with investigative staff indicate the training topics included Miranda, Garrity and Lybarger warnings, evidence collection and sexual abuse victim interviewing techniques.

115.34(c): The Sheriff's Department maintains training records for all employees, contractors and volunteers. Agency provided training certifications for all 9 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

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

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.35 (b)

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

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.35(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 33 medical and mental health practitioners who work regularly at Claybank 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. 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. CEU training is conducted every two years including psychiatric nursing association training on evidence-based practices in crime scene evidence nursing. California Forensic Medical Group (CFMG) refresher training due September 2018. Review of random sample of five medical and mental health training records indicate three nurse contractors have not been trained in PREA prior to their hire date.

115.35(b): Agency medical staff does not conduct forensic examinations.

115.35(c): Agency reports that all 33 (100%) of medical and mental health practitioners who work regularly at Claybank facility have 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 signed electronic training roster acknowledgements was provided to Auditor for review. It was determined that 66 Medical and mental health practitioners have been trained in PREA. Out of a total of 33 practitioners who worked regularly at the Claybank Facility. The training was conducted between November 2017 and January 2018. ,

115.35(d): 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. This curriculum is in addition to the PREA Comprehensive Training mandated for employees and contractors. Agency has not provided auditor with training acknowledgement forms to verify training for employees under 115.31 has been completed for three of the CFMG nurse contractors identified as pending training.

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

Corrective Action Recommended:

1. Please provide current list of all CFMG medical and mental health staff assigned to Claybank facility for document review random selection.

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 2/9/19:

1. Agency provided auditor with signed PREA training roster and acknowledgements for 2 of the 3 medical staff missing training documentation. The training was conducted on 8/8/18. The one medical staff that is missing a signed acknowledgement no longer works in the facility as of 2018.

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

<p style="text-align: center;">SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS</p>
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Standard 115.41: Screening for risk of victimization and abusiveness

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

115.41 (a)

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

115.41 (b)

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

115.41 (c)

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

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? Yes No

115.41 (e)

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

115.41 (f)

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

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? Yes No

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

115.41 (h)

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

115.41 (i)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.41(a): Policy 18.001 PREA Requirements 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 two 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 screening begins with medical intake nurse, who reviews the objective screening instrument with the inmate. Inmate is then handed off to the intake staff who conduct the intake evaluation portion & then to classification who provides initial and comprehensive PREA education. Interview of Random Sample of 10 male and 10 female inmates selected from facility housing roster indicates all admitted to receiving initial screening at intake. Review of 20 randomly selected screening files from facility housing roster indicated that all inmates 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 indicates 1394 (100%) 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. Policy 18.001 PREA Requirements mandate that 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. 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. Interview of Random Sample of 20 inmates selected from facility housing roster indicates all inmates admitted to receiving initial screening at intake. Review of 24 randomly selected screening files from facility housing roster indicated that 15 received initial screening within 72 hours of intake and signed statement of acknowledgement. The remaining five inmates did not receive initial screening as they were incapacitated or had other issues during intake. A rescreening attempt was made once the inmate became stable. This information is documented in the Jail Management System (JMS) notes.

115.41(c): Agency provided Auditor with PREA Classification Objective Screening form. The form is weighted and provides for classification placement levels based upon responses to the screening instrument. There are areas for the screener to provide written observations. There are questions which identify possible victim factors which relate to the sexually vulnerable designation process. There is a possible predator factor designation process also. Agency provided auditor with a blank PREA Comprehensive Education form for inmates signature to acknowledge he/she viewed the 16-minute PREA: What you need to know video which is played in intake and in the housing units, right to be free from sexual abuse/harassment, right to report sexual abuse privately, safely and through multiple channels, right to obtain help from trained medical and mental health professionals, sexual activity between staff and inmates is not consensual and is always against the law, and the receipt of the brochure titled "End The Silence" and inmate rule book with PREA information as well as outside reporting telephone numbers located on pages 27 – 29 in the inmate rule book. The inmate also acknowledges that the Classification Officer has answered his/her PREA questions Agency provided auditor with a copy of the "End the Silence" brochure and the PREA "WHAT YOU NEED TO KNOW VIDEO" in both English and Spanish.

115.41(d): Policy #18.001 PREA requirements 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 rape or sex offenses against children
- 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

Policy 18.001 PREA Requirements include the required 9 of the 10 criteria outlined in standard provision 115.41(d).

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. Agency does, however, maintain copies of the contact numbers of the San Francisco consulates for inmates to use in order to contact relevant consular officials. Policy 17.009 Immigration and Customs Enforcement mandates the agency follow the California Values Act and the Trust Act which allows agency to hold inmates for immigration following the completion of their charges for 48 hours for pickup from ICE. 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.is detained solely for civil immigration purposes.

The form is weighted and provides for classification placement levels based upon responses to the screening instrument. There are areas for the screener to provide written observations. There are questions which identify possible victim factors which relate to the sexually vulnerable designation process. There is a possible predator factor designation process also. During the onsite audit, agency provided auditor with a copy of the ICE Detainer which mandates agency can hold an inmate, based on the ICE detainer for no longer than 48 hours for pickup and transport from ICE officials.

115.41(e): Policy #18.001 PREA Requirements 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 rape or sex offenses against children
- 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

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.

115.41(f): Policy #18.001 PREA Requirements 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 indicates that in the past 12 months 806 (100%) 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 JMS system alerts Classification at the 25th day after intake that the 30-day reassessment review is pending. Inmates housed in Administrative Separation receive reassessments every 7 days. Interview with a random sample of 20 inmates indicates inmates are not aware of the 30-day reassessments unless they are in Administrative Separation, where they are reassessed every seven days by Classification. Review of a random sample of 20 screening files verifies that all inmates received a 30-day reassessment. Reassessments are documented in the JMS system by Classification staff.

115.41(g): Policy 18.001 PREA Requirements 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 a random sample of 20 inmates indicates inmates are not aware of the 30-day reassessments unless they are in Administrative Separation, where they are reassessed every seven days by Classification. Review of a random sample of 20 screening files verifies that all inmates received a 30-day reassessment. Reassessments are documented in the JMS system by Classification staff.

115.41(h): Policy 18.000 PREA Requirements 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 PREA Requirements 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, PREA Compliance Manager and Staff Responsible for Risk Screening indicates screening data is limited to Classification officers, Division and Facility Commanders. Access to files are under supervision of Classification Officers only on a need to know basis.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.41.

Standard 115.42: Use of screening information

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

115.42 (a)

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

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

115.42 (b)

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

115.42 (c)

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

115.42 (d)

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

115.42 (e)

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

115.42 (f)

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

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

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

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

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

Instructions for Overall Compliance Determination Narrative

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

115.42(a): Policy 18.000 Classification Intake Process 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 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. PREA Compliance Manager and Staff Responsible for Risk Screening indicates the classification officer asks PREA questions to assess victimization & predation. The risk screening information is taken in its totality in addition to other information gathered to assess the inmate on an individual basis. This information is used for housing, programming and work assignments and to keep victims, potential victims and predators separate.

115.42(b): Policy 18.000 Classification Intake Process 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 Classification Intake Process 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. The agency considers whether placement will ensure the inmate's health and safety may present management or security issues.

115.42(d): Policy 18.001 PREA Requirements 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 inmates assigned to administrative separation are reassessed every seven days. All other inmates are reassessed every 30 days. This **exceeds** the mandate of standard provision 115.42(d). There are no transgender or intersex inmates housed in the Claybank Facility, therefore there were no records to review with regards to this Standard provision.

115.42(e): Policy 18.001 PREA Requirements 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 Classification Intake Process 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 in each housing module. Staff indicate that Transgender and Intersex inmates would most likely remain housed in the downtown main jail, however, if housed at the Claybank facility, Transgender and Intersex inmates would be put on a shower schedule and other inmates within the module would be locked down in their cells during that period..

115.42(g): Solano County Jail facilities do not possess dedicated facilities or wings for LGBTI inmates. Interviews with PREA Coordinator and PREA Compliance Manager indicates Solano County Jail facilities do not possess dedicated facilities or wings for LGBTI inmates.

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

Standard 115.43: Protective Custody

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

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? Yes No

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

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? Yes No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

115.43 (c)

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

115.43 (d)

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

115.43 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.43(a): Policy 18.001 PREA Requirements 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. 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 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. There was one inmates at high risk of sexual victimization being housed in involuntary segregated at the Claybank facility. She was moved to the Main Jail the first day of the onsite audit. Auditor traveled to the Main Jail to interview her. She indicated that she felt safe in both the Claybank facility and at the Main Jail. She indicated that she was able to program, provided shower time and was in segregation for seven days. Review of classification records indicate inmate was reviewed at time of initial placement awaiting transfer to another housing unit and again on date of transfer to the Main Jail

115.43(b): Policy 18.001 PREA Requirements 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 the one Inmate in Segregated Housing (for risk of sexual victimization/who allege to have suffered sexual abuse) indicates she had access to programming and indicated that she was able to program, provided shower time and was in segregation for seven days. Review of classification records indicate inmate was reviewed at time of initial placement awaiting transfer to another housing unit and again on date of transfer to the Main Jail.

115.43(c): Agency indicates that in the past 12 months, no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative place. Interview with Warden or Designee indicates any inmate housed in administrative separation for risk of sexual victimization or alleging sexual abuse is housed as a last resort. Used for temporary housing for normally 24 hours, no longer than 30 days. Status reviews are documented in the Classification Notes every seven days. 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** standard provision 115.43(c).

115.43(d): Agency has provided Auditor with records/files of inmate at risk of sexual victimization who was held in involuntary segregated housing in the past 12 months. The classification notes indicate inmate was reviewed at time of initial placement awaiting transfer to another housing unit and again on date of transfer to the Main Jail. Inmate was housed in Claybank Facility in involuntary segregation for seven days. The investigative report was provided to auditor and upon review, inmate was declassified from maximum classification to medium classification until issue arose regarding a PREA incident to which she was a victim. She was then briefly housed in involuntary segregation for her safety. Review of classification records indicate inmate was reviewed at time of initial placement awaiting transfer to another housing unit and again on date of transfer to the Main Jail.

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. Review of classification records indicate inmate was reviewed at time of initial placement awaiting transfer to another housing unit and again on date of transfer to the Main Jail.

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

REPORTING

Standard 115.51: Inmate reporting

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

115.51 (a)

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

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? Yes No

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.51(a): Policy 5.041 PREA 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 Sexual assaults in Custody 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 Hotline, 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 Crisis 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.

Staff who becomes aware of sexual abuse or harassment by another staff member shall immediately report the abuse or harassment. The 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. Agency also provided auditor with a sample of the PREA poster provided throughout the facility including visitor's area and lobby called: Zero Tolerance. The poster provides inmates and 3rd party on agency's Zero Tolerance policy, inmate's right to report, how to report – with specific contact numbers and victim support services contact information. Interview with 15 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 20 randomly selected sample of Inmates indicated their knowledge of the SafeQuest Sexual Assault Crisis hotline availability and the PREA posters available near all phones in the housing units. They also indicated informing friends, family, staff and medical are other methods of reporting.

115.51(b): Policy 13.016 Sexual Assaults in Custody 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 Hotline, 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.

Policy 14.008 Foreign National, Consulate Notification mandates that in accordance with federal law and provisions of California Penal Code 843c, upon arrest and booking, or detention for more than two hours, of a known or suspected foreign national, booking authorities shall advise the foreign national that he or she has a right to communicate with an official from the consulate of his or her country. If the foreign national chooses to exercise that right, the booking authority shall ensure that his or her consulate is notified. Countries requiring mandatory notification under Article 36 of the Vienna Convention shall be notified as set forth in this policy without regard to an arrested or detained foreign national's request to the contrary. Those countries (*listed below) requiring mandatory notification as identified by the United States Department of State on July 1, 1999, are listed on the U.S Department of State website along with current contact / fax numbers:

http://www.travel.state.gov/law/consular/consular_745.html.

Agency also provided auditor with list of consulates in San Francisco which is available to both inmates and staff. Agency provided auditor with a SafeQuest sexual assault and Crisis Center MOU signed 9/1/18 and is in effect until 6/30/21 which includes a non-discrimination clause which provides services despite an inmate's national origin. 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.

115.51(c): Policy 5.041 PREA 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 15 Staff and Random Sample of 20 Inmates indicate staff receives reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports. Review of eight investigations indicated staff acted immediately upon receiving allegations of sexual abuse and sexual harassment in various forms including by way of 3rd party information.

115.51(d): Policy 13.016 Sexual Assaults in Custody 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.

Policy 5.041 PREA mandates Every employee is encouraged to follow the direct chain of command when reporting sexual abuse, sexual misconduct or sexual harassment, although minor deviations are acceptable when the employee is more comfortable reporting the allegation to another supervisor. Reported allegations shall be treated with discretion. Employees shall not reveal any information related to a report to anyone other than those who need to know, as specified in this policy, for purposes of treatment, investigation and other security or administrative decisions.

Interview with Random Sample of 20 Staff indicates all are aware of a few methods to privately report allegations of sexual abuse such as through SafeQuest and a 800 number agency makes available to staff which reaches and unaffiliated Agency. None could remember the name of the unaffiliated agency is. Staff went on to include Human Resources, Internal Affairs and an outside agency such as local law enforcement as methods to which they could privately report allegations of sexual abuse and sexual harassment. Staff is informed through online policies and PREA initial training and refresher training.

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

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This

does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.52 (b)

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

115.52 (c)

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

115.52 (d)

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

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
 Yes No NA

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

115.52 (f)

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

115.52 (g)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

Policy 14.005 Inmate Grievance mandates grievance procedures applicable to grievances relating to sexual assault abuse or harassment are identified as emergency grievances. The following only 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.
- e. There shall be no time limit imposed on when an inmate may submit a grievance regarding an allegation of any kind of sexual abuse.
- 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. 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.
- h. As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
- i. Extensions to grievances pertaining to sexual assault /harassment may be granted for up to 70 days after the initial 90 days.
- j. 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.
- k. Under no circumstances shall a grievance of this nature be resolved informally.

115.52(b): Policy 14.005 Inmate Grievance 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 and states There shall be no time limit imposed on when an inmate may submit a grievance regarding an allegation of any kind of sexual abuse.

115.52(c): Policy 14.005 Inmate Grievance 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. Current procedure may impress upon both the staff and inmate to resolve the complaint informally.

115.52(d): Policy 14.005 Inmate Grievance mandates grievance procedures applicable to grievances relating to sexual assault abuse or harassment are identified as emergency grievances. The following only 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.
- e. There shall be no time limit imposed on when an inmate may submit a grievance regarding an allegation of any kind of sexual abuse.
- 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. 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.
- h. As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
 - i. Extensions to grievances pertaining to sexual assault /harassment may be granted for up to 70 days after the initial 90 days.
 - j. 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.

Under no circumstances shall a grievance of this nature be resolved informally.

The inmate will be provided a memorandum of extension which includes the date by which a decision will be made. If the inmate refuses to read or sign the memorandum of extension, the serving officer will note on the inmate signature line, "Refused to read", "Refused to Sign" (or both if applicable), print his/her name and call sign and date. The memorandum of extension shall be returned to Jail Administration before the end of shift.

Agency indicates that over the past 12 months four grievances involving sexual abuse have been filed. Each of these grievances reached the final decision within 90 days after being filed.

Agency reports that no grievances alleging sexual abuse have been submitted over the past 12 months.

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

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

Agency indicates that over the past 12 months there is no record in which an inmate declined third-party assistance

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 Inmate Grievance 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.

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. Agency indicates that over the past 12 months no emergency grievances alleging substantial risk of imminent sexual abuse has been received. Agency reports there have been no emergency grievances alleging substantial risk of imminent sexual abuse filed by inmates in the past 12 months

115.52(g): Policy 14.005 Inmate Grievance 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, Claybank Facility reports it 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.

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

Corrective Action Recommended:

1. Agency to provide and implement a method to ensure emergency grievances relating to sexual abuse are not referred to a staff member who is the subject of the complaint.
2. Agency to provide and implement a method to ensure inmates are not required to submit grievance form to staff.
3. Agency indicated that four grievances involving sexual abuse had been filed over the past 12 months. Agency only provided two grievances for review. Agency to provide the two outstanding grievances with the final decision for review by the auditor

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 3/14/19:

1. On 3/14/19, PREA Coordinator provided auditor with photo verification of grievance lock boxes located in every housing unit near the phones in each day room. Boxes are opened each shift by shift sergeant and contents removed. There is an issue regarding obtaining the grievance as they are not available for inmates to obtain anonymously. Policy 14.005, addresses the issue we discussed (Officers do not discuss the sexual abuse complaint with the inmate). Specifically

see highlighted areas on page 2:Section IV A 1 through 5. This is the order of events Solano County Jail officers work under when handling grievances. Upon request they provide the grievance slip, then ask if there is anything they can do to help resolve it. Then in #5 the officer is prohibited from resolving grievances related to sexual abuse.

2. Policy 14.005 Inmate Grievance mandates the following for Emergency Grievance for Sexual Assault (PREA). The following only 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.
 - e. 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.
 - 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. 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.
 - h. As with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days.
 - i. Extensions to grievances pertaining to sexual assault / harassment may be granted for up to 70 days after the initial 90 days.
 - j. 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.
 - k. Under no circumstances shall a grievance of this nature be resolved informally.
3. Agency previously provided auditor with 2 grievances, indicating that 4 grievances for sexual abuse/sexual harassment had been submitted by inmates in the past 12 months prior to the onsite audit. Agency indicated that the number of submitted grievances were reported in error. The two grievances auditor reported missing were actually allegations provided to staff verbally and by request slip.

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

Standard 115.53: Inmate access to outside confidential support services

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

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? Yes No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (b)

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

115.53 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.53(a): Policy 5.041 PREA 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 Sexual Abuse Agency for advocacy support and reporting for sexual abuse/harassment.

Policy 14.008 Foreign National, Consulate Notification mandates that in accordance with federal law and provisions of California Penal Code 843c, upon arrest and booking, or detention for more than two hours, of a known or suspected foreign national, booking authorities shall advise the foreign national that he or she has a right to communicate with an official from the consulate of his or her country. If the foreign national chooses to exercise that right, the booking authority shall ensure that his or her consulate is notified. Countries requiring mandatory notification under Article 36 of the Vienna Convention shall be notified as set forth in this policy without regard to an arrested or detained foreign national's request to the contrary. Those countries (*listed below) requiring mandatory notification as identified by the United States Department of State on July 1, 1999, are listed on the U.S Department of State website along with current contact / fax numbers:

http://www.travel.state.gov/law/consular/consular_745.html.

Agency also provided auditor with list of consulates in San Francisco which is available to both inmates and staff. Agency provided auditor with a SafeQuest sexual assault and Crisis Center MOU signed 9/1/18 and is in effect until 6/30/21 which includes a non-discrimination clause which provides services despite an inmate's national origin. 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. 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 20 Random Sample of Inmates indicates their understanding of available outside victim advocates for emotional support services related to sexual abuse through the SafeQuest hotline. Phone number is provided in the Zero-Tolerance Pamphlet, inmate Rule Book and posters located next to phones in the housing units and throughout the facility. Interview with Inmate who Reported a Sexual Abuse indicates she is also aware of SAFEQUEST, however, she reported to staff verbally. Agency indicates they have not received any SafeQuest hotline information over the past 12 months. Interview with SafeQuest Assistant Director indicates no hotline calls from Solano CJ Claybank facility received over the Past 12 months.

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 an staff. Interview with 20 Random Sample of Inmates indicate they are aware of outside reporting Agency. All indicate call is toll-

free, 2/3 believe the calls are confidential but not sure if the calls are monitored by the agency or not. Review of the PREA posters indicate calls are toll-free, confidential and not monitored by the agency. Auditor tested phones in a number of housing units and found inmates must include their PIN numbers in order to make the hotline calls.

115.53(c): Agency provided Auditor with copy of SafeQuest MOU which serves Napa, Solano and Marin Counties. Agency provided auditor with a SafeQuest sexual assault and Crisis Center MOU signed 9/1/18 and is in effect until 6/30/21 which includes a non-discrimination clause which provides services despite an inmate's national origin. 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. Auditor interviewed SAFEQUEST Assistant Director who indicated SAFEQUEST serves Napa, Solano and Marin Counties for reporting allegations of sexual abuse and advocacy.

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

Standard 115.54: Third-party reporting

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

115.54 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.54(a): 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.

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.

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

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

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

115.61 (a)

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

115.61 (b)

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

115.61 (c)

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

115.61 (d)

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

115.61 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.61(a): Policy 13.016 Sexual Assaults in Custody 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.

Policy 5.041 PREA mandates that 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. Reported allegations shall be treated with discretion. Employees shall not reveal any information related to a report to anyone other than those who need to know, as specified in this policy, for purposes of treatment, investigation and other security or administrative decisions.

In response to standard provision 115.51(c), agency provided auditor with three sexual harassment incident reports that were reported and occurred at the Claybank facility over the past 12 months. All three reports were reviewed by auditor and verified all three cases were handled immediately following staff receiving the allegation of sexual harassment. Interview with 15 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 PREA 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 15 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 PREA 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 Sexual Assaults in Custody mandates 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. All 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. The form is a part of the intake package when inmate comes to the first stop at the intake process, the medical nurse. Agency provided Auditor with California Forensic Medical Group form which verifies their statement.

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 Sexual Assault in Custody 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.
3. 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.

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

Standard 115.62: Agency protection duties

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

115.62 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.62(a): Policy 13.016 Sexual Assaults in Custody mandates that when the agency learns that an inmate is in substantial risk of imminent sexual abuse, the agency shall take immediate action to protect the inmate.. Agency reports that over the past 12 months, one allegation of an inmate being subject to substantial risk of imminent sexual abuse. The case involved staff on inmate sexual abuse. The staff member was immediately denied access to the facility during the investigation and was subsequently terminated from employment by the agency. Upon receipt of the allegation, agency took immediate action to investigate the allegation and relocate the inmate for his safety. Interview with the Agency Head designee, Facility Commander and Random Sample of 15 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 and provide services such as medical and mental health. Supervisory staff will contact Classification and investigation. Victim or perpetrator, based upon initial investigation, will be rehoused pending full investigation in the matter. Review of one investigation of one case of imminent sexual abuse verifies agency's commitment to sexual safety and compliance with standard 115.62.

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

Standard 115.63: Reporting to other confinement facilities

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

115.63 (a)

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

115.63 (b)

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

115.63 (c)

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

115.63 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.63(a): Policy 5.041 PREA 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, 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.

- The facility head shall provide such notification as soon as possible, and not later than 72 hours after receiving the allegation.
- The agency shall document the notification was completed.
- Allegations received of 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.

Agency reports not receiving any allegations that an inmate was abused while confined at another facility over the past 12 months.

115.63(b): Policy 5.041 PREA mandates that the facility head shall provide such notification as soon as possible, and not later than 72 hours after receiving the allegation.

115.63(c): Policy 5.041 PREA mandates that agency shall document notification provided to the entity where the incident occurred.

115.63(d): Policy 5.041 PREA mandates that Allegations received of 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. Agency reports that in the past 12 months, the number of allegations of sexual abuse the facility received from other facilities. 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 designee and Facility Commander indicate the Criminal Investigations Unit and Facility Commander is the point of contact and initiates an investigations with the 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 for the Claybank facility. In 2017, Stanton facility received such an allegation from an outside facility and the Criminal Division immediately investigated the incident.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.63.

Standard 115.64: Staff first responder duties

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

115.64 (a)

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

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

115.64 (b)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.64(a): Policy 13.016 Sexual Assaults in Custody 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 provided auditor with a copy of the Agency Coordinated Response Protocol which also includes the first responder protocol. Agency provided all staff a copy of the Coordinated Response Protocol July 2017 during the Stanton Facility PREA audit and provided the same e-mail to all staff again in July 2018. Agency also provided auditor with a copy of the PREA Quick Reference Card which outlines the first responder responsibilities for custody and non-custody staff. Agency reports that over the last 12 months, there have been four allegations of sexual abuse at Claybank Facility. Review of all eight sexual abuse and sexual harassment investigations verify agency's claim.

Interview with 15 Security Staff and four Non-Security Staff First Responders indicate all are aware of the 1st Responder protocols. Each security staff member included preservation of usable physical evidence and preservation of the crime scene as part of their 1st Responder responsibilities. Interview with the two inmates who reported a Sexual Abuse indicated both were seen by supervisory and investigative staff immediately following their reporting of the incident. Both inmates indicated the perpetrators were immediately re-housed following interviews with supervisory staff pending the investigation.

115.64(b): Policy 13.016 Sexual Assaults in Custody 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.

Interview with Security Staff and Non-Security Staff First Responders and Random Sample of 15 selected custody staff and four non-custody staff members indicate their knowledge and responsibilities as 1st responders to preserve usable physical evidence.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 15.64.

Standard 115.65: Coordinated response

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

115.65 (a)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.65(a): Agency provided auditor with the Solano County Sheriff's Office Coordinated Response and Evidence Protocol. This protocol is not facility specific. It does, however, include staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Interview with Facility Commander indicates Claybank facility has a Coordinated Action Plan in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Each protocol has specific responsibilities. The PREA Coordinator developed 1st Responder Cards for both custody and non-custody staff.

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

Corrective Action Recommended:

1. Facility to create a Coordinated Response and Evidence Protocol for Claybank facility. Recommend agency do the same for each of their facilities.

Corrective Action Completion 11/8/18:

1. On 11/8/18, agency provided auditor an updated Coordinated Response Plan which is specific to the Claybank Facility. Coordinated Response Plan complies with standard provisions 115.65(a).

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

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

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

115.66 (a)

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.66(a): Agency provided auditor with Unit #13 Correctional Officers MOU represented by the Solano County Sheriff's Custody Association 12/3/17 to 12/2/19. 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. Agency also provide MOU for Unit #14 Correctional Supervisors, represented by the Teamsters Union 7/24/18 to 12/2/19. 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 Sergeant & Lieutenant 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. Agency provided auditor with copy of both Unit 13 for Correctional Officers and Unit 14 for Correctional Sergeants and Lieutenants MOUs for review. has not received Unit 14 MOU contract for Sergeants & Lieutenants. Review of both MOUs verify compliance with standard provision 115.66(a).

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

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

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

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

115.67 (b)

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

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (e)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.67(a): Policy 5.041 PREA 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.

Policy 18.001 PREA Requirements mandates Inmates who report or cooperate with investigations pertaining to sexual abuse or harassment shall have their conduct and treatment monitored for at least 90 days, unless the report is determined to be unfounded. The agency will take appropriate actions to protect anyone who cooperates with a PREA related investigation and expresses fear of retaliation. This will include periodic face-to-face discussions with the inmate. Any indications of retaliation shall be acted upon immediately, with the inmate's safety as a priority. Protective measures shall include, but are not limited to:

- a. Housing unit change for victim or suspect
- b. Assignment to Administrative Separation
- c. Emotional support services provided to the victim

Agency designated the Claybank Facility Commander and PREA Compliance Manager as the staff members who monitors retaliation..

115.67(b): Policy 18.001 PREA Requirements employs 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.

115.67(c): Policy 18.001 PREA Requirements 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. Policy 5.041 PREA mandates monitoring shall continue if initial monitoring indicates a continued need. 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. Potential perpetrator is removed from contact with victim until investigation is completed. Interview of two inmates who made allegation of sexual abuse indicate they both were monitored by the PREA Coordinator and facility staff while housed at Claybank facility. One of the inmates have been moved to the Main Jail the morning of the onsite audit. She indicates that the Main Jail checks on her repeatedly. She is currently housed in administrative separation due to a non-related incident. Agency reported there has been no incident of retaliation in the past 12 months.

115.67(d): Policy 18.001 PREA Requirements 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): Policy 18.001 PREA Requirements mandates the agency will take appropriate actions to protect anyone who cooperates with a PREA related investigation and expresses fear of 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. This includes investigation of the incident, provide mental health counseling and provide “keep away” status for inmates so the victim does not come into contact with the perpetrator or place staff in a position to where they are not in threat of retaliation such as moving to another shift, facility or position.

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

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

Standard 115.68: Post-allegation protective custody

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

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.68(a): Policy 18.001 PREA Requirements 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 she was provided programming such as out-of-cell time (unlock) 30-45 minutes daily, allowed to shower. She was seen by investigators and supervisors within 24 hours of placement. She was maintained in that unit for six days and was transferred to the Main Jail on the seventh. Classification conducted a reassessment on the seventh day when inmate arrived at the Main Jail.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

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

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] Yes No NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) Yes No NA

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

115.71(a): Policy 5.001 Citizens Complaints 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 Jail Incidents 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 California State Penal Code and as mandated by NIC Training for Sexual Abuse Investigations in a Confinement Setting. The investigative process is the same whether the allegation came from a 3rd party or from the victim. Review of eight investigative reports of sexual abuse and sexual harassment investigations conducted over the past 12 months verify compliance with standard provision 115.71(a).

115.71(b): Agency provided training certifications for all 9 of agency Special Investigators certified to investigate sexual abuse in a confinement setting. All have completed the NIC Sexual Abuse Investigations in a Confinement Setting Course. Policy 5.041 PREA 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 Sexual Assaults in Custody mandates Sheriff's Office Investigations personnel are responsible for conducting all PREA investigations and subsequent follow-up with victim. Interview with Investigative Staff indicates Investigations are conducted in accordance with 1040 & 1042 of the California State Penal Code and as mandated by NIC Training for Sexual Abuse Investigations in a Confinement Setting.

Policy 5.041 PREA mandates that 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 through NIC and Sheriff's investigation training, 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. Evidence may include physical, video, witness accounts and crime scene collections. Review of eight investigative reports of sexual abuse and sexual harassment investigations conducted over the past 12 months verify compliance with standard provision 115.71(c).

115.71(d): Policy 5.041 PREA mandates that when evidence appears to support criminal prosecution of staff, 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. Investigators are always in communication with the DA's office.

115.71(e): Policy 13.016 Sexual Assaults in Custody 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 Internal Affairs 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 is their investigative responsibility. Investigators look for negligence on staff's part or liability on part of the Agency. Internal Affairs do not conduct investigations of sexual abuse in a confinement setting. They take the investigation once the Criminal Division and DA officer completes it, then begin their process to determine if and policy violations or negligence on the part of staff may have contributed to the sexual abuse, sexual harassment or retaliation. Both Administrative and Criminal Investigations are documented. Review of eight investigative reports of sexual abuse and sexual harassment investigations conducted over the past 12 months verify compliance with standard provision 115.71(f).

115.71(g): Policy 6.011 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. Review of eight investigative reports of sexual abuse and sexual harassment investigations conducted over the past 12 months verify compliance with standard provision 115.71(g).

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 provide auditor with eight sexual abuse and sexual harassment cases, three of which were found as substantiated allegations of conduct that appear to be criminal and 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. Review of eight investigative reports of sexual abuse and sexual harassment investigations conducted over the past 12 months verify compliance with standard provision 115.71(g).

115.71(i): Policy 5.041 PREA mandates that copies of 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. Policy is specific regarding the DOJ form SSV-1A, but does not include retention of the investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per standard 115.71(i).

Agency provided Auditor with 8 sexual abuse/sexual harassment investigations which occurred over the past 12 months. Auditor has reviewed some cases that occurred at the Main Jail which goes back as far as 1997.

115.71(j): Policy 5.041 PREA 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): Auditor not required to audit this Standard provision 115.71(k).

115.71(l): Standard provision 115.71(l) does not apply as Agency conducts both administrative and criminal investigations.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.71(i) and corrective action is required.

Corrective Action Recommended:

1. Please amend policy language to include "retention of the investigative reports for as long as the alleged abuser is incarcerated or employed by the agency, plus five years."

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 1/5/19:

1. On 1/4/19, the Undersheriff provided a written directive addressed to sworn and custody staff and Policy 5.041 PREA amended 2/4/19 which mandates that “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 the SSV-1A form shall be maintained by the agency for no less than ten years. Copies of all administrative and criminal investigation reports shall be retained for as long as the alleged abuser is incarcerated or employed, plus 5 years. (Per PREA regulation 115.71 (i)).”

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

Standard 115.72: Evidentiary standard for administrative investigations

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

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.72(a): Agency indicates they impose a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. 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. . Review of eight investigative reports of sexual abuse and sexual harassment investigations conducted over the past 12 months verify compliance with standard provision 115.72(a).
Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.72.

Standard 115.73: Reporting to inmates

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

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.73(a): Policy 5.041 PREA mandates that at the conclusion of the criminal investigation and/or 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. All such notifications shall be

documented. Agency reports that over the past 12 months three criminal and/or administrative investigations of alleged inmate sexual abuse that were completed by the agency/facility. Of the alleged sexual abuse investigations that were completed, all three inmates were notified in writing of the results of the investigation. Review of the four sexual abuse cases verify that notification has been made to the inmate victims. 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 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 was conducted by the auditor. All eight inmates were notified in writing of the results of the investigation. Interview of the two inmates who reported a sexual abuse indicated they both received documentation as to the status of the investigation.

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

115.73(c): Policy 5.041 PREA 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 been one substantiated or unsubstantiated complaint (i.e., not unfounded) of sexual harassment 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. Auditor's review of all eight sexual abuse and sexual harassment allegations investigated over the past 12 months verify agency's report.

115.73(d): Policy 5.041 PREA 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 both inmates who reported a sexual abuse indicates they were made aware of the status of the investigation through written notification. They knew the whereabouts of the perpetrator as their whereabouts were provided by the agency.

115.73(e): Policy 5.041 PREA mandates that At the conclusion of the criminal investigation and/or 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. All such notifications shall be documented. Review of four sexual abuse investigations provided by Agency indicate all three inmates were provided written notification as to the outcome of the investigation in writing.

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

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

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

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.76(a): Policy 3.003 Misconduct 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 Misconduct 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 one staff have violated Agency's sexual abuse or sexual harassment policies. Upon review of the investigative file, auditor found one staff member violated the agency's policy regarding over-fraternization of an inmate and was suspended during the investigation, subsequently terminated upon completion of the investigation.

115.76(c): Policy GO 3.003 Misconduct 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): Policy 5.041 PREA mandates all terminations of employment for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be 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. 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. Upon review of the eight investigative files, auditor verified one staff member had been terminated for violating agency's over-fraternization policy which could have led to sexual abuse.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.77(a): Policy 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 reports that one contractor was reported to law enforcement for engaging in sexual abuse of inmates. Upon review of the investigative reports, auditor determined the case did not involve sexual abuse, but over-fraternization which could have led to sexual abuse. The contractor was immediately suspended pending the outcome of the investigation and terminated upon completion of the investigation. This verifies agency's commitment to sexual safety in their facilities but immediately prohibiting the contractor from having contact with inmates once the violation had been discovered. 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): Agency reports that one contractor was reported to law enforcement for engaging in sexual abuse of inmates. Upon review of the investigative reports, auditor determined the case did not involve sexual abuse, but over-fraternization which could have led to sexual abuse. The contractor was immediately suspended pending the outcome of the investigation and terminated upon completion of the investigation. This verifies agency's commitment to sexual safety in their facilities but immediately prohibiting the contractor from having contact with inmates once the violation had been discovered. 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

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

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? Yes No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.78(a): 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

Policy 15.002 Inmate Rules and Discipline Reporting Rule Violations mandates Formal discipline requires an incident report be entered into the Inmate Management System (IMS). The supervisor will review reports for completeness and accuracy prior to posting into the Inmate Management System. If complete, the report will be approved by the appropriate supervisor and the officer shall post the report into the Inmate Management System. A hearing shall be scheduled within 72 hours of report entry, and a copy of the incident report and rights to a hearing will be given to the inmate(s) involved. The 72 hour time frame may be extended depending on the complexity of the issues and the need for more information. A hearing will be conducted by a Classification Officer. The hearing cannot be scheduled until 24 hours have elapsed from the time the inmate receives the report and rights to a hearing. This will be documented in the computer. The inmate has the right to waive the 24-hour preparation period. This must also be documented. The officer will document all minor and major violations handled on a formal basis in the inmate management system. Discipline/Incident Reports prepared by staff members will include, but not limited to:

- a. Specific rules violated
- b. A formal statement of the charge
- c. An explanation of the event, which will include who was involved, what transpired, and the time and location of occurrence
- d. Any unusual inmate behavior
- e. Staff witness/inmate witness
- f. Disposition of an physical evidence
- g. Any immediate action taken including the use of force
- h. Reporting staff members, date and time report is made.

Agency reports that over the past 12 months there have been no administrative or criminal inmate on inmate sexual abuse at the Claybank facility. Review of the eight investigations of sexual abuse and sexual harassment over the past 12 months indicated one substantiated allegation. Agency has not provided auditor with the disciplinary sanction(s) levied against the abuser following the disciplinary hearing.

115.78(b): Disciplinary procedures and sanctions are outlined in the Inmate Rule Book. Policy 15.003 mandates 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): Policy 15.003 Disciplinary Hearing and Basic Rules 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 for PREA incidents. 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): Policy 15.003 Disciplinary Hearing and Basic Rules mandates that an inmate may be disciplined 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. Policy 15.003 Disciplinary Hearing and Basic Rules mandates that 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 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.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.78(a) and corrective action is required.

Corrective Action Recommended:

1. Please provide auditor with Disciplinary Hearing documentation and the sanction(s) levied against the abuser in the one substantiated sexual abuse investigation that occurred over the past 12 months.

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 12/15/18:

Agency indicates that there were no sanctions or hearing conducted on the suspect of the one substantiated sexual abuse investigation that occurred over the past 12 months. The case was referred to the DA's office but no prosecution occurred. The suspect was removed from being a mod worker during the investigation but no subsequent sanction occurred.

The agency/facility has met the requirements of Standard provision 115.78(a), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.78.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

Yes No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? Yes No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.81(a)/(c): 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. Agency indicates that eight inmates disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner over the past 12 months. There were 8 inmates who disclosed sexual victimization at risk screening during the past 12 months. Interview with Staff Responsible for Risk Screening indicates

that a referral to Mental Health and follow-up interview is provided within 14 days. Review of the CFMG PREA Call Slip Report, provided by the Mental Health department indicates that from 7/1/17 to 4/1/18, eight inmates disclosed sexual victimization at risk screening and were seen by a mental health practitioner within 24 hours of intake.

115.81(b): Standard provision 115.81(b) does not apply as Claybank 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 as it provides duty to report, limits of confidentiality and signed consent from the inmate.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

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

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.82(a): 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 two inmates who reported sexual abuse and review of investigative files in both cases indicated emergency medical treatment was not required, though offered by the agency. Mental health treatment was also offered but declined by both inmates.

115.82(b): Interview with Security Staff and Non-Security Staff First Responders indicate they initiate their 1st Responder protocols. Medical and mental health staff are on duty 24/7 at the facility and/or adjacent facility – Stanton Detention Facility.

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 two inmates who reported sexual abuse and review of investigative files in both cases indicated emergency medical treatment was not required, though offered by the agency.

115.82(d): CFMG Rape and Sexual Assault Policy mandates 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.

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

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

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

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.83(a): 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 making follow-up referrals once inmate is released to the community to include forensic follow-up services, daily check-ins by medical staff and daily mental health observations.

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): Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Claybank Detention Center is a co-ed facility. Interview with two inmates who reported a sexual abuse and review of the investigative reports indicate there was no vaginal penetration in either of these cases.

115.83(e): Claybank Detention Center is a co-ed facility. If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Interview with medical and mental health staff indicates that if pregnancy results due to sexual abuse in the facility, victims will receive comprehensive information about timely access to all lawful pregnancy-related medical services. Interview with SAFE/SANE Director indicates following forensic examination, female victims are provided the Day-After pill and with materials which educate victims about lawful pregnancy-related medical services.

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. Interview with two inmates who reported a sexual abuse and review of the investigative reports indicate there was no vaginal, anal or oral penetration in either of these cases. Interview with SAFE/SANE Director indicates following forensic examination, inmates are tested for STD & provided STD prophylaxis.

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): Standard provision 115.83(h) does not apply as Stanton Facility is a jail, not a prison.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

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

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.86(a): Policy 5.041 PREA 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, five criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

115.86(b): Policy 5.041 PREA 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, five criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents.

115.86(c): Policy 5.041 PREA 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. Review of the eight sexual abuse and sexual harassment allegations indicated all substantiated and unsubstantiated cases were reviewed by the Incident Review Team.

115.86(d): Policy 5.041 PREA 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 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 PREA 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 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 a 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.86.

Standard 115.87: Data collection

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

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

115.87(a)/(c): GO Policy 5.041 PREA mandates The Sheriff's Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its control using a standardized instrument and set of definitions, and shall aggregate the incident-based sexual abuse at least annually. 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.

115.87(b): GO Policy 5.041 PREA 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. Before making aggregated sexual abuse data publicly available, personal identifiers shall be removed.

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): Solano County Sheriff's Department contracts with Sacramento County Sheriff's Department for the confinement of inmates at the Rio Cosumnes Detention Facility for the Jail Based Competency Treatment program. 16 cells are contracted for inmates to participate in this program. Review of agency Annual Report does not include Sacramento County Sheriff's Department Rio Cosumnes Detention Facility aggregated data.

115.87(f): The agency indicated that it provided the Department of Justice with data from the previous calendar year upon request.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.87(e) and corrective action is required.

Corrective Action Recommended:

1. Agency to obtain incident-based and aggravated data from the Sacramento County Sheriff's Department Rio Cosumnes Detention Facility Jail Based Competency Treatment Program
2. Agency to include that data in the Annual Report for public access

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 2/22/19:

1. Agency amended the 2018 PREA Annual report to include information regarding the agency's contract with Sacramento County Sheriff's Office for a mental health treatment program called Jail Based Competency Treatment (JBCT) housed at the Rio Cosumnes facility. In 2018, 8 inmates from Solano County were housed at the JBCT facility. No incidents of sexual abuse regarding Solano County inmates were reported. Agency also provided auditor with the Sacramento County Sheriff's Office Annual Report and the Rio Cosumnes facility PREA report for verification. Amended 2018 Annual Report is posted on the agency website for public access. <http://www.solanocounty.com/depts/sheriff/prea.asp>
2. The agency/facility has met the requirements of Standard provision(s) 115.87(e) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.87.

Standard 115.88: Data review for corrective action

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

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? Yes No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.88(a): GO Policy 5.041 PREA mandates Review all data collected and compiled in order to assess and improve the effectiveness of it sexual abuse prevention, detection, and response policies, practices, and training, 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.

115.88(b): GO Policy 5.041 PREA 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 is non-compliant with Standard provision 115.88(b) which mandates The annual report includes a comparison of the current year's data and corrective actions with those from prior years.

115.88(c): GO Policy 5.041 PREA mandates the annual report shall be approved by the agency head and made readily available to the public through the agency website. Interview with Agency Head designee indicates the Agency Head approves all Annual Reports.

115.88(d): GO Policy 5.041 PREA mandates specific material may be redacted from the report when publication would present a clear and specific threat to the safety and security of a facility, but the report must 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.

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

Corrective Action Recommended:

1. Policy is non-compliant with Standard provision 115.88(b) which mandates that the annual report includes a comparison of the current year's data and corrective actions **with those from prior years**. Please amend policy to comply with the standard provision.

Auditor will conduct a 90-day status review on 1/12/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 4/12/19 .

Corrective Action Completion 12/15/18:

1. Agency provided auditor with directive from the Undersheriff to all sworn and custody staff which mandates that GO Policy 5.041 PREA section XIII. F, page 14 has been amended to state “An annual report shall be prepared in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. Such report shall include a comparison of the current year’s data and corrective actions with those from prior years and shall provide an assessment of the agency’s progress in addressing sexual abuse. (Per PREA standard 115.88 (b)).” Review of the 2019 Annual Report posted on the agency website verifies compliance with standard provision 115.88(b) as there are comparisons of the current year’s data and corrective actions with those from prior years to include an assessment of the agency’s progress in addressing sexual abuse.

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

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

Standard 115.89: Data storage, publication, and destruction

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

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
 Yes No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

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

115.89(b): Policy 5.041 PREA 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.

1. The annual report shall be approved by the agency head and made readily available to the public through the agency website.
2. Specific material may be redacted from the report when publication would present a clear and specific threat to the safety and security of a facility, but the report must indicate the nature of the material redacted.
3. Before making aggregated sexual abuse data publicly available, personal identifiers shall be removed.

115.89(c): Policy 5.041 PREA mandates specific material may be redacted from the report when publication would present a clear and specific threat to the safety and security of a facility, but the report must indicate the nature of the material redacted.

115.89(d): GO Policy 5.041 PREA 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.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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

This is the 2nd year of the current cycle. Agency has three facilities and one facility has been audited each of the first two years of the current cycle. Auditor has been provided access to observe all areas of the facility, request and receive copies of relevant documents included electronically stored information and conduct private interviews with inmates and staff. Inmates have the ability to correspond with the auditor in the same manner as if they were communicating with legal counsel. This arrangement was agreed to during the pre-audit phase of the audit. Interviews with mailroom staff verifies inmate correspondence to auditor is handled as legal mail.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

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

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

Instructions for Overall Compliance Determination Narrative

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

Review of the agency website indicates the Final Report for the preceding audit (Stanton Facility), which occurred in 2017 has been published on the Sheriff's website.

AUDITOR CERTIFICATION

I certify that:

- The contents of this report are accurate to the best of my knowledge.
- No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Eric I Woodford

5/3/19

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.