

PREA AUDIT: AUDITOR'S SUMMARY REPORT

ADULT PRISONS & JAILS



Name of facility: GLENN E DYER DETENTION FACILITY	
Physical address: 550 6 th STREET OAKLAND CALIFORNIA 94607	
Date report submitted: JANUARY 1, 2016	
Auditor Information	
Address: PO BOX 732 BENICIA CALIFORNIA 94510-0732	
Email: eiw@comcast.net	
Telephone number: (707) 333-8303	
Date of facility visit: NOVEMBER 30, 2015 – DECEMBER 2, 2015	
Facility Information	
Facility mailing address: <i>(if different from above)</i>	
Telephone number: (510) 268-7777 <input type="checkbox"/> <input type="checkbox"/>	
The facility is:	<input type="checkbox"/> <input type="checkbox"/> County <input type="checkbox"/>
Facility Type:	<input type="checkbox"/> Jail <input type="checkbox"/>
Name of PREA Compliance Manager: YESENIA SANCHEZ	Title: CAPTAIN
Email address: ysanchez@acgov.org	Telephone number: (510) 268-7763
Agency Information	
Name of agency: ALAMEDA COUNTY SHERIFF'S OFFICE	
Governing authority or parent agency: <i>(if applicable)</i>	
Physical address: 1401 LAKESIDE DRIVE 12 th FLOOR OAKLAND, CALIFORNIA 94612-4305	
Mailing address: <i>(if different from above)</i>	
Telephone number: (510) 272-6878	
Agency Chief Executive Officer	
Name: GREGORY J. AHERN	Title: SHERIFF-CORONER
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Agency-Wide PREA Coordinator	
Name: JASON ARBUCKLE	Title: LIEUTENANT
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AUDIT FINDINGS

NARRATIVE:

Glenn Dyer PREA Audit was conducted from November 30, 2016 to December 2, 2016. The Facility Plant review was conducted on November 30th. Facility population at time of audit was 362 inmates. Glenn Dyer jail is an all male facility. Female inmates have been transferred to Santa Rita Jail since November 2013 per Sheriff's directive. Inmates identified as LGBTI at intake, have also been transferred to Santa Rita Jail as a practice since November 2013. Auditor was informed there is no written directive mandating transfer of inmates identified as LGBTI to Santa Rita Jail. Two facility staff, one Sergeant & one Deputy, accompanied the Auditor in conducting the review. Central Control operates all elevators to access floors throughout the facility. Each elevator has a camera.

BASEMENT

Basement is monitored by 19 cameras & mirrors, which provides additional method of supervision. No PREA signage observed in basement areas accessible to inmates. The Basement houses the Kitchen, Laundry, document & video storage, electrical room, elevator mechanical room, clothing room, supply room, mail room, garbage area & stairwell to 1st floor emergency fire exit which is a secure area with cameras & accessible only to badge staff. All areas are appropriately covered by multiple cameras and mirrors, including the dry storage rooms. Kitchen has 4 large reefers, which are locked. Only floor deputies have keys to 3 reefers & Aramark staff has key to the one reefer that keeps food for facility staff & no inmates are allowed to access. One of the storage rooms and mailroom does not have a camera inside the room, but is covered by multiple cameras along hallway, which accesses those areas. No blind spots in basement.

INTAKE & RECEPTION AREA

2 cameras monitor the Loading Dock. Inmates are supervised by floor deputies when accessing the loading dock. Central alcove houses Key Control, Taser Control, Staff Locker Room & Staff Bathroom. Area covered by camera supervision. Central Control room has direct visual supervision of that area also. 1st Floor Central Control camera monitors view vehicle sally ports, outside jail areas, entry lobby & all elevators. Vehicle sally port, used for inmate intake and transfer, has 9 active cameras & additional cameras are in the process of being installed. Classification Screening Station is a **BLIND SPOT**. It is located off the hallway leading to the vehicle sally port & provides confidential opportunity for classification staff & inmate to discuss Objective Screening Tool questions. No PREA signage observed in Classification Screening room. Multiple cameras monitor the hallway, but no cameras supervise the Classification Screening Room where the Station is located. Auditor observed a lack of staff traffic for a 10-minute period, as there were no inmates being moved to the sally-port area. Informal interview with Classification screening staff indicate it takes at least 20 minutes to conduct PREA screening in the Classification Screening Room. 1st Floor Booking Holding Tanks are PREA compliant & monitored with numerous cameras & mirrors both in the holding tanks and along all hallways. Auditor viewed camera monitors in control & no cross-gender viewing observed. Mirrors have toilet areas frosted so staff on floor & in the Control Room cannot view inmates' toileting but provides for security viewing. PREA signage is located in every holding tank in multiple languages to provide effective communication. A Clinic Station is located along hallway is monitored by cameras. A deputy is stationed outside the clinic door during treatment sessions. Intake clothing exchange rooms have small sliding door where deputies exchange clothing with inmates after booking. On the deputy side, a facility commander memo and post order operating instructions are posted on each door and at each exchange station mandating all deputies announce prior to opening the sliding door to allow inmates opportunity for privacy. Booking & Release

areas are monitored by cameras. PREA signage is located in the Booking area.

SEGREGATED HOUSING UNITS

1- North & South housing units Administrative Segregation floor provides strip-search rooms located on main entry floor, outside the elevators. Windows to strip-search rooms are frosted so anyone entering off elevators or working the Control Area does not have an opportunity for cross-gender viewing. No contact visiting available on floor. Multi-purpose room with bathroom not used for Administrative Segregation inmates. Due to their classification, inmates are allowed out of their cell one at a time to exercise inside of POD. POD showers are PREA compliant, male only housing unit. Logbook review in Control area verifies intermediate or upper level unannounced visits being conducted on each shift. Logbook is also annotated during shift change of Control Room Technician who announces cross-gender staff coming on duty & announcement when cross-gender staff comes on floor to visit inmates such as medical and mental health staff. Control Room Technician makes announcements, via loudspeaker and again by staff when entering the POD.

HEALTH CARE AREA

Main Medical Clinic & Administrative Segregation housing floor. Medical Clinic has camera located in the front entrance between elevators & records room & holding cell. All inmates are escorted to the Medical clinic & deputy is present during treatment at all times. No PREA signage in Medical Clinic. No video surveillance provided past the records room area. Infirmary area is in back of Medical Clinic. Infirmary area is not used for treatment and is being turned into offices for clinicians. There is a clinician & nurse records room, which is used day & evening. Infirmary area is a large **BLIND SPOT**, in need of video monitoring and/or mirrors due to its configuration and isolated location.

2nd FLOOR

2-North & South housing units provides strip-search rooms located on main entry floor, outside the elevators. Windows to strip-search rooms are frosted so anyone entering off elevators or working the Control Area does not have an opportunity for cross-gender viewing. No contact visiting on 2nd level of floor. Multi-purpose room with bathroom used for education & chapel services for inmates. Logbook review in Control area verifies intermediate or upper level unannounced visits being conducted on each shift. Logbook is also annotated during shift change of Control Room Technician who announces cross-gender staff coming on duty & announcement when cross-gender staff comes on floor to visit inmates such as medical and mental health staff. Control Room Technician makes announcements, via loudspeaker and again by staff when entering the pod.

Each housing unit has PREA signage, including calls to *89 confidential reporting & advocacy requests. Notices indicate calls are not monitored & are strictly confidential. Auditor tested *89 number & was connected to Highland Hospital Sexual Assault Hotline. Call was not monitored. POD showers are PREA compliant, male only housing unit.

3RD FLOOR

3-North & South housing units are not used. Floor configuration is same as housing units 2-North & South. PREA Signage is provided in each housing unit and in the general areas.

4th FLOOR

4-North & South – Max Housing Units provides strip-search rooms located on main entry floor, outside the elevators. Windows to strip-search rooms are frosted so anyone entering off elevators or working the

Control Area does not have an opportunity for cross-gender viewing. No contact visiting on 2nd level of floor. Multi-purpose room with bathroom used for education & chapel services for inmates. Logbook review in Control area verifies intermediate or upper level unannounced visits being conducted on each shift. Logbook is also annotated during shift change of Control Room Technician who announces cross-gender staff coming on duty & announcement when cross-gender staff comes on floor to visit inmates such as medical and mental health staff. Announcements are made by Control Room Technician, via loudspeaker and again by staff when entering the pod.

Each housing unit has PREA signage, including calls to *89 confidential reporting & advocacy requests. Notices indicate calls are not monitored & are strictly confidential. POD showers are PREA compliant, male only housing unit.

5th FLOOR

5-North & South – Max Housing Units provides strip-search rooms located on main entry floor, outside the elevators. Windows to strip-search rooms are frosted so anyone entering off elevators or working the Control Area does not have an opportunity for cross-gender viewing. No contact visiting on 2nd level of floor. Multi-purpose room with bathroom used for education & chapel services for inmates. Logbook review in Control area verifies intermediate or upper level unannounced visits being conducted on each shift. Logbook is also annotated during shift change of Control Room Technician who announces cross-gender staff coming on duty & announcement when cross-gender staff comes on floor to visit inmates such as medical and mental health staff. Announcements are made by Control Room Technician, via loudspeaker and again by staff when entering the pod.

Each housing unit has PREA signage, including calls to *89 confidential reporting & advocacy requests. Notices indicate calls are not monitored & are strictly confidential. POD showers are PREA compliant, male only housing unit.

6th FLOOR

6th Floor North & South Housing Units are not used. Floor configuration is same as housing units 2-North & South. POD showers are PREA compliant, male only housing unit. PREA Signage is provided in each housing unit and in the general areas. Classification Unit is located on this floor. 2 large outside exercise yards are located on this floor, accessed by stairs outside the 6th floor housing units. There is a Control Room monitored by Technician when exercise yards are in use. Each yard has video monitoring, which is pending upgrades. At time of on-site audit PREA signage did not exist on either yard.

NOTE: Showers in each housing unit are PREA compliant as long as Glenn Dyer remains a male only housing facility. Should Glenn Dyer accept female or LGBTI inmates for housing, Glenn Dyer would not comply with PREA Standards related to cross-gender viewing.

INTERVIEWS CONDUCTED

Specialized Staff – 17

Random Sample of Staff - 13

Random Sample of Inmates - 11

DOCUMENT REVIEW

Inmate Classification Files - 12

Personnel Files - 39

Training Records - 67

Investigative Records – NONE – NO INVESTIGATIONS PAST 12 MONTHS

DESCRIPTION OF FACILITY CHARACTERISTICS:

Alameda County Correctional Facility Glenn Dyer Jail is located at 550 6th Street Oakland California. Only male inmates are housed at the facility. Female deputies are not assigned to the Glenn Dyer facility. The facility is comprised of 6 floors. 4 floors are housing units and 2 floors are unoccupied. Total housing capacity is 834 inmates. The jail basement houses the kitchen, laundry, mailroom and storage areas. 1st floor has the vehicle sally port, booking, intake, holding tanks, clothing exchange, attorney visiting areas and classification assessment area. 2nd floor houses the medical wing, North & South housing units to include Administrative Segregation. 3rd floor housing wings are not occupied. 4th floor is North & South housing units. 5th floor is North & South housing units. 6th floor North & South housing units are unoccupied. (2) Two main recreation yards are located on the 6th floor along with the Classification main office. Alameda County Jail Facilities provide the following programs to inmates based upon their classification & housing:

D.E.U.C.E – Substance abuse program

Literacy – One-on-One tutorial program

T.A.L.K – Parenting Program

E.S.L. – English as second language

Independent Studies – High school credits

Anger Management

G.E.D – High school equivalency

D.A.D.S. – Parenting for men

A.B.E. – Adult Basic Education

Computer – Word processing & keyboarding

SUMMARY OF AUDIT FINDINGS:

Number of standards exceeded: **2**

Number of standards met: **40**

Number of standards not met: **0**

Number of standards not applicable: **1**

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

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

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

- a) GENERAL ORDER POLICY MANDATES A ZERO-TOLERANCE POLICY & OUTLINES AGENCY'S APPROACH TO PREVENTING, DETECTING & RESPONDING TO SEXUAL ABUSE & SEXUAL HARASSMENT. POLICY INCLUDE DEFINITIONS OF PROHIBITED BEHAVIORS, SANCTIONS FOR THOSE WHO PARTICIPATED IN PROHIBITED BEHAVIORS AND AGENCY STRATEGIES & RESPONDED TO REDUCE & PREVENT SEXUAL ABUSE & SEXUAL HARASSMENT OF INMATES. AFFIRMATIVE DUTY TO REPORT ALLEGATIONS OF SEXUAL ABUSE AND MANDATORY REPORTING OF ANY KNOWLEDGE OR ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT IS INCLUDED AND PROVIDES SANCTIONS FOR FAILURE TO REPORT.
- b) AGENCY PROVIDED THE AGENCY ORGANIZATIONAL CHART, WHICH IDENTIFIES THE PREA COORDINATOR AS REPORTING DIRECTLY TO THE AGENCY HEAD IN THE AGENCY ORGANIZATIONAL STRUCTURE. INTERVIEW WITH AGENCY PREA COORDINATOR INDICATES HE HAS SUFFICIENT TIME AND AUTHORITY TO DEVELOP, IMPLEMENT AND OVERSEE AGENCY'S EFFORTS TO COMPLY WITH THE PREA STANDARDS IN ALL FACILITIES THROUGH THE ASSISTANCE OF EACH FACILITY'S PREA COMPLIANCE MANAGER.
- c) AGENCY PROVIDED THE AGENCY ORGANIZATIONAL CHART, WHICH IDENTIFIES THE PREA COMPLIANCE MANAGER AS REPORTING DIRECTLY TO THE AGENCY PREA COORDINATOR IN THE AGENCY ORGANIZATIONAL STRUCTURE. INTERVIEW WITH THE FACILITY PREA COMPLIANCE MANAGER INDICATES HE HAS SUFFICIENT TIME AND AUTHORITY TO COORDINATE THE FACILITY'S EFFORTS TO COMPLY WITH THE PREA STANDARDS. HE ALSO COLLABORATES WITH HIS COUNTERPART IN THE SANTA RITA JAIL FACILITY.

115.12**Contracting with other entities for the confinement of residents**

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

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

- a) AGENCY CONTRACTS WITH SANTA CLARA COUNTY SHERIFF'S DEPARTMENT FOR THE CONFINEMENT OF INMATES REQUIRING ACUTE INPATIENT MENTAL HEALTH CARE EFFECTIVE 6/9/15. MOU WITH SANTA CLARA COUNTY MANDATES THE COUNTY ABIDE BY PREA MANDATES IN THE CARE OF ALAMEDA COUNTY INMATES. SANTA CLARA COUNTY IS REQUIRED TO PROVIDE ALAMEDA COUNTY A COPY OF THEIR PREA POLICY AND HAVE A PREA AUDIT CONDUCTED AT LEAST ONCE DURING EACH 3 YEAR CYCLE BEGINNING 8/20/13 & MAKE THE FINAL REPORT AVAILABLE TO THE ALAMEDA COUNTY SHERIFF'S OFFICE CONTRACT MONITOR. CONTRACT IS VALID THROUGH 6/30/17.
- b) SANTA CLARA COUNTY IS REQUIRED TO HAVE A PREA AUDIT CONDUCTED AT LEAST ONCE DURING EACH 3 YEAR CYCLE BEGINNING 8/20/13 & MAKE THE FINAL REPORT AVAILABLE TO THE ALAMEDA COUNTY SHERIFF'S OFFICE CONTRACT MONITOR. CONTRACT IS VALID THROUGH 6/30/17. INTERVIEW WITH AGENCY'S CONTRACT ADMINISTRATOR INDICATES PREA LANGUAGE IS INCLUDED IN ALL NEW AND RENEWED CONTRACTS WHICH ARE MONITORED FOR COMPLIANCE. THE MONITORING FOR COMPLIANCE PORTION OF THE CONTRACT MANDATES THE AGENCY ADOPTS PREA, CONDUCT PREA AUDITS AND PROVIDE ALAMEDA COUNTY A COPY OF THE PREA FINAL REPORT TO VERIFY COMPLIANCE.

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

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

- a) AGENCY CONTRACTS WITH SANTA CLARA COUNTY SHERIFF'S DEPARTMENT FOR THE CONFINEMENT OF INMATES REQUIRING ACUTE INPATIENT MENTAL HEALTH CARE EFFECTIVE 6/9/15. MOU WITH SANTA CLARA COUNTY MANDATES THE COUNTY ABIDE BY PREA MANDATES IN THE CARE OF ALAMEDA COUNTY INMATES. SANTA CLARA COUNTY IS REQUIRED TO PROVIDE ALAMEDA COUNTY A COPY OF THEIR PREA POLICY AND HAVE A PREA AUDIT CONDUCTED AT LEAST ONCE DURING EACH 3 YEAR CYCLE BEGINNING 8/20/13 & MAKE THE FINAL REPORT AVAILABLE TO THE ALAMEDA COUNTY SHERIFF'S OFFICE CONTRACT MONITOR. CONTRACT IS VALID THROUGH 6/30/17.
- b) AGENCY STATES THE FACILITY DOCUMENTS AND JUSTIFIES ALL DEVIATIONS FROM THE STAFFING PLAN & PROVIDES 3 COMMON REASONS FOR DEVIATING FROM THE STAFFING PLAN IF IT WOULD TO OCCUR, SUCH AS LACK OF STAFF, RESPONSE TO MUTUAL AID, RESPONSE TO CIVIL UNREST. AGENCY PROVIDED 2014-2015 & 2015-2016 STAFFING PLAN REVIEWS. INTERVIEW WITH FACILITY COMMANDER INDICATES THE FACILITY DOCUMENTS ALL INSTANCES OF NON-COMPLIANCE WITH THE STAFFING PLAN THROUGH THEIR DAILY SCHEDULE DOCUMENTATION. A MEMORANDUM IS GENERATED AND MAINTAINED BY THE PREA MANAGER AND PREA COORDINATOR. NO DEVIATIONS FROM STAFFING PLAN OVER THE PAST 12 MONTHS.
- c) GENERAL ORDER 1.23 MANDATES ANNUAL REVIEW OF STAFFING PLAN TO RE-EVALUATE STAFFING LEVELS & USE OF VIDEO MONITORING TO DETERMINE & DOCUMENT ADEQUACY OF THE STAFFING LEVEL & VIDEO TECHNOLOGIES TO PREOTECT INMATES FROM SEXUAL ABUSE.

INTERVIEW WITH PREA COORDINATOR INDICATES BEING CONSULTED REGARDING ANY ASSESSMENTS OF OR ADJUSTMENTS TO THE STAFFING PLAN FOR EACH FACILITY. STAFFING PLAN ASSESSMENTS ARE TYPICALLY CONDUCTED ANNUALLY, BUT AGENCY MOVES TO CONDUCT THE ASSESSMENTS EVERY 6 MONTHS WHEN POSSIBLE. AGENCY PROVIDED 2014-2015 & 2015-2016 STAFFING PLAN REVIEWS.

- d) POLICY & PROCEDURE 10.01 MANDATES SUPERVISORS CONDUCT UNANNOUNCED ROUNDS OF THE FACILITY WITHOUT ALERTING STAFF UNLESS SUCH ALERT IS RELATED TO THE LEGITIMATE OPERATIONAL FUNCTIONS OF THE FACILITY. POLICY & PROCEDURE 10.02 MANDATES UNANNOUNCED ROUNDS TO BE CONDUCTED ON EACH SHIFT BY SUPERVISORS & DOCUMENTED IN THE FLOOR LOG BOOKS. DURING ON-SITE AUDIT REVIEW, AUDITOR REVIEWED THE RED-BOOK LOGS OF EACH HOUSING FLOOR AND HOUSING PODS. AUDITOR VERIFIED INTERMEDIATE OR HIGHER LEVEL FACILITY STAFF CONDUCTED UNANNOUNCED VISITS ON ALL SHIFTS, SOMETIMES TWICE EACH SHIFT. THE CONTROL TECHNICIAN AND THE POD SERGEANT LOG THE UNANNOUNCED VISITS INTO THE LOG BOOKS. INFORMAL INTERVIEWS OF BOTH HOUSING CONTROL TECHNICIANS AND POD DEPUTIES INDICATE THE SUPERVISOR OR MANAGEMENT CONDUCTING THE UNANNOUNCED ROUNDS ENTER THE FLOOR AND ALSO ENTER THE PODS TO ENSURE SEXUAL SAFETY FOR THE INMATES AND SAFETY FOR THE STAFF. INTERVIEW WITH INTERMEDIATE AND HIGHER LEVEL STAFF REPRESENTATIVES INDICATE UNANNOUNCED ROUNDS ARE CONDUCTED ON EACH SHIFT AND EACH POD IS VISUALLY INSPECTED AND VERIFYING DEPUTIES ARE KEEPING THE LOG BOOKS UP TO DATE. SUPERVISORY STAFF INDICATE THEY DO NOT ALERT FLOOR DEPUTIES OR CONTROL TECHNICIANS AS PROHIBITED BY POLICY.

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

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

N/A – ADULT JAIL FACILITY. STANDARD 115.14 DOES NOT APPLY TO THIS AGENCY. FACILITY DOES NOT HOUSE YOUTHFUL INMATES

115.15

Limits to cross-gender viewing and searches

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

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

- a) POLICY & PROCEDURE 11.03 PROHIBITS CROSS GENDER STRIP OR CROSS GENDER VISUAL BODY CAVITY SEARCHES OF INMATES ABSENT EXIGENT CIRCUMSTANCES. IF EXIGENT CIRCUMSTANCES EXIST, THE SEARCH MUST BE APPROVED BY A SUPERVISOR AND WILL BE DOCUMENTED. NO CROSS-GENDER VISUAL BODY CAVITY OR STRIP SEARCHES CONDUCTED OVER THE PAST 12 MONTHS.
- b) THIS IS AN INITIAL PREA AUDIT FOR THIS FACILITY. FACILITY IS AN ALL-MALE FACILITY & THIS STANDARD DOES NOT APPLY TO THIS FACILITY.
- c) POLICY & PROCEDURE 11.03 MANDATES DOCUMENTING OF ALL CROSS GENDER STRIP SEARCHES. ONLY MEDICAL PERSONNEL CONDUCT VISUAL BODY CAVITY SEARCHES UNDER AUTHORITY OF A WARRANT WITNESSED BY A DEPUTY OF THE SAME SEX. THIS IS AN ALL MALE FACILITY. PLEASE NOTE FEMALE DEPUTIES ARE NOT ASSIGNED TO THIS FACILITY PER SHERIFF MEMORANDUM DIRECTIVE.
- d) GENERAL ORDER 1.23 & POLICY & PROCEDURE 8.12 MANDATES STAFF OF OPPOSITE GENDER ANNOUNCE THEIR PRESENCE PRIOR TO CONDUCTING OBSERVATION CHECKS & ALLOW SUFFICIENT TIME FOR THE INMATE TO CONVER THEMSELVES SHOULD THEY BE IN THE PROCESS OF SHOWERING, TOILETING OR IN ANY FORM OF UNDRESS. POLICY & PROCEDURE 10.12 MANDATES SHERIFF TECHNICIANS WORKING IN HOUSING UNIT COMPRISED OF INMATES OF OPPOSITE GENDER, MAKE ANNOUNCEMENT AT BEGINNING OF EACH SHIFT INFORMING INMATES OF SUCH. WHENEVER STAFF OF OPPOSITE GENDER ARE TO ENTER A HOUSING UNIT, ANNOUNCEMENTS WILL BE MADE OVER LOUDSPEAKER & WILL BE DOCUMENTED IN THE LOG BOOK. THIS INCLUDES OTHER DEPUTIES, MEDICAL AND MENTAL HEALTH STAFF MEMBERS. POLICY & PROCEDURE 10.23 PROHIBITS DEPUTIES OF OPPOSITE GENDER ENTERING SHOWER & TOILET AREAS, LIVING SPACES OR CELLS ABSENT EXIGENT CIRCUMSTANCES AND/OR WHEN ACCOMPANIED BY STAFF MEMBER WHO IS SAME GENDER AS THE INMATE. INTERVIEW WITH RANDOM SAMPLE OF STAFF INDICATES THEY CONDUCT ANNOUNCEMENTS WHEN ENTERING AN INMATE HOUSING UNIT OF OPPOSITE GENDER. STAFF INDICATES ANNOUNCEMENTS ARE MADE THROUGHOUT THE HOUSING UNIT WHEN STAFF OF OPPOSITE GENDER ENTERS THE HOUSING UNIT AND STAFF MAKES A SECOND VERBAL ANNOUNCEMENT WHEN ESCORTING MEDICAL OR MENTAL HEALTH STAFF INTO THE HOUSING POD. THE CONTROL TECHNICIANS MAKE A CROSS-GENDER ANNOUNCEMENT WHEN THERE IS A SHIFT CHANGE. INTERVIEW WITH RANDOM SAMPLE OF INMATES VERIFY THESE ANNOUNCEMENTS. THEY INDICATE ANNOUNCEMENTS ARE MADE DURING SHIFT CHANGE WITH THE CONTROL TECHNICIANS & WHEN STAFF SUCH AS MEDICAL AND MENTAL HEALTH ENTER THE HOUSING UNIT. INMATES FEEL THIS IS GOING OVERBOARD AS IT IS LOUD OVER THE LOUDSPEAKER AND ANNOYING. STAFF AND INMATE STATEMENTS WERE ALSO VERIFIED

THROUGH VISUAL INSPECTION OF HOUSING LOG BOOKS, WHICH WERE ANNOTATED WITH ANNOUNCEMENT ENTRIES FOR CROSS GENDER STAFF ENTERING THE HOUSING UNIT OR CONTROL BOOTH. THE ANNOTATION OF THE LOG BOOKS EXCEED THIS STANDARD PROVISION. THESE PROCEDURES EXCEED PREA STANDARDS.

- e) GENERAL ORDER 1.23 & POLICY & PROCEDURE 11.03 PROHIBITS PHYSICALLY EXAMINING A TRANSGENDER OR INTERSEX INMATE FOR THE SOLE PURPOSE OF DETERMINING THE INMATE'S GENITAL STATUS. NO SUCH SEARCHES OCCURRED OVER THE PAST 12 MONTHS. INTERVIEW WITH RANDOM SAMPLE OF STAFF VERIFIES THEIR KNOWLEDGE OF THE PROHIBITED PRACTICE OF PHYSICALLY EXAMINING A TRANSGENDER OR INTERSEX INMATE FOR THE SOLE PURPOSE OF DETERMINING THE INMATE'S GENITAL STATUS. STAFF ALSO INDICATE, IF THIS INFORMATION IS NEEDED, THEY COULD ASK THE INMATE, REVIEW CLASSIFICATION RECORDS, OR PRIOR INCARCERATION HISTORY.
- f) GENERAL ORDER 1.23 MANDATES SWORN STAFF RECEIVE ANNUAL TRAINING IN THE PORPER MANNER OF PERFORMING CROSS GENDER PAT DOWN SEARCHES & SEARCHES OF TRANSGENDER & INTERSEX INMATES/DETAINEES IN ACCORDANCE WITH PREA STANDARD PROVISION 115.15(f). IN EXIGENT CIRCUMSTANCES, CROSS GENDER PAT SEARCHES WILL BE DOCUMENTED. POLICY & PROCEDURE 11.03 MANDATES TRANSGENDER INMATES BE PROVIDED THE OPPORTUNITY TO SELECT THE GENDER OF STAFF TO CONDUCT THE SEARCH WITH APPROVAL OF THE ITR SERGEANT. INTERVIEW WITH RANDOM SAMPLE OF STAFF INDICATES THEY HAVE ALL RECEIVED TRAINING ON CROSS GENDER PAT DOWN SEARCHES AT THE JUNE RANGE DEFENSIVE TACTICS TRAINING. DURING THAT TRAINING, THEY INDICATE THAT THEY ALSO RECEIVED TRAINING ON SEARCHING OF TRANSGENDER & INTERSEX INMATES IN A PROFESSIONAL MANNER AND THAT THE TRANSGENDER & INTERSEX INMATES MAY REQUEST THE GENDER OF STAFF THEY WISH TO CONDUCT THE SEARCH. THE REQUEST WILL BE CONSIDERED BY THE SUPERVISOR, PRIOR TO CONDUCTING THE SEARCH, ABSENT EXIGENT CIRCUMSTANCES.

RECOMMENDATION: REVIEW OF INMATE SHOWERS DURING ON-SITE REVIEW INDICATE IF TRANSGENDER OR INTERSEX INMATES WERE TO BE HOUSED IN THE FACILITY, THE SHOWERS ARE DEEMED NON-COMPLIANT AS A NUMBER OF CELLS IN EACH POD WOULD HAVE A DIRECT LINE OF SIGHT INTO THE SHOWERS & THERE ARE NO PRIVACY DOORS FOR SHOULDERS UP-KNEES DOWN VIEWING. IT IS THE PRACTICE FOR FACILITY TO ONLY HOUSE MALE INMATES AT THIS TIME. SHOULD FEMALE, TRANSGENDER OR INTERSEX INMATES BE HOUSED AT GLENN DYER JAIL IN THE FUTURE, THIS FACILITY WOULD BE DEEMED NON-COMPLIANT PER PREA STANDARDS IN ITS CURRENT ARCHITECTURAL CONFIGURATION.

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

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

- a) POLICY 1.14 MANDATES CORIZON STAFF TO VERIFY INMATE DISABILITY THROUGH THE EVALUATION PROCESS & DOCUMENT SAID DISABILITY. HEARING IMPAIRED INMATES SHALL BE AFFORDED THE OPPORTUNITY TO USE A TDD/TTY MACHINE FOR PURPOSE OF MAKING A PHONE CALL. EACH HOUSING UNIT WILL BE EQUIPPED WITH AT LEAST ONE OF THESE MACHINES. INMATES WHO ARE DEAF & BLIND SHALL BE AFFORDED THE USE OF A TACTILE INTERPRETER AT NO COST TO THE INMATE. INMATES RELIANT ON SIGN LANGUAGE AS PRIMARY WAY OF COMMUNICATING SHALL BE AFFORDED THE USE OF A SIGN LANGUAGE INTERPRETER AT NO COST TO THE INMATE THROUGH LIONBRIDGE INTERPRETIVE SERVICES AND HIRED HANDS LLC. INMATES WHO ARE LIMITED ENGLISH PROFICIENT WILL BE PROVIDED INTERPRETIVE SERVICES THROUGH LIONBRIDGE ALSO. AGENCY ALSO PROVIDES A POINT BOOK TO ASSIST DEPUTIES TO COMMUNICATE WITH HEARING IMPAIRED INMATES. LIONBRIDGE PROVIDES COPIES OF HEARING IMPAIRED SIGN LANGUAGE ALPHABET WITH NUMBERING HAND SIGNS TO STAFF FOR COMMUNICATING WITH HEARING IMPAIRED INMATES. COPIES ARE AVAILABLE IN ALL HOUSING CONTROL & DEPUTY OFFICES. ZERO – TOLERANCE POSTER & INMATE RULES IN ENGLISH & SPANISH WAS PROVIDED TO AUDITOR. POLICY & PROCEDURE 17.07 PROVIDES PROCEDURAL LANGUAGE ON CONTACT WITH LIONBRIDGE INTERPRETER SERVICES LANGUAGE LINE THROUGH SPEAKER PHONE OR 3-WAY CONFERENCE CALL. LIONBRIDGE CONTRACT/MOU, WRITTEN MATERIALS FOR EFFECTIVE COMMUNICATION FOR DISABLED INMATES (INTELLECTUAL DISABILITIES OR LIMITED READING SKILLS), OR STAFF TRAINING ON PREA COMPLIANT PRACTICES FOR INMATES WITH INTELLECTUAL DISABILITIES OR LIMITED READING SKILLS PROVIDED. INTERVIEW WITH AGENCY HEAD DESIGNEE INDICATES ANY INMATE WHO IS IDENTIFIED AS A DISABLED INMATE WILL BE TRANSFERRED TO SANTA RITA JAIL. DISABLED INMATES ARE NOT HOUSED AT GLENN DYER JAIL. HANDBOOK IS PROVIDED IN BOTH ENGLISH & SPANISH, THE PRIMARY LANGUAGES SPOKEN AT THE JAIL. THE JAIL HAS THE ABILITY TO TRANSLATE IN OTHER LANGUAGES ALSO. INTERVIEW WITH INMATES WHO ARE LIMITED ENGLISH PROFICIENT INDICATE THEY RECEIVED A SPANISH VERSION OF THE INMATE HANDBOOK AND CAN ALSO USE INTERPRETER SERVICES THROUGH THE JAIL & DEPUTIES WHO KNOW SPANISH. DURING THE ON-SITE REVIEW, AUDITOR OBSERVED STAFF CALLING ON A DEPUTY TO TRANSLATE INFORMATION A SPANISH-SPEAKING INMATE WISHED TO IMPART TO THEM. DURING ON-SITE REVIEW, AUDITOR VERIFIED AGENCY'S APPLICATION OF PROVIDING EFFECTIVE COMMUNICATION FOR PREA EDUCATION THROUGH THE INMATE ORIENTATION VIDEO PROVIDED DURING INTAKE AND THE PREA VIDEO SHOWN IN A 2 HOUR LOOP EVERY SATURDAY AND SUNDAY IN EACH HOUSING UNIT. BOTH VIDEOS HAVE CLOSED CAPTION IN SPANISH.
- b) POLICY 1.14 MANDATES CORIZON STAFF TO VERIFY INMATE DISABILITY THROUGH THE EVALUATION PROCESS & DOCUMENT SAID DISABILITY. HEARING IMPAIRED INMATES SHALL BE AFFORDED THE OPPORTUNITY TO USE A TDD/TTY MACHINE FOR PURPOSE OF MAKING A PHONE

CALL. EACH HOUSING UNIT WILL BE EQUIPPED WITH AT LEAST ONE OF THESE MACHINES. INMATES WHO ARE DEAF & BLIND SHALL BE AFFORDED THE USE OF A TACTILE INTERPRETER AT NO COST TO THE INMATE. INMATES RELIANT ON SIGN LANGUAGE AS PRIMARY WAY OF COMMUNICATING SHALL BE AFFORDED THE USE OF A SIGN LANGUAGE INTERPRETER AT NO COST TO THE INMATE THROUGH LIONBRIDGE INTERPRETIVE SERVICES & HELPING HANDS LLC. INMATES WITH LIMITED ENGLISH PROFICIENCY WILL BE PROVIDED INTERPRETIVE SERVICES THROUGH LIONBRIDGE ALSO. LIONBRIDGE PROVIDES COPIES OF HEARING IMPAIRED SIGN LANGUAGE ALPHABET WITH NUMBERING HAND SIGNS TO STAFF FOR COMMUNICATING WITH HEARING IMPAIRED INMATES. COPIES ARE AVAILABLE IN ALL HOUSING CONTROL & DEPUTY OFFICES. ZERO – TOLERANCE POSTER & INMATE RULES IN ENGLISH & SPANISH WAS PROVIDED TO AUDITOR. LIONBRIDGE CONTRACT/MOU, WRITTEN MATERIALS FOR EFFECTIVE COMMUNICATION FOR DISABLED INMATES (INTELLECTUAL DISABILITIES OR LIMITED READING SKILLS), OR STAFF TRAINING ON PREA COMPLIANT PRACTICES FOR INMATES WITH INTELLECTUAL DISABILITIES OR LIMITED READING SKILLS PROVIDED TO AUDITOR. INTERVIEW WITH INMATES WHO ARE LIMITED ENGLISH PROFICIENT INDICATES FACILITY TAKES STEPS TO PROVIDE EFFECTIVE COMMUNICATION THROUGH LANGUAGE INTERPRETERS AND SPANISH SPEAKING DEPUTIES.

- c) POLICY & PROCEDURE 1.14 PROHIBITS USE OF INMATE INTERPRETERS ABSENT EXIGENT CIRCUMSTANCES AS OUTLINED IN STANDARD PROVISION 115.16(c). IN THE PAST 12 MONTHS, THERE HAVE BEEN NO INSTANCES WHERE INMATE INTERPRETERS WERE UTILIZED. INTERVIEWS WITH RANDOM SAMPLE OF STAFF VERIFIED KNOWLEDGE OF AGENCY PROHIBITION AGAINST USING INMATE INTERPRETERS WHEN AN INMATE WHO IS LIMITED ENGLISH PROFICIENT ALLEGES SEXUAL ABUSE ABSENT EXIGENT CIRCUMSTANCES. OUTSIDE INTERPRETATION SERVICES AND DEPUTIES WHO SPEAK DIFFERENT LANGUAGES ARE AVAILABLE IN SUCH INSTANCES. INTERVIEW WITH INMATES WHO ARE LIMITED ENGLISH PROFICIENT INDICATED THEY DID NOT KNOW OF ANY INSTANCE WHERE INMATE INTERPRETER WAS UTILIZED IN SUCH AN INSTANCE.

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

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

- a) GENERAL ORDER 1.23 PROHIBITS HIRING OR PROMOTING ANYONE WHO MAY HAVE CONTACT WITH INMATES & PROHIBITS ENLISTING THE SERVICES OF ANY CONTRACTOR WHO MAY HAVE CONTACT WITH INMATES WHO HAS COMMITTED ANY OF THE 3 CRITERIA IDENTIFIED IN STANDARD PROVISION 115.17(a). 3 PROMOTIONAL BACKGROUND DOCUMENTS WERE PROVIDED WITH PAQ. REVIEW OF 14 RANDOM STAFF MEMBERS HIRED OR PROMOTED OVER THE PAST 12 MONTHS REVEALED AGENCY CONDUCTED THOROUGH BACKGROUND CHECK ON NEW HIRES

THROUGH FBI, NCIC, BCI AND DMV. AGENCY ALSO CONTACTS PREVIOUS EMPLOYERS, RUNS VOICE STRESS ANALYSIS TESTING WHICH PROVIDES ACCURATE RESPONSES TO INCLUDE BUT NOT LIMITED TO CRITERIA OUTLINED IN STANDARD PROVISION 115.17(a). PRIOR TO PROMOTION, CRIMINAL RECORDS CHECKS ARE EXERCISED. AGENCY CONDUCTED 4 MINI BACKGROUND CHECKS ON VOLUNTEERS IN 2015, WHICH INCLUDED AN FBI, NCIC, BCI AND DMV RECORDS CHECK. AUDITOR REVIEWED 22 CONTRACTOR MINI-BACKGROUND CHECKS CONDUCTED IN 2015, WHICH INCLUDED AN FBI, NCIC, BCI, AND DMV RECORDS CHECK.

- b) GENERAL ORDER 1.23 MANDATES CONSIDERATION OF ANY INCIDENTS OF SEXUAL HARASSMENT IN DETERMINING WHETHER TO HIRE OR PROMOTE ANYONE OR ENLIST THE SERVICES OF ANY CONTRACTOR WHO MAY HAVE CONTACT WITH INMATES. INTERVIEW WITH HUMAN RESOURCES DIRECTOR INDICATES AGENCY CONDUCTS A FULL BACKGROUND CHECK TO INCLUDE PSYCHIATRIC EVALUATION, CRIMINAL HISTORY RECORDS CHECKS AND INTERVIEWS PRIOR TO HIRING SWORN STAFF. AGENCY CONDUCTS THE SAME BACKGROUND CHECKS FOR NON-SWORN STAFF THROUGH A MINI-BACKGROUND CHECK, WHICH INCLUDES THE CRIMINAL HISTORY CHECKS BUT LIMITED INTERVIEWS, NO PERSONAL HISTORY STATEMENT OR SUPPLEMENTAL QUESTIONAIRES. ANY HISTORY OF SEXUAL HARASSMENT IS CONSIDERED IN DETERMINING WHETHER TO HIRE SWORN, NON-SWORN, VOLUNTEERS OR CONTRACTORS.
- c) GENERAL ORDER 1.23 MANDATES BEFORE HIRING, ALL EMPLOYEES, CONTRACTORS & VOLUNTEERS SHALL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK PRIOR TO EMPLOYMENT, WITH FEDERAL, STATE AND LOCAL LAW. THE SHERIFF'S OFFICE WILL MAKE ITS BEST EFFORTS TO CONTACT ALL PRIOR INSTITUTIONAL EMPLOYERS FOR INFORMATION ON SUBSTANTIATED ALLEGATIONS OF SEXUAL ABUSE OR ANY RESIGATION DURING A PENDING INVESTIGATION OF SEXUAL ABUSE. POLICY & PROCEDURE 8.04 MANDATES ALL CONTRACTORS AND PROVIDERS OF SERVICES WILL FURNISH CLASSIFICATION UNIT WITH A COMPLETED SITE CLEARANCE FORM AT LEAST 7 DAYS PRIOR TO COMMENCING REPAIR/MAINTENANCE WORK AND AT LEAST 24 OURS NOTICE FOR PART-TIME HEALTH CARE SERVICES, FOOD SERVICE WORK. CLASSIFICATION WILL CONFIRM INFORMATION FURNISHED AND CHECK FOR ARRESTS AND CONVICTIONS FOR ANY CRIMES. SITE CLEARANCE REQUEST WILL BE COMPLETED ANNUALLY ON/BY THE DATE OF ORIGINAL APPROVAL FOR CONTRACTORS WORKING IN ANY DETENTION AND CORRECTIONS FACILITY. GENERAL ORDER 4.07 MANDATES ALL POTENTIAL MEMBERS FOR HIRE BY THE SHERIFF'S OFFICE, TEMPORARY EMPLOYEES, CONTRACT PROVIDERS AND VOLUNTEER PERSONNEL WILL UNDERGO A FORMAL BACKGROUND REVIEW PROCESS CONDUCTED BY THE BACKGROUNDS AND RECRUITING UNIT TO DETERMINE SUITABILITY FOR EMPLOYMENT. INTERVIEW WITH HUMAN RESOURCES DIRECTOR INDICATES AGENCY CONDUCTS A FULL BACKGROUND CHECK TO INCLUDE PSYCHIATRIC EVALUATION, CRIMINAL HISTORY RECORDS CHECKS AND INTERVIEWS PRIOR TO HIRING SWORN STAFF. AGENCY CONDUCTS THE SAME BACKGROUND CHECKS FOR NON-SWORN STAFF THROUGH A MINI-BACKGROUND CHECK, WHICH INCLUDES THE CRIMINAL HISTORY CHECKS BUT LIMITED INTERVIEWS, NO PERSONAL HISTORY STATEMENT OR SUPPLEMENTAL QUESTIONAIRES. ANY HISTORY OF SEXUAL HARASSMENT IS CONSIDERED IN DETERMINING WHETHER TO HIRE SWORN, NON-SWORN, VOLUNTEERS OR CONTRACTORS.
- d) GENERAL ORDER 1.23 MANDATES BEFORE HIRING, ALL EMPLOYEES, CONTRACTORS & VOLUNTEERS SHALL BE SUBJECT TO A CRIMINAL BACKGROUND CHECK PRIOR TO EMPLOYMENT, WITH FEDERAL, STATE AND LOCAL LAW. THE SHERIFF'S OFFICE WILL MAKE ITS BEST EFFORTS TO CONTACT ALL PRIOR INSTITUTIONAL EMPLOYERS FOR INFORMATION ON SUBSTANTIATED ALLEGATIONS OF SEXUAL ABUSE OR ANY RESIGATION DURING A PENDING INVESTIGATION OF SEXUAL ABUSE. GENERAL ORDER 4.07 MANDATES ALL POTENTIAL MEMBERS FOR HIRE BY THE

SHERIFF'S OFFICE, TEMPORARY EMPLOYEES, CONTRACT PROVIDERS AND VOLUNTEER PERSONNEL WILL UNDERGO A FORMAL BACKGROUND REVIEW PROCESS CONDUCTED BY THE BACKGROUNDS AND RECRUITING UNIT TO DETERMINE SUITABILITY FOR EMPLOYMENT. IN THE PAST 12 MONTHS CRIMINAL BACKGROUND RECORDS CHECKS HAVE BEEN CONDUCTED ON ALL 6 CONTRACTORS IDENTIFIED BY AGENCY. AGENCY CONDUCTS MINI BACKGROUND CHECKS FOR NON-SWORN STAFF, WHICH INCLUDES THE CRIMINAL HISTORY CHECKS BUT LIMITED INTERVIEWS, NO PERSONAL HISTORY STATEMENT OR SUPPLEMENTAL QUESTIONNAIRES. ANY HISTORY OF SEXUAL HARASSMENT IS CONSIDERED IN DETERMINING WHETHER TO HIRE SWORN, NON-SWORN, VOLUNTEERS OR CONTRACTORS.

- e) GENERAL ORDER 1.23 MANDATES THAT AGENCY IS NOTIFIED THROUGH THE DEPARTMENT OF JUSTICE WHENEVER A CURRENT EMPLOYEE IS FINGERPRINTED AS A RESULT OF AN ARREST. INTERVIEW WITH HUMAN RESOURCES DIRECTOR INDICATES EMPLOYEES & CONTRACTORS HAVE AN AFFIRMATIVE DUTY TO REPORT ANY ARREST OR INSTANCES OF MALFEASANCE OR CRIMINAL ACTION. PRIOR TO PROMOTIONAL INTERVIEWS, AGENCY HAS CANDIDATE COMPLETE A SUPPLEMENTAL QUESTIONNAIRE AND ELECTRONIC BACKGROUND CHECK IS RUN (FBI/DOJ/NCIC). SAME AS VOLUNTEERS AS THEY ARE TREATED AS EMPLOYEES. CONTRACTORS MUST RE-APPLY FOR SITE CLEARANCES EVERY 2 YEARS BY THE ANNIVERSARY OF THE INITIAL SITE CLEARANCE GRANT.
- f) GENERAL ORDER 1.23 IMPOSES ON EMPLOYEES AN AFFIRMATIVE DUTY TO DISCLOSE ANY SUCH SEXUAL MISCONDUCT & ASK ALL APPLICANTS & EMPLOYEES WHO MAY HAVE CONTACT WITH INMATES DIRECTLY ABOUT PREVIOUS SEXUAL MISCONDUCT IN WRITTEN APPLICATIONS OR INTERVIEWS FOR PROMOTIONS. BLANK INTERVIEWS FOR PROMOTIONS WERE PROVIDED WITH PAQ, WHICH PROVIDES QUESTIONS COMPLIANT WITH STANDARD PROVISION 115.17(f). INTERVIEW WITH HUMAN RESOURCES DIRECTOR INDICATE APPLICANTS MUST COMPLETE A SUPPLEMENTAL QUESTIONNAIRE WHICH ASKS ABOUT PREVIOUS MISCONDUCT OF SEXUAL ABUSE & SEXUAL HARASSMENT & CURRENT EMPLOYEES HAVE AN AFFIRMATIVE DUTY TO DISCLOSE ANY TYPE OF CRIMINAL MISCONDUCT.
- g) GENERAL ORDER 1.23 & GENERAL ORDER 4.07 MANDATES THAT MATERIAL OMISSIONS REGARDING SEXUAL MISCONDUCT OR THE PROVISION OF MATERIALLY FALSE INFORMATION ARE GROUNDS FOR TERMINATION. THIS STATEMENT IS ALSO INCLUDED IN THE SWORN PERSONAL HISTORY STATEMENT.
- h) GENERAL ORDER 1.23 MANDATES 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 RESINGATION DURING A PENDING INVESTIGATION OF AN ALLEGATION OF SEXUAL ABUSE. AGENCY PROVIDED A MEMORANDUM INDICATING THEY HAVE NOT RECEIVED ANY REQUEST FROM INSTITUTIONAL EMPLOYER OVER THE PAST 12 MONTHS. INTERVIEW WITH HUMAN RESOURCES DIRECTOR INDICATE A REQUEST FROM AN INSTITUTIONAL EMPLOYER FOR RELEASE OF INFORMATION ON A FORMER EMPLOYEE IS GRANTED AS LONG AS THEY PROVIDE A RELEASE OF INFORMATION AUTHORIZATION AND APPEAR IN PERSON TO REVIEW THE PERSONNEL FILE.

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

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

- a) 2 CONSTRUCTION UPGRADES DURING THE AUDIT PERIOD. CINDERBLOCK PRIVACY WALLS INSTALLED IN THE BOOKING AREA HOLDING TANKS AND MEDICAL UNIT HOLDING TANK TO COMPLY WITH STANDARDS 115.18(a). INTERVIEW WITH AGENCY HEAD DESIGNEE AND FACILITY COMMANDER INDICATES A DETAILED EXPLORATION ON PROJECTS AND IMPACTS ON ACA & PREA FOR INMATE SAFETY. WE RECENTLY MODIFIED THE PRIVACY WALLS IN A FEW OF OUR HOLDING TANKS IN BOOKING AND THE MEDICAL UNIT TO COMPLY WITH PREA. AUDITOR OBSERVED THESE AREAS DURING ON-SITE AUDIT REVIEW.
- b) 2 SURVEILLANCE SYSTEM UPGRADE PROJECTS ON THE ELECTRONIC SURVEILLANCE SYSTEM IN 2015. ONE PROJECT HAS BEEN COMPLETED, ADDING UPGRADE SOFTWARE SYSTEM TO ENHANCE VIEWING OF ALL CAMERAS BY SUPERVISORS AND MANAGEMENT. ONE PROJECT IS CURRENTLY IN THE INSTALLATION PROCESS TO ADD 8 CAMERAS & UPGRADE 60 CAMERAS FROM ANALOG TO DIGITAL. ADDITIONALLY, A NUMBER OF BODY "VIE-VU" CAMERAS WERE PURCHASED AND ISSUED TO DEPUTIES AT GLENN DYER. INTERVIEW WITH AGENCY HEAD DESIGNEE & FACILITY COMMANDER INDICATE THE VIDEO MONITORING UPDATE IS STILL ONGOING & MORE VIDEO CAMERAS ARE TO BE INSTALLED FOR INMATE SAFETY. DURING ON-SITE FACILITY REVIEW, AUDITOR OBSERVED TWO DISTINCT BLIND SPOTS. THE CLASSIFICATION SCREENING ROOM LOCATED OFF MAIN HALLWAY FROM THE VEHICLE SALLYPORT. IT IS CONSIDERED A BLIND SPOT AS IT HAS NO CAMERAS OR STAFF MONITORING WHILE CLASSIFICATION STAFF IS CONDUCTING INMATE SCREENING. ANOTHER BLIND SPOT IS THE INFIRMARY SECTION OF THE MEDICAL CLINIC LOCATED ON THE 2ND FLOOR. THE INFIRMARY AREA IS TOTALLY ISOLATED FROM THE MAIN MEDICAL CLINIC AREA, WITH NUMEROUS BLIND SPOTS AVAILABLE. AT MINIMUM, MIRRORS AND PERIODIC SECURITY CHECKS NEED TO BE CONDUCTED IN THAT AREA.

CORRECTIVE ACTION:

1. AGENCY TO PROVIDE VIDEO MONITORING OR TIMELY STATUS CHECK PROTOCOL WHEN CLASSIFICATION SESSIONS ARE BEING CONDUCTED IN THE INMATE CLASSIFICATION SCREENING ROOM TO PROVIDE BOTH SEXUAL SAFETY & SECURITY FOR BOTH STAFF AND INMATE.
2. AGENCY TO PROVIDE VIDEO MONITORING OR TIMELY STATUS CHECK PROTOCOL IN THE WAY OF MIRRORS AND STAFF MONITORING FOR THE INFIRMARY AREA

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180-DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 29, 2016.

CORRECTIVE ACTION COMPLETION: 1/14/16:

AGENCY PROVIDED PHOTO VERIFICATION OF DIGITAL CAMERA PLACEMENT INSIDE THE CLASSIFICATION SCREENING ROOM TO PROVIDE SAFETY & SECURITY FOR BOTH STAFF & INMATE. AGENCY INCLUDED PHOTO VERIFICATION OF 4 MIRRORS PLACED IN THE INFIRMARY HALLWAYS OF THE MEDICAL CLINIC. 2ND FLOOR MEDICAL CLINIC IS CLOSED AFTER 4PM DAILY BY CUSTODY STAFF. ALL AFTER-HOURS MEDICAL STAFF WORK OUT OF THE CLINIC LOCATED IN THE BOOKING AREA. ONLY MEDICAL STAFF ENTER THE 2ND FLOOR AFTER HOURS TO RETRIEVE MEDICAL RECORDS. VIDEO MONITORING IS CONDUCTED USING RECORDED CAMERAS IN ELEVATOR (ELEVATORS OPERATED BY MAIN CONTROL), AND VIDEO MONITORING LOCATED IN LOBBY DIRECTLY OUTSIDE OF ELEVATOR ON 2ND FLOOR.

AUDITOR HAS DETERMINED AGENCY IS COMPLIANT WITH STANDARD PROVISION 115.18.

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

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

- a) AGENCY RESPONSIBLE FOR CONDUCTING BOTH ADMINISTRATIVE & CRIMINAL SEX ABUSE INVESTIGATIONS & FOLLOW A UNIFORM EVIDENCE PROTOCOL, WHICH IS, OUTLINED IN GENERAL ORDER 5.24. GENERAL ORDER 1.23 AND PAGE 4 & 5 OF POLICY & PROCEDURE 13.07. JAIL OR COURT SECURITY STAFF CONDUCTS PRELIMINARY ADMINISTRATIVE INVESTIGATIONS ONLY IF THEY HAVE RECEIVED THE PROPER TRAINING. CRIMINAL INVESTIGATIONS ARE CONDUCTED BY EDEN TOWNSHIP SUBSTANTIATION INVESTIGATORS. INTERVIEW WITH RANDOM SAMPLE OF STAFF VERIFY THEIR KNOWLEDGE AND TRAINING AS IT RELATES TO FOLLOWING A UNIFORM EVIDENCE PROTOCOL FOR OBTAINING USABLE PHYSICAL EVIDENCE FOLLOWING A SEXUAL ABUSE ALLEGATION. ALL INTERVIEWED STAFF POSSESSED AS SEXUAL ABUSE RESPONSE PROTOCOL CARD, WHICH OUTLINES BOTH THE RESPONSE FOR INMATE SAFETY AND PRESERVATION OF USABLE PHYSICAL EVIDENCE. THE ACTIONS TAKEN BY AGENCY TO ENSURE ALL STAFF POSSESS PROTOCOL CARDS TO ASSIST THEM IN FOLLOWING PROTOCOL AND POLICY DURING A TRAUMATIC SITUATION EXCEEDS STANDARD PROVISION 115.21(a)
- b) GENERAL ORDER 1.23 AND PAGE 4 & 5 OF POLICY & PROCEDURE 13.07 PROVIDES SPECIFIC PROTOCOL FOR PRESERVATION OF EVIDENCE, PROTECTING VICTIM & OBTAINING USABLE PHYSICAL EVIDENCE. PROTOCOL IS NOT SPECIFICALLY ADAPTED FOR YOUTH, AS FACILITY DOES NOT HOUSE YOUTHFUL INMATES. AGENCY CONDUCTS BOTH ADMINISTRATIVE AND CRIMINAL

SEX ABUSE INVESTIGATIONS. INTERVIEWED STAFF POSSESSED AS SEXUAL ABUSE RESPONSE PROTOCOL CARD, WHICH OUTLINES BOTH THE RESPONSE FOR INMATE SAFETY AND PRESERVATION OF USABLE PHYSICAL EVIDENCE. THIS PROTOCOL IS COMPLIANT WITH STANDARD PROVISION 115.21(b). THIS IS AN ADULT ALL MALE FACILITY. NO YOUTH ARE HOUSED IN THIS FACILITY.

- c) HIGHLAND HOSPITAL PROVIDES FORENSIC EXAMINATIONS FOR INMATE SEX ASSAULT VICTIMS. POLICY & PROCEDURE 13.07 PAGE #5 MANDATES FORENSIC MEDICAL EXAMS ARE OFFERED FREE OF CHARGE TO VICTIMS OF SEXUAL ASSAULT. IN PAST 12 MONTHS NO FORENSIC MEDICAL EXAMS CONDUCTED. IF SAFE OR SANE's ARE NOT AVAILABLE, FACILITY DOES NOT DOCUMENT EFFORTS TO PROVIDE SANE OR SAFE's. INTERVIEW WITH SAFE/SANE/SART NURSE AT THE HIGHLAND SEXUAL ASSAULT CENTER INDICATE NURSES ARE AVAILABLE 24/7 AND WORK OUT OF THE EMERGENCY DEPARTMENT.
- d) HIGHLAND SEXUAL ASSAULT CENTER AND BAY AREA WOMEN AGAINST RAPE (BAWAR) PROVIDES ADVOCACY AND OUTSIDE REPORTING FOR VICTIMS OF SEXUAL ABUSE. AGENCY PROVIDED MOU WHICH EXPIRES IN 2017 & PROVIDES FOR SART HOSPITAL ACCOMPANIMENT, TOLL-FREE NUMBERS FOR OUTSIDE REPORTING. INTERVIEW WITH PREA COMPLIANCE MANAGER INDICATES HIGHLAND HOSPITAL SEXUAL ASSAULT CENTER AND BAY AREA WOMENS ASSAULT RECOVERY (BAWAR), PROVIDES ADVOCACY FOR INMATES WHO ARE VICTIMS OF SEXUAL ASSAULT.
- e) POLICY & PROCEDURE 13.07 STATES HIGHLAND SEXUAL ASSAULT CRISIS CENTER WILL PROVIDE ADVOCACY & IF INMATE VICTIM DOES NOT WISH TO CONTACT THE SEXUAL ASSAULT CRISIS CENTER FOR ADVOCACY, COUNTY JAIL MENTAL HEALTH SERVICES CAN PROVIDE ADVOCACY & FOLLOWUP CARE. INTERVIEW WITH PREA COMPLIANCE MANAGER INDICATE HIGHLAND HOSPITAL SEXUAL ASSAULT CENTER AND BAY AREA WOMENS ASSAULT RECOVERY (BAWAR), PROVIDES ADVOCACY FOR INMATES WHO ARE VICTIMS OF SEXUAL ASSAULT. THESE RESOURCES FOLLOW VICTIM FROM THE FORENSIC EXAMINATION THROUGH COURT PROCEEDINGS AND FOLLOWUP CARE FOR EMOTIONAL SUPPORT.
- f) N/A - AGENCY IS RESPONSIBLE FOR BOTH CRIMINAL AND ADMINISTRATIVE INVESTIGATIONS
- g) N/A – NOT APPLICABLE PER DOJ
- h) N/A – NOT APPLICABLE PER DOJ

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

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

- a) GENERAL ORDER 1.23 MANDATES THE SHERIFF’S OFFICE TO THOROUGHLY INVESTIGATE AND IMMEDIATELY ADDRESS ALL ALLEGATIONS OF SEXUAL ABUSE & SEXUAL HARASSMENT. POLICY & PROCEDURE 14.03 MANDATES INVESTIGATORS ASSIGNED TO THE SPECIAL VICTIMS UNIT WILL BE THE ONLY INVESTIGATORS TO BE ASSIGNED TO INVESTIGATE SEXUAL ASSAULTS WITHIN THE CONFINEMENT SETTINGS. INTERVIEW WITH AGENCY HEAD DESIGNEE INDICATE THAT ALL ALLEGATIONS OF SEXUAL ABUSE AND HARASSMENT ARE INVESTIGATED IMMEDIATELY THROUGH THE SPECIAL VICTIMS UNIT INVESTIGATORS. AGENCY ORIGINALLY INDICATED THERE WAS ONLY 1 SEX ABUSE ALLEGATION RECEIVED IN THE PAST 12 MONTHS. THIS ALLEGATION WAS MADE DURING INTAKE WHEN AN INMATE ALLEGED SEX ABUSE AT A FORMER INSTITUTION WHERE HE WAS HOUSED. THERE HAVE BEEN NO ALLEGATIONS OF SEXUAL ABUSE AT THE GLENN DYER FACILITY OVER THE PAST 12 MONTHS.
- b) POLICY & PROCEDURE 14.03 MANDATES INVESTIGATORS ASSIGNED TO THE SPECIAL VICTIMS UNIT WILL BE THE ONLY INVESTIGATORS TO BE ASSIGNED TO INVESTIGATE SEXUAL ASSAULTS WITHIN THE CONFINEMENT SETTINGS AS THEY ARE SPECIALLY TRAINED TO CONDUCT INVESTIGATIONS ON THESE TYPES OF CASES. POLICY IS INCLUDED ON THE AGENCY WEBSITE. POLICY & PROCEDURE 13.07 MANDATES A THOROUGH INVESTIGATION SHALL BE DOCUMENTED AND COMPLETED IN ALL CASES OF REPORTED HARASSMENT OR ASSAULT. INTERVIEWS WITH CRIMINAL AND ADMINISTRATIVE INVESTIGATIVE STAFF INDICATE THE SPECIAL VICTIMS UNIT INVESTIGATORS HANDLE ALL ALLEGATIONS OF SEXUAL ABUSE UNTIL IT IS DEEMED THE INVESTIGATION TURNS TO AN ADMINISTRATIVE MANNER. INTERNAL AFFAIRS THEN TAKES OVER. IF THE INITIAL INVESTIGATION APPEARS ADMINISTRATIVE IN NATURE, THE INTERNAL AFFAIRS UNIT CONDUCTS THE INITIAL INVESTIGATION UNLESS THE EVIDENCE APPEARS TO BE CRIMINAL IN NATURE. INTERNAL AFFAIRS TURNS THE CASE OVER TO THE SPECIAL VICTIMS UNIT FOR THE CRIMINAL INVESTIGATION, TOLLS THE ADMINISTRATIVE INVESTIGATION UNTIL THE CRIMINAL CASE IS CLOSED, THEN RESUMES THE ADMINISTRATIVE INVESTIGATION. POLICY MANDATING ALL SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS BE REFERRED FOR INVESTIGATION IS PUBLISHED ON THE AGENCY WEBSITE.
- c) N/A – NOT APPLICABLE PER DOJ
- d) N/A – NOT APPLICABLE PER DOJ

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

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

- a) GENERAL ORDER 1.23 MANDATES THE TRAINING OF ALL STAFF, CONTRACTORS & VOLUNTEERS WHO MAY HAVE INMATE CONTACT, RECEIVE TRAINING ON THE 10 CRITERIA ITEMS IDENTIFIED IN STANDARD PROVISION 115.31(a). INTERVIEW WITH RANDOM SAMPLE OF STAFF INDICATE THEY ALL RECEIVED PREA TRAINING JUNE 2015 IF THEY WERE NEW HIRES. PREA TRAINING WAS ALSO PROVIDED IN 2014 FOR PREVIOUS HIRES. STAFF INDICATES THEY CONTINUALLY RECIEVE REFRESHER TRAINING DURING THE YEAR AT MUSTER, WHICH OCCURS BEFORE EACH SHIFT. AGENCY PROVIDED AUDITOR WITH ELECTRONIC PREA TRAINING RECORDS FOR BOTH 2014 & 2015. RECORDS HAD ELECTRONIC SIGNATURES AND ELECTRONIC DATE STAMP FOR ON-LINE PREA TRAINING. THIS TRAINING INCLUDES CONTROL TECHNICIAN STAFF. TRAINING CURRICULUM POWERPOINT WAS PROVIDED AUDITOR, WHICH MEETS ALL 10 CRITERIA, OUTLINED IN STANDARD 115.31(a). THIS POWERPOINT IS PRESENTED ANNUALLY AT ALL CORE TRAINING SESSIONS.
- b) GENERAL ORDER 1.23 MANDATES STAFF WHO ARE TRANSFERRED FROM ONE JAIL TO THE OTHER SHALL RECEIVE TRAINING TAILORED TO THE GENDER OF THE INMATES AT THE NEW FACILITY. TRAINING CURRICULUM DISCUSSES BOTH GENDERS AS AGENCY HAS BOTH MALE & FEMALE FACILITIES.
- c) GENERAL ORDER 1.23 MANDATES THE TRAINING OF ALL STAFF, CONTRACTORS & VOLUNTEERS WHO MAY HAVE INMATE CONTACT, RECEIVE TRAINING ON THE 10 CRITERIA ITEMS IDENTIFIED IN STANDARD PROVISION 115.31(a). INITIAL TRAINING SHALL OCCUR DURING NEW EMPLOYEE ORIENTATION, ANNUAL TRAINING & CORE CORRECTIONS COURSE. REFRESHER TRAINING SHALL OCCUR AT LEAST EVERY 2 YEARS. 2014 & 2015 TRAINING BULLETINS PROVIDED WHICH DISCUSSES SAME CRITERIA IN STANDARD PROVISION 115.31. AGENCY INDICATES OUT OF 133 STAFF EMPLOYED BY FACILITY WHO HAVE CONTACT WITH INMATES, 100% HAVE BEEN TRAINED. SWORN, UNSWORN & CIVILIAN TRAINING CURRICULUMS PROVIDED & MEETS PREA STANDARDS. REVIEW OF ELECTRONIC TRAINING RECORDS AND SIGN-IN ROSTERS INDICATE ALL STAFF HAVE BEEN TRAINED IN THE PREA REQUIREMENTS
- d) GENERAL ORDER 1.23 MANDATES PROOF OF TRAINING DOCUMENTED VIA THE DMS ELECTRONIC SYSTEM OR MANUAL SIGNATURE SIGN-OFF SHEETS, WHICH PROVIDES UNDERSTANDING ACKNOWLEDGEMENT OF TRAINING THAT WAS RECEIVED. COPIES OF 2014 & 2015 CIVILIAN TRAINING SIGN-IN LOGS & ACKNOWLEDGEMENT FORMS PROVIDED. COPIES OF 2014 & 2015 DMS ELECTRONIC SYSTEM TRAINING LOGS FOR SWORN STAFF PROVIDED, INCLUDING SHEETS FOR 80 HOUR CORE COURSE AND INVESTIGATIVE TRAINING CERTIFICATES. REVIEW OF ELECTRONIC TRAINING RECORDS AND SIGN-IN ROSTERS INDICATE ALL STAFF HAVE BEEN TRAINED IN THE PREA REQUIREMENTS, HOWEVER, THE ONLY ACKNOWLEDGEMENT DOCUMENTATION BEGIN JANUARY 2015.

CORRECTIVE ACTION:

AGENCY TO PROVIDE TRAINING SIGN-IN SHEETS AND ACKNOWLEDGEMENT OF UNDERSTANDING FOR STAFF PREA TRAINING CONDUCTED BETWEEN JANUARY 2015 AND MARCH 2015 TO VERIFY COMPLIANCE WITH STANDARD 115.31

AUDITOR TO VERIFY COMPLIANCE BY REVIEWING A RANDOM SAMPLING STAFF TRAINING RECORDS DURING 90 DAY CORRECTIVE ACTION SITE REVIEW STATUS CHECK, TO BE SCHEDULED DURING THE MONTH OF MARCH 2016.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180-DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 29, 2016.

CORRECTIVE ACTION COMPLETION 3/21/16:

AUDITOR CONDUCTED CORRECTIVE ACTION 90 DAY ON-SITE REVIEW. AGENCY PROVIDED PREA TRAINING SIGN-IN SHEETS AND ACKNOWLEDGEMENT OF UNDERSTANDING FOR BOTH SWORN AND UNSWORN STAFF FOR VERIFICATION OF PREA TRAINING CONDUCTED BETWEEN JANUARY 2015 AND MARCH 2015 TO VERIFY COMPLIANCE WITH STANDARD 115.31. BASED UPON REVIEW OF DOCUMENTATION PROVIDED, AUDITOR HAS DETERMINED AGENCY COMPLIES WITH STANDARD 115.31.

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

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

- a) GENERAL ORDER 1.23 MANDATES THE TRAINING OF ALL STAFF, CONTRACTORS & VOLUNTEERS WHO MAY HAVE INMATE CONTACT, RECEIVE TRAINING ON THEIR RESPONSIBILITIES UNDER THE AGENCY'S POLICIES AND PROCEDURES REGARDING SEXUAL ABUES/HARASSMENT PREVENTION, DETECTION AND RESPONSE. OUT OF THE 117 VOLUNTEERS & CONTRACTORS WHO HAVE CONTACT WITH INMATES, 100% HAVE BEEN TRAINED. INTERVIEW WITH VOLUNTEER INDICATES THEY HAVE BEEN TRAINED IN PREA AND THEIR RESPONSIBILITIES AS IT RELATES TO REPORTING SEXUAL ABUSE AND SEXUAL HARASSMENT. NO CONTRACTORS WERE AVAILABLE TO INTERVIEW, AS THEY WERE NO LONGER WORKING ON THE ASSIGNED PROJECT. REVIEW OF TRAINING RECORDS FOR VOLUNTEERS AND CONTRACTORS INDICATE ALL HAVE BEEN TRAINED AS VERIFIED THROUGH TRAINING ROSTERS AND ACKNOWLEDGEMENTS PROVIDED BY AGENCY. TRAINING WAS CONDUCTED AND DID NOT POSSESS ACKNOWLEDGEMENT VERIFICATION UNTIL JANUARY 2015.
- b) VOLUNTEERS & CONTRACTORS ARE PROVIDED SAME TRAINING AS STAFF, BASED ON THE LEVEL OF CONTACT THEY HAVE WITH INMATES. ALL ARE NOTIFIED OF THE ZERO TOLERANCE POLICY

REGARDING SEXUAL ABUSE/HARASSMENT OF INMATES AND HOW TO REPORT SUCH INCIDENTS. TRAINING CURRICULUM IS COMPLIANT WITH STANDARD PROVISION 115.32(b). INTERVIEW WITH VOLUNTEER INDICATES THEY RECEIVE ANNUAL ORIENTATION 1-DAY TRAINING AT SANTA RITA USING POWERPOINT FOR VOLUNTEERS. CONTRACTORS WHO DO NOT HAVE CONTACT WITH INMATES BUT ARE PROVIDED PREA EDUCATIONAL PAMPHLET AND ACKNOWLEDGEMENT THAT PREA EDUCATION HAS BEEN PROVIDED.

- c) AGENCY PROVIDED AUDITOR WITH TRAINING SIGN-IN SHEETS 2014 & 2015 AND ACKNOWLEDGEMENT FORMS FOR PREA TRAINING FOR 2015. TRAINING WAS CONDUCTED IN 2014 & 2015 BUT DID NOT POSSESS ACKNOWLEDGEMENT VERIFICATION UNTIL JANUARY 2015.

CORRECTIVE ACTION:

AGENCY TO PROVIDE TRAINING SIGN-IN SHEETS AND ACKNOWLEDGEMENT OF UNDERSTANDING FOR VOLUNTEER & CONTRACTOR PREA TRAINING CONDUCTED BETWEEN JANUARY 2015 AND MARCH 2015 TO VERIFY COMPLIANCE WITH STANDARD 115.32.

AUDITOR TO VERIFY COMPLIANCE BY REVIEWING A RANDOM SAMPLING OF VOLUNTEER & CONTRACTOR PREA TRAINING RECORDS DURING 90 DAY CORRECTIVE ACTION SITE REVIEW STATUS CHECK, TO BE SCHEDULED DURING THE MONTH OF MARCH 2016.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180-DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 29, 2016.

CORRECTIVE ACTION COMPLETION 3/21/16:

DURING 90 DAY CORRECTIVE ACTION REVIEW, AGENCY PROVIDED PREA TRAINING SIGN-IN SHEETS AND ACKNOWLEDGEMENT OF UNDERSTANDING FOR 83 VOLUNTEERS & 10 CONTRACTORS PREA TRAINING CONDUCTED BETWEEN JANUARY 2015 AND MARCH 2015. BASED UPON VERIFICATION OF DEMONSTRATION AND PRACTICE OF PREA TRAINING, ATTENDANCE AND DOCUMENTATION. AUDITOR HAS DETERMINED AGENCY COMPLIES WITH ALL PROVISIONS OF STANDARD 115.32.

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

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

- a) WHEN INMATE ARRIVES, HE/SHE IS SHOWN EDUCATIONAL VIDEO AT INTAKE, TRANSFER & RELEASE HOLDING CELL BEFORE BEING PLACED ON A HOUSING FLOOR. VIDEO IS ALSO SHOWN 24 HOURS PER DAY IN HOUSING UNITS ON CHANNEL 24. VIDEO IS IN BOTH ENGLISH & SPANISH. WITHIN 72 HOURS OF INTAKE, INMATE IS PROVIDED ORIENTATION, WHICH COVERS HOW TO REPORT SEXUAL ABUSE & SEXUAL HARASSMENT. INMATE IS ALSO PROVIDED INMATE HANDBOOK, WHICH IS PRINTED IN ENGLISH, SPANISH & BRAILLE. OVER THE PAST 12 MONTHS, 5945 INMATES WERE ADMITTED & 100% HAVE RECEIVED ZERO-TOLERANCE & SEX ABUSE/HARASSMENT REPORTING INFORMATION, INCLUDING THE INMATE PAMPHLET WHICH PROVIDES ZERO-TOLERANCE AND REPORTING INFORMATION FOR OUTSIDE ENTITIES FOR ADVOCACY & REPORTING. THE INMATE RULE BOOK CONTAINS TOPICS ON ZERO-TOLERANCE, SEX ABUSE/HARASSMENT REPORTING BOTH INSIDE FACILITY & CONTACT NUMBERS TO CONFIDENTIALLY CONTACT OUTSIDE AGENCIES USING *89 TO CONTACT THE RAPE CRISIS HOTLINE. THE INMATE HANDBOOK INDICATES THAT NUMBER IS NOT MONITORED BY AGENCY. INTERVIEW WITH INTAKE STAFF INDICATES THEY PROVIDE INMATES WITH THE HANDBOOK AND PREA PAMPHLET DURING INTAKE AND BOOKING. THE INMATE PAMPHLET & HANDBOOK PROVIDES NARRATIVE RELATED TO LIMITS OF CONFIDENTIALITY WHEN CONTACTING OUTSIDE REFERRALS. THEY VERBALLY INFORM INMATES OF PREA CONTACT INFORMATION AND PREA INFORMATION IS ALSO PROVIDED IN ORIENTATION VIDEO PRIOR TO HOUSING PLACEMENT AND PREA VIDEO PLAYED IN A LOOP EVERY SATURDAY AND SUNDAY IN EVERY HOUSING UNIT. INTERVIEW OF RANDOM SAMPLE OF INMATES INDICATE THEY ARE PROVIDED WITH THE INMATE HANDBOOK, EVEN THE REVISED HANDBOOK PROVIDED THIS YEAR. THEY DO NOT REMEMBER RECEIVING THE PAMPHLET, BUT REMEMBER THE ORIENTATION VIDEO. INMATES INDICATE THE PREA VIDEO IN THE HOUSING UNIT IS ANNOYING AS IT IS PLAYED ALL THE TIME. REVIEW OF INMATE CLASSIFICATION SHEET PROVIDES A DESIGNATION WHERE CLASSIFICATION OFFICER ANNOTATES BY CHECKMARK WHERE EACH INMATE WAS PROVIDED THE INMATE RULEBOOK & PREA PAMPHLET & WHETHER THE INMATE ACCEPTED THE ITEMS OR REFUSED THEM. OUT OF THE 12 RANDOMLY SELECTED INTAKE FILES, ONLY ONE REFUSED TO ACCEPT THE HANDBOOK & PAMPHLET.
- b) OF THE 518 INMATES ADMITTED DURING PAST 12 MONTHS WHOSE LENGTH OF STAY IN FACILITY WAS FOR 30 DAYS OR MORE, 100% HAVE RECEIVED COMPREHENSIVE PREA EDUCATION. ORIENTATION VIDEO REVIEWED DURING ON-SITE REVIEW. AS WAS PREA EDUCATION VIDEO WHICH RUNS AS A LOOP FOR 2 HOURS EACH SATURDAY AND SUNDAY IN EVERY HOUSING UNIT. INTERVIEW WITH INTAKE STAFF & RANDOM SAMPLE OF INMATES VERIFY INMATE ORIENTATION VIDEO DURING INTAKE AND THE PREA EDUCATIONAL VIDEO WHICH PLAYS IN A 2HR LOOP EVERY SATURDAY AND SUNDAY. PLAYING OF THE HOUSING UNIT VIDEO IS ENTERED INTO THE HOUSING LOG RED-BOOK AND VERIFIED BY AUDITOR DURING ON-SITE AUDIT REVIEW.

- c) AGENCY PROVIDED AUDITOR WITH LOG BOOK ENTRIES WHICH VERIFY PREA EDUCATIONAL VIDEO WAS PROVIDED IN EACH HOUSING UNIT ON 10/15/13. POLICY MANDATES VIDEO IS ALSO SHOWN 24 HOURS PER DAY IN HOUSING UNITS ON CHANNEL 24 & RECORDED IN HOUSING LOG BOOK. VIDEO IS IN BOTH ENGLISH & SPANISH. INTERVIEW WITH INTAKE STAFF INDICATE ALL INMATES ARE HANDED INMATE RULE BOOK AND PREA PAMPHLET AT BOOKING. THEY ARE ALSO REQUIRED TO VIEW THE ORIENTATION VIDEO, WHICH INCLUDES A PREA COMPONENT. THEY ALSO RECEIVE WEEKLY PREA EDUCATION THROUGH THE HOUSING PREA EDUCATION VIDEO EVERY SATURDAY AND SUNDAY.
- d) INMATE HANDBOOK IS PROVIDED IN ENGLISH, SPANISH & THROUGH POINT-BOOK TO RELAY INFORMATION TO AND FROM INMATES WHO ARE DISABLED. LANGUAGE LINE INTERPRETERS ARE PROVIDED FOR LIMITED ENGLISH PROFICIENT INMATES AND DEAF INMATES. POLICY & PROCEDURE 17.07 MANDATES THAT DURING EMERGENCIES OR CRISIS, AND /OR WHEN ALL OTHER MEANS OF COMMUNICATION, WRITING, VERBAL, IN-HOUSE TRANSLATORS, HAVE BEEN EXHAUSTED, THE INMATE WILL BE COMMUNICATED WITHIN THEIR NATIVE LANGUAGE USING THE LIONBRIDGE LANGUAGE LINE. POLICY & PROCEDURE 17.07 OR POLICY & PROCEDURE 18.01. POLICY 12.03 MANDATES THAT IF THE CLASSIFICATION DEPUTY DETERMINES THE INMATE IS INCAPABLE OF READING OR UNDERSTANDING THEIR RIGHTS AND PROTECTIONS UNDER PREA, IT SHALL BE THE DUTY OF THE CLASSIFICATION OFFICER TO ASSIST THE INMATE WITH KNOWLEDGE & UNDERSTANDING OF THE ZERO TOLERANCE POLICY AND INMATE RIGHTS AS IT RELATES TO SEXUAL ABUSE/HARASSMENT AND RETALIATION AND NOTE THEIR EFFORTS ON THE CLASSIFICATION SHEET.
- e) CLASSIFICATION OFFICER PROVIDES DOCUMENTATION ON CLASSIFICATION SHEET WHEN INMATE RECIEVES THE INMATE RULES & REGULATIONS & PREA HANDOUT. THE INFORMATION IS ALSO PROVIDED ON EACH INMATE CUSTODY CARD WITH THE DATE INMATE WAS PROVIDED THE INFORMATION. ADDITIONALLY, PREA VIDEO IS SHOWN IN HOUSING UNITS DAILY & DOCUMENTED IN HOUSING LOGBOOK. DOCUMENTATION VERIFYING INMATES RECEIVING INMATE HANDBOOK AND PREA HANDOUT ARE INCLUDED IN THE INMATE CLASSIFICATION REPORT DURING BOOKING AND CLASSIFICATION. VERIFICATION OF THE PREA EDUCATION VIDEO BEING PLAYED IN EACH HOUSING UNIT ON SATURDAYS & SUNDAYS ARE LOGGED INTO THE CONTROL ROOM LOG BOOK BY THE CONTROL ROOM TECHNICIAN AND THE POD LOG BOOK BY THE SUPERVISING DEPUTY.
- f) INMATE HANDBOOK PROVIDED WITH PAQ. PREA VIDEO PROVIDED IN HOUSING UNIT DAILY & VERIFIED IN HOUSING LOGBOOK. KEY INFORMATION IS PROVIDED THROUGH INMATE HANDBOOK, PREA PAMPHLET, PREA POSTERS WITH CONFIDENTIAL CONTACT INFORMATION ON POD WALLS, HOLDING TANKS AND NEXT TO PHONES. INMATE PREA EDUCATION IS ALSO ON THE WALLS OF THE TWO RECREATION GYMS LOCATED ON THE 6TH FLOOR. INMATE HANDBOOK PROVIDES LIMITS OF CONFIDENTIALITY WHEN COMMUNICATING CONTACT INFORMATION TO CONFIDENTIAL SOURCES.

RECOMMENDATION:

1. CLASSIFICATION OFFICER HAVE INMATE INITIAL TO ACKNOWLEDGE RECIEPT OF PREA EDUCATIONAL ITEMS.
2. PROVIDE PREA SIGNAGE/POSTERS IN KITCHEN, LAUNDRY, CLASSIFICATION SCREENING AREA & MEDICAL CLINIC FOR EFFECTIVE EDUCATION OF INMATES.

AGENCY RESPONSE TO AUDITOR RECOMMENDATION:

AGENCY UPDATED CLASSIFICATION FORM TO ACKNOWLEDGE IF INMATE RECEIVED PREA

EDUCATIONAL ITEMS AND IF HE ACCEPTED OR DENIED IT. INMATE SIGNS THE CLASSIFICATION FORM TO ACKNOWLEDGE RECEIPT OF THESE ITEMS. DURING THE 3/21/16 CORRECTIVE ACTION ON-SITE REVIEW, AGENCY REPRESENTATIVES TOOK AUDITOR ON A REVIEW OF THE FACILITY, WHERE AUDITOR OBSERVED LARGE PREA SIGNAGE POSTERS ON THE BASEMENT HALLWAY WALLS LEADING TO KITCHEN AND LAUNDRY. ADDITIONAL PREA POSTERS WERE INSTALLED IN BOTH THE KITCHEN AREA AND BOTH INSTITUTIONAL LAUNDRY ROOMS WHERE INMATES WORKED. THE CLASSIFICATION SCREENING POSSESSES ONE POSTER IN THE SCREENING AREA AND STENCIL POSTERS ARE LOCATED IN THE HOLDING AREA ADJACENT TO THE CLASSIFICATION SCREENING AREA. THE MEDICAL CLINIC HOLDING AREA HAS STENCILED PREA POSTERS AND MEDICAL CLINIC HAS 4 CAMERAS IN THE FRONT HOLDING AREA AND AREA ADJACENT TO THE ELEVATORS. AGENCY ALSO INSTALLED 9 MIRRORS TO PROVIDE SECURITY COVERAGE THROUGH VISUAL MONITORING IN THE BLIND SPOTS. PREA EDUCATIONAL POSTERS ARE ALSO STENCILED ON WALLS OF BOTH RECREATION AREAS ON THE 6TH FLOOR. ALL POSTERS IDENTIFIED ABOVE PROVIDE CONFIDENTIALITY STATEMENT AND STATEMENT THAT INDICATES CALLS TO OUTSIDE SERVICE PROVIDERS FOR SEXUAL REPORTING OR EMOTIONAL REPORT ARE NOT MONITORED.

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

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

- a) POLICY & PROCEDURE 14.03 MANDATES ALL PATROL STAFF TO COMPLETE PRELIMINARY INVESTIGATION SEXUAL ASSAULT TRAINING IN BASIC ACADEMY. INVESTIGATORS SHALL MINIMALLY RECEIVE TRAINING IN BASIC INVESTIGATIONS THROUGH PEACE OFFICER STANDARDS & TRAINING (POST) AS WELL AS TRAINING FROM A DOJ APPROVED COURSE ON INVESTIGATING SEXUAL ASSAULTS IN CONFINEMENT FACILITIES. ADDITIONAL TRAINING MAY INCLUDE CHILD ABUSE/SEXUAL ASSAULT INVESTIGATIONS, SEXUAL ASSAULT INVESTIGATIONS & INTERVIEW AND INTERROGATION TECHNIQUES. INVESTIGATORS ASSIGNED TO THE SPECIAL VICTIMS UNIT WILL BE THE ONLY INVESTIGATORS ASSIGNED TO INVESTIGATE SEXUAL ASSAULTS IN ANY OF THE SHERIFF'S OFFICE CONFINEMENT FACILITIES DUE TO THEIR EXTENSIVE TRAINING. CURRICULUM PROVIDED WITH PAQ WAS THE MOSS GROUP INVESTIGATING SEXUAL ABUSE IN CONFINEMENT SETTING TRAINING CURRICULUM, WHICH IS COMPLIANT WITH STANDARD 115.34 PROVIDED VIA THE NIC E-LEARNING COURSE. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE ALL INVESTIGATORS ARE TRAINED THROUGH THE NIC E-LEARNING ON-LINE INVESTIGATION OF SEXUAL ABUSE IN A CONFINEMENT SETTING COURSE. AUDITOR REVIEWED 29 INVESTIGATOR TRAINING RECORDS WHICH VERIFIED COMPLETED TRAINING VIA THE NIC E-LEARNING COURSE FOR ALL INVESTIGATORS.

- b) NIC E-LEARNING CURRICULUM FOR INVESTIGATIVE SEXUAL ABUSE IN A CONFINEMENT SETTING COMPLIES WITH STANDARD PROVISION 115.34 AS IT INCLUDES TECHNIQUES FOR INTERVIEWING SEXUAL ABUSE VICTIMS, PROPER USE OF MIRANDA & GARRITY WARNINGS, EVIDENCE COLLECTION IN CONFINEMENT SETTINGS & EVIDENCE REQUIRED TO SUBSTANTIATE A CASE FOR ADMINISTRATIVE ACTION OR PROSECUTION REFERRAL. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE KNOWLEDGE OF TOPICS COVERED IN THE NIC E-LEARNING INVESTIGATION COURSE WHICH INCLUDE MIRANDA & GARRITY WARNINGS, LYBARGER, EVIDENCE COLLECTION IN A CONFINEMENT SETTING & EVIDENCE REQUIRED TO SUBSTANTIATE AN ADMINISTRATIVE AND CRIMINAL CASE.
- c) AGENCY MAINTAINS COMPLETION CERTIFICATION DOCUMENTATION ON ALL SEXUAL ABUSE INVESTIGATORS & PROVIDED AUDITOR COPIES OF SAID TRAINING CERTIFICATES FROM THE NIC E-LEARNING 3 HOUR SEX ABUSE INVESTIGATION IN A CONFINEMENT SETTING.
- d) N/A – NO APPLICABLE PER DOJ

115.35	Specialized training: Medical and mental health care
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

- a) POLICY & PROCEDURE B-21 d MANDATES SHERIFF’S OFFICE TO PROVIDE TRAINING TO COUNTY JAIL MEDICAL & MENTAL HEALTH PRACTITIONERS ON EACH OF THE 4 CRITERIA OUTLINED IN STANDARD PROVISION 115.35(a). POLICY MANDATES AGENCY SHALL MAINTAIN DOCUMENTATION THAT MEDICAL AND MENTAL HEALTH PRACTITIONERS HAVE RECEIVED THE TRAINING. POLICY & PROCEDURE J-B-04-00 MANDATES ALL FULL AND PART TIME HEALTH SERVICES PRACTITIONERS ARE TRAINED IN THE CRITERIA OUTLINED IN THIS STANDARD PROVISION. AGENCY REPORTS THEY EMPLOY 35 MEDICAL AND MENTAL HEALTH CARE PRACTITIONERS & ALL HAVE RECEIVED THE REQUIRED TRAINING UNDER STANDARD PROVISION 115.35(a). AGENCY PROVIDED AUDITOR WITH ANNUAL CIVILIAN TRAINING SIGN UP SHEET WHICH INCLUDED CONTRACTOR, VOLUNTEER & MEDICAL STAFF. TRAINING ACKNOWLEDGMENT FORMS WERE COMPLETED WITH THE SIGN-IN LOGS FOR ALL MEDICAL AND MENTAL HEALTH PRACTITIONER BEGINNING IN JANUARY 2015. TRAINING FOR ALL WAS COMPLETED ON 7/15/15. THE TOPICS COVERED INCLUDED SEXUAL ABUSE & SEXUAL HARASSMENT & PREA TRAINING. INTERVIEW WITH MEDICAL AND MENTAL HEALTH STAFF INDICATE RECEIPT OF SPECIALIZED PREA

TRAINING CORROBORATED BY TRAINING SIGN-IN SHEETS, ACKNOWLEDGEMENT FORMS AND TRAINING CURRICULUM POWERPOINT WHICH MEETS TRAINING CRITERIA MANDATED IN STANDARD PROVISION 115.35(a) FOR MEDICAL AND MENTAL HEALTH STAFF. THESE SAME CRITERIA IS UTILIZED TO TRAIN ALL CIVILIAN STAFF.

- b) N/A - STANDARD PROVISION 115.35(d) IS NOT APPLICABLE TO THIS FACILITY AS MEDICAL STAFF DO NOT CONDUCT FORENSIC EXAMINATIONS. FORENSIC EXAMINATIONS ARE CONDUCTED AT HIGHLAND HOSPITAL.
- c) CIVILIAN STAFF SIGN IN SHEETS, WHICH INCLUDED THE ACKNOWLEDGEMENT OF UNDERSTANDING, INCLUDED MENTAL HEALTH & MEDICAL PRACTITIONER STAFF AND WAS PROVIDED TO AUDITOR. THE PROVIDED FORMS INDICATE PREA TRAINING WAS CONDUCTED FROM JANUARY 2015 TO JULY 2015.
- d) ACKNOWLEDGEMENT FORMS DATED FROM 1/2/15 TO 7/15/15 WAS PROVIDED TO AUDITOR, WHICH INCLUDED CONTRACTORS, MEDICAL, & MENTAL HEALTH STAFF. TRAINING TOPICS INCLUDED PREA TRAINING & PREA COMPLIANT POWERPOINT CURRICULUM PROVIDED.

CORRECTIVE ACTION:

AGENCY TO PROVIDE TRAINING SIGN-IN SHEETS AND ACKNOWLEDGEMENT OF UNDERSTANDING FOR MEDICAL & MENTAL HEALTH PREA TRAINING CONDUCTED BETWEEN JANUARY 2015 AND MARCH 2016 TO VERIFY COMPLIANCE WITH STANDARD 115.35

AUDITOR TO VERIFY COMPLIANCE BY REVIEWING A RANDOM SAMPLING OF MEDICAL & MENTAL HEALTH PREA TRAINING RECORDS DURING 90 DAY CORRECTIVE ACTION SITE REVIEW STATUS CHECK, TO BE SCHEDULED DURING THE MONTH OF MARCH 2016.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180-DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 29, 2016.

CORRECTIVE ACTION COMPLETION 3/21/16:

DURING CORRECTIVE ACTION ON SITE REVIEW OF 3/21/16, AGENCY PROVIDED TRAINING SIGN-IN SHEETS AND ACKNOWLEDGEMENT OF UNDERSTANDING FOR 31 CORIZON MEDICAL & MENTAL HEALTH PREA TRAINING CONDUCTED BETWEEN JANUARY 2015 AND MARCH 2016. BASED UPON PREA TRAINING ATTENDANCE AND ACKNOWLEDGEMENT DOCUMENTATION PROVIDED BY AGENCY, AUDITOR HAS DETERMINED AGENCY MEETS STANDARD 115.35.

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

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

- a) POLICY & PROCEDURE 12.01 MANDATES ALL NEWLY RECEIVED INMATES WILL UNDERGO THE INTAKE PROCESS AND INITIAL CLASSIFICATION PROCESS TO OBTAIN SPECIFIC INFORMATION REGARDING THEIR PRIOR VICTIMIZATION AND/OR SEXUAL PREDATORY NATURE. SHOULD EITHER OF THESE CRITERIA BE MET DURING CLASSIFICATION, THE INMATE IS REFERRED TO MENTAL HEALTH PRACTITIONER PRIOR TO CLASSIFICATION MAKING HOUSING AND PROGRAMMING DETERMINATION. POLICY & PROCEDURE 12.03 MANDATES ALL INMATES SHALL BE ASSESSED DURING AN INTAKE SCREENING AND UPON TRANSFER FROM ANOTHER FACILITY FOR THEIR RISK OF BEING SEXUALLY ABUSED BY OTHER INMATES OR SEXUALLY ABUSIVE TOWARDS OTHER INMATES. TRANSFERRED INMATES SHALL HAVE THEIR FILES REVIEWED THE DAY THEY ARE TRANSFERRED TO ANOTHER FACILITY. INTERVIEW WITH STAFF RESPONSIBLE FOR RISK SCREENING INDICATE EVERYONE SEES THE CLASSIFICATION OFFICER BEFORE BEING HOUSED. SCREENING IS CONDUCTED ON INMATES WHO TRANSFER FROM ANOTHER FACILITY USING THE PREVIOUS CLASSIFICATION SCREENING INFORMATION AND THEN INTERVIEW THEM IN THE EVENT THERE ARE ANY CHANGES THAT MUST BE ADDRESS FOR THEIR SAFETY. RANDOM SAMPLE OF INMATES WERE INTERVIEWED & THE ONE WHO RECENTLY WAS TRANSFERRED FROM SANTA RITA TO GLENN DYER INDICATED HE WAS RE-INTERVIEWED BY CLASSIFICATION OFFICER PRIOR TO BEING HOUSED.
- b) POLICY & PROCEDURE 12.01 MANDATES INTAKE SCREENING BE CONDUCTED WITHIN 24 HOURS OF INTAKE FOR POTENTIAL VULNERABILITIES OR TENDENCIES OF ACTING OUT WITH SEXUALLY AGGRESSIVE BEHAVIOR. AGENCY IDENTIFIED 647 INMATES WHO ENTERED THE FACILITY IN THE PAST 12 MONTHS WHOSE LENGTH OF STAY IN FACILITY WAS FOR 72 HOURS OR MORE. 100% WERE SCREENED FOR RISK OF VICTIMIZATION OR RISK OF SEXUALLY ABUSING OTHER INMATES. INTERVIEW WITH RISK SCREENING STAFF & RANDOM SAMPLE OF INMATES VERIFY THAT INTAKE SCREENING IS CONDUCTED UPON INTAKE AND BEFORE BEING HOUSED IN GLENN DYER JAIL. REVIEW OF SCREENING DOCUMENTS DURING THE ON-SITE AUDIT VERIFIES AGENCY'S COMPLIANCE WITH STANDARD PROVISION 115.41(b).
- c) THE INMATE CLASSIFICATION WORKSHEET WAS PROVIDED BY AGENCY & INCLUDES CRITERIA MANDATED BY STANDARD PROVISION 115.41. ALAMEDA COUNTY JAIL MEDICAL/MENTAL HEALTH SCREENING FORMS WERE PROVIDED TO AUDITOR, WHICH SPECIFICALLY QUESTIONS BOTH VICTIMIZATION & VIOLENT/PREDATORY BEHAVIORS. AUDITOR REVIEWED RANDOM SAMPLE OF 12 INMATE SCREENING RECORDS. ONLY 4 RECORDS CONTAINED THE OBJECTIVE SCREENING INSTRUMENT NAMED THE SUPPLEMENTAL PREA WORKSHEET. AUDITOR INFORMED BY PREA COORDINATOR THAT OBJECTIVE SCREENING INSTRUMENT WAS NOT ADOPTED AND UTILIZED UNTIL JUNE 2015.
- d) THE INMATE CLASSIFICATION WORKSHEET WAS PROVIDED BY AGENCY & INCLUDES CRITERIA MANDATED BY STANDARD PROVISION 115.41 BARRING THE CIVIL IMMIGRATION CRITERIA.

ALAMEDA COUNTY IS PROHIBITED FROM HOUSING CIVIL IMMIGRATION INMATES PER THE TRUST ACT, ASSEMBLY BILL 4, 2013. INTERVIEW WITH STAFF RESPONSIBLE FOR RISK SCREENING INDICATES THE RISK SCREENING INSTRUMENT CONSIDERS 9 OF THE 10 CRITERIA AS OUTLINED IN STANDARD PROVISION 115.41(d). STAFF INDICATES THAT ONCE THE DATA IS COLLECTED FROM THE INMATE, ALL INFORMATION IS USED TO MAKE AN INFORMED DECISION AS TO WHERE TO HOUSE THE INMATE FOR HIS SAFETY, TAKING INTO CONSIDERATION HIS PERCEPTION OF VULNERABILITY.

- e) INMATE CLASSIFICATION WORKSHEET IS OBJECTIVE SCREENING INSTRUMENT UTILIZED BY BOTH INTAKE AND CLASSIFICATION IN CONJUNCTION WITH COUNTY JAIL MENTAL HEALTH SCREENING FORMS TO MAKE AN INFORMED DECISION ON HOUSING & PROGRAMMING FOR INMATES BASED UPON THEIR VUNERABILITY OR PREDATORY NATURE. INTERVIEW WITH STAFF RESPONSIBLE FOR RISK SCREENING INDICATES THE RISK SCREENING INSTRUMENT CONSIDERS 9 OF THE 10 CRITERIA AS OUTLINED IN STANDARD PROVISION 115.41(d). STAFF INDICATES THAT ONCE THE DATA IS COLLECTED FROM THE INMATE, ALL INFORMATION IS USED TO MAKE AN INFORMED DECISION AS TO WHERE TO HOUSE THE INMATE FOR HIS SAFETY, TAKING INTO CONSIDERATION HIS PERCEPTION OF VULNERABILITY.
- f) POLICY & PROCEDURE 12.03 MANDATES WITHIN 30 DAYS OF ARRIVAL, OR IF ANY ADDITIONAL INFORMATION 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. INITIALLY, AGENCY INDICATES THAT IN THE PAST 12 MONTHS NO INMATES WERE REASSESSED UNDER THIS STANDARD PROVISION. INTERVIEW WITH SCREENING STAFF INDICATES ALL INMATES ARE REASSESSED EVERY 30 DAYS. REASSESSED WITHIN 72 HOURS IF CONCERNS OF RISK OF VICTIMIZATION ARISES. REVIEW OF 12 RANDOM SAMPLE OF SCREENING FILES INDICATES 1 INMATE WAS REASSESSED FOR HIS RISK OF VICTIMIZATION WITHIN 72 HOURS AFTER BOOKING DUE TO RESPONSE FROM THE OBJECTIVE SCREENING INSTRUMENT, WHICH COMPLIES WITH STANDARD PROVISION 115.41(f).
- g) POLICY & PROCEDURE 12.03 MANDATES WITHIN 30 DAYS OF ARRIVAL, OR IF ANY ADDITIONAL INFORMATION 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 NO INMATES WERE REASSESSED UNDER THIS STANDARD PROVISION. INTERVIEW WITH RISK SCREENING STAFF INDICATES THEY REASSESS INMATE INMATE'S RISK LEVEL CALLED A RECLASSIFICATION, WHEN WARRANTED UNDER THIS STANDARD PROVISION. 1 INMATE WAS REASSESSED FOR HIS RISK OF VICTIMIZATION WITHIN 72 HOURS AFTER BOOKING DUE TO RESPONSE FROM THE OBJECTIVE SCREENING INSTRUMENT AND AGAIN WITHIN 30 DAYS, WHICH COMPLIES WITH STANDARD PROVISION 115.41(G).
- h) POLICY & PROCEDURE 12.03 MANDATES THAT IF DURING THE INTERVIEW PROCESS THE INMATE REFUSES TO ANSWER QUESTIONS PERTAINING TO ANY DISABILITY, SEXUALITY, PAST VICTIMIZATION OR THEIR OWN PERCEPTION OF VULNERABILITY OF ABUSE, THEY SHALL NOT BE SUBJECT TO THE DISCIPLINARY PROCESS FOR FAILING OR REFUSING TO ANSWER. INTERVIEW WITH SCREENING STAFF VERIFIES COMPLIANCE WITH STANDARD PROVISION 115.41. REVIEW OF RISK SCREENING FILES UNCOVERED 1 INMATE WHO REFUSED TO RESPOND TO QUESTIONS. THIS INMATE WAS NOT DISCIPLINED PER REVIEW OF INMATE RECORDS BY AUDITOR.
- i) POLICY & PROCEDURE 12.05 MANDATES THE CLASSIFICATION OFFICE IS RESPONSIBLE FOR THE MAINTENANCE OF ALL CLASSIFICATION AND SCREENING RECORDS. THE OFFICE IS TO REMAIN LOCKED AT ALL TIMES WHEN STAFF IS NOT PRESENT. FILES WILL NOT BE REMOVED FROM THE CLASSIFICATION OFFICE BY ANYONE NOT ASSIGNED TO THAT OFFICE WITHOUT PERMISSION

FROM THE CLASSIFICATION SERGEANT. A LOG WILL BE MAINTAINED FOR ANYONE APPROVED TO REMOVE A FILE FROM THE CLASSIFICATION OFFICE. INTERVIEW WITH PREA COORDINATOR, PREA COMPLIANCE MANAGER AND RISK SCREENING STAFF INDICATE NO-ONE IS ALLOWED TO REMOVE SCREENING FILES FROM THE CLASSIFICATION OFFICE UNLESS REQUIRED BY UPPER LEVEL MANAGEMENT & LOG IS MAINTAINED FOR THESE INSTANCES FOR MAINTENANCE & TRACKING PURPOSES. ANYONE WITH NEED TO KNOW, MUST REVIEW SCREENING FILES CAN DO SO WITHIN THE CLASSIFICATION UNIT UNDER SUPERVISION.

CORRECTIVE ACTION:

AGENCY TO ENSURE EACH INMATE IS ASSESSED DURING INTAKE SCREENING AND UPON TRANSFER TO ANOTHER FACILITY THROUGH USE OF THE OBJECTIVE SCREENING INSTRUMENT OR PREA CLASSIFICATION WORKSHEET. CLASSIFICATION TO DOCUMENT HOW INSTRUMENT IS USED TO DETERMINE HOUSING AND PROGRAM PLACEMENT FOR EACH INMATE.

AUDITOR TO VERIFY COMPLIANCE BY REVIEWING A RANDOM SAMPLING OF CLASSIFICATION SCREENING RECORDS FOR INTAKE CLASSIFICATIONS WHICH OCURRED BETWEEN JUNE 2015 & MARCH 2016, DURING 90 DAY CORRECTIVE ACTION SITE REVIEW STATUS CHECK, TO BE SCHEDULED DURING THE MONTH OF MARCH 2016.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180-DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 29, 2016.

CORRECTIVE ACTION COMPLETION 3/21/16:

AUDITOR CONDUCTED 90 DAY CORRECTIVE ACTION ON-SITE REVIEW. AGENCY PROVIDED 20 RANDOM INMATE ELECTRONIC SCREENING RECORDS WHICH INCLUDED A COPY OF THE OBJECTIVE SCREENING INSTRUMENT AND SIGNED INMATE ACKNOWLEDGEMENT OF INMATE RECEIVING PREA EDUCATION. AUDITOR MADE A RANDOM SELECTION FROM A ROSTER OF INMATES WHO WERE BOOKED IN THE GLEN DYER FACILITY FROM JUNE 2015 TO MARCH 2016. AUDITOR REVIEWED EACH RECORD FOR 72 HOUR AND 30 DAY REVIEW COMPLIANCE. OUT OF THE 20 RANDOMLY SELECTED CASES THERE WAS 1 DISCREPANCY, WHICH VERIFIES A 99.95% COMPLIANCE RATE. AGENCY DEMONSTRATED COMPLIANCE WITH STANDARD 115.41(c). AUDITOR HAS DETERMINED AGENCY COMPLIES WITH EACH PROVISION OF STANDARD 115.41

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

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

- a) POLICY & PROCEDURE 12.03 MANDATES ALL INMATES BE SCREENING WITHIN 24 HOURS OF ARRIVAL FOR RISK OF VICTIMIZATION & PREDATORY HISTORY. INFORMATION OBTAINED THROUGH THE SCREENING PROCESS WILL ASSIST CLASSIFICATION TO MAKE DECISIONS ON HOUSING PLACEMENT, MANAGEMENT & SECURITY ISSUES. POLICY & PROCEDURE 18.02 MANDATES THAT PROGRAM SELECTION INVOLVE INMATE & PROGRAM COORDINATORS IN A COLLABORATIVE EFFORT. BLANK PROGRAM APPLICATION FORMS PROVIDED BY AGENCY WHICH INDICATES INMATE SERVICES USE OF SCREENING INFORMATION FROM CLASSIFICATION TO APPROVE OR DENY AN INMATES PARTICIPATION IN THAT PROGRAM. INTERVIEW WITH PREA COMPLIANCE MANGAGER & RISK SCREENING STAFF INDICATES OBJECTIVE SCREENING INSTRUMENT ASSESSMENTS ARE UTILIZED FOR PROPER HOUSING AND PROGRAM ASSIGNMENTS.
- b) POLICY & PROCEDURE 12.03 MANDATES USE OF THE OBJECTIVE SCREENING INSTRUMENT, WHICH PROVIDES FOR INDIVIDUAL DETERMINATIONS AS TO ENSURING THE SAFETY OF EACH INMATE. INTERVIEW WITH RISK SCREENING STAFF INDICATE EACH INMATE IS SCREENED INDIVIDUALLY & ASSESSMENTS ARE MADE ON AN INDIVIDUAL BASIS BASED UPON RISK LEVEL. INTERVIEW WITH PREA COMPLIANCE MANAGER INDICATE TRANSGENDER OR INTERSEX INMATES ARE NOT HOUSED AT GLENN DYER. IT IS THE PRACTICE TO TRANSFER TRANSGENDER & INTERSEX INMATES TO SANTA RITA, HOWEVER, THERE IS NOT WRITTEN MANDATE TO SUPPORT THAT PRACTICE.
- c) POLICY & PROCEDURE 12.03 MANDATES HOUSING ASSIGNMENTS & PROGRAMMING FOR EACH TRANSGENDER OR INTERSEX INMATES SHALL BE REASSESSED AT LEAST TWICE EACH YEAR TO REVIEW ANY THREAT TO THE SAFETY EXPERIENCED BY THE INMATE. INTERVIEW WITH PREA COMPLIANCE MANAGER INDICATE TRANSGENDER OR INTERSEX INMATES ARE NOT HOUSED AT GLENN DYER. IT IS THE PRACTICE TO TRANSFER TRANSGENDER & INTERSEX INMATES TO SANTA RITA, HOWEVER, THERE IS NOT WRITTEN MANDATE TO SUPPORT THAT PRACTICE.
- d) POLICY & PROCEDURE 12.03 MANDATES HOUSING ASSIGNMENTS & PROGRAMMING FOR EACH TRANSGENDER OR INTERSEX INMATES SHALL BE REASSESSED AT LEAST TWICE EACH YEAR TO REVIEW ANY THREAT TO THE SAFETY EXPERIENCED BY THE INMATE. INTERVIEW WITH PREA COMPLIANCE MANAGER & RISK SCREENING STAFF INDICATE TRANSGENDER & INTERSEX INMATE ARE REASSESSED EVERY 30 DAYS. AGENCY PRACTICE THAT NO TRANSGENDER OR INTERSEX INMATES ARE HOUSED AT GLENN DYER FACILITY.
- e) POLICY & PROCEDURE 12.03 MANDATES THAT CONSIDERATION SHALL BE GIVEN TO THE INMATE'S OWN VIEWS WITH RESPECT TO THEIR OWN SAFETY WHEN MAKING HOUSING ASSIGNMENTS. INTERVIEW WITH PREA COMPLIANCE MANAGER AND RISK SCREENING STAFF INDICATE TRANSGENDER & INTERSEX INMATES OWN VIEWS WITH RESPECT TO THEIR SAFETY IS TAKEN INTO CONSIDERATION WITH REGARDS TO PLACEMENT. NO TRANSGENDER OR INTERSEX INMATES ARE HOUSED AT GLENN DYER FACILITY PER PRACTICE.

f) POLICY & PROCEDURE 12.03 HAS NO NARRATIVE MANDATING TRANSGENDER AND INTERSEX INMATE SHALL BE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY FROM OTHER INMATES. AGENCY PROVIDED AUDITOR OF PHOTO OF THE SHOWER IN THE MAX HOUSING UNIT, WHICH IS PREA COMPLIANT AS A MALE ONLY FACILITY. THERE IS A QUESTION AS TO WHETHER OR NOT OTHER HOUSING UNITS ARE PROVIDED PRIVACY SHOWERS OR ARE THE PRIVACY SHOWERS ONLY PROVIDED IN A UNIT DEDICATED TO TRANSGENDER & INTERSEX INMATES. INTERVIEW WITH PREA COMPLIANCE MANAGER & RISK SCREENING STAFF INDICATE TRANSGENDER & INTERSEX INMATES ARE PROVIDED THE OPPORTUNITY TO SHOWER SEPARATELY FROM OTHER INMATES, HOWEVER, IT IS THE PRACTICE THAT TRANSGENDER & INTERSEX INMATES ARE NOT HOUSED AT GLENN DYER FACILITY. THERE IS NO WRITTEN MANDATE PROHIBITING TRANSGENDER OR INTERSEX INMATES FROM BEING HOUSED AT GLENN DYER FACILITY.

POLICY & PROCEDURE 9.03 INDICATES IT MAY BE NECESSARY TO PLACE AN INMATE IN PROTECTIVE CUSTODY AT THEIR REQUEST OR FOR THEIR PROTECTION FROM OTHER INMATES. PLACEMENT IN PROTECTIVE CUSTODY IS VOLUNTARY AND NON-PUNITIVE. THERE IS NO MANDATE TO PLACE LGBTI INMATES IN DEDICATED FACILITIES SOLELY ON THE BASES IF THE CLASSIFICATION IDENTIFICATION STATUS. INTERVIEW WITH PREA COORDINATOR AND PREA COMPLIANCE MANAGER INDICATE THE FACILITY IS NOT SUBJECT TO ANY CONSENT DECREE REQUIRING GLENN DYER FACILITY TO ESTABLISH A DEDICATED FACILITY, UNIT OR WING FOR LGBTI INMATES.

RECOMMENDATION: ON-SITE REVIEW OF INMATE SHOWERS DURING ON-SITE REVIEW INDICATE IF TRANSGENDER OR INTERSEX INMATES WERE TO BE HOUSED IN THE FACILITY, THE SHOWERS ARE DEEMED NON-COMPLIANT AS A NUMBER OF CELLS IN EACH POD WOULD HAVE A DIRECT LINE OF SIGHT INTO THE SHOWERS & THERE ARE NO PRIVACY DOORS FOR SHOULDERS UP-KNEES DOWN VIEWING. IT IS THE PRACTICE FOR FACILITY TO ONLY HOUSE MALE INMATES AT THIS TIME. SHOULD FEMALE, TRANSGENDER OR INTERSEX INMATES BE HOUSED AT GLENN DYER JAIL IN THE FUTURE, THIS FACILITY WOULD BE DEEMED NON-COMPLIANT PER PREA STANDARDS IN ITS CURRENT ARCHITECTURAL CONFIGURATION.

CORRECTIVE ACTION:

AGENCY TO CREATE A WRITTEN MANDATE, WHICH PROHIBITS THE HOUSING OF TRANSGENDER OR INTERSEX INMATES AT THE GLENN DYER FACILITY.

AGENCY TO PROVIDE VERIFICATION OF COMPLIANCE NO LATER THAN THE END OF THE 180-DAY CORRECTIVE ACTION PERIOD DEADLINE: JUNE 29, 2016.

CORRECTIVE ACTION COMPLETED 1/8/16:

ALAMEDA COUNTY SHERIFF'S OFFICE CUSTODY COMMANDER ISSUED MEMORANDUM DIRECTIVE WHICH VERIFIES GLENN DYER FACILITY HAS ONLY ACCEPTED MALE ARRESTEES SINCE NOVEMBER 10, 2013. ADDITIONALLY, THOSE ARRESTEES WHO WERE SCREENED AND IDENTIFIED THEMSELVES AS GAY, BISEXUAL, TRANSGENDER OR INTERSEX WERE TRANSFERRED TO SANTA RITA JAIL & THIS MANDATE REMAINS IN EFFECT. THIS MEMORANDUM DIRECTIVE VERIFIES GLENN DYER JAIL FACILITY PROHIBITS THE HOUSING OF FEMALE INMATES AND INMATES OF THE LGBTI COMMUNITY AND HAS PRACTICED THIS PROHIBITION SINCE NOVEMBER 10, 2013. NO FEMALE INMATES OR INMATES OF THE LGBTI COMMUNITY WERE OBSERVED WITHIN THE FACILITY DURING THE ON SITE FACILITY REVIEW, OR IDENTIFIED DURING RANDOM INMATE & STAFF INTERVIEWS.

AUDITOR HAS DETERMINED AGENCY/FACILITY COMPLIES WITH STANDARD 115.42.

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

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

- a) POLICY & PROCEDURE 12.03 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 ALTERNATIVE MEANS OF SEPARATION FROM LIKELY ABUSERS. SUCH HOUSING PLACEMENT SHALL NOT ORDINARILY EXCEED 30 DAYS. AGENCY ALSO PROVIDED A PROTECTIVE CUSTODY REQUEST FORMS AND RECLASSIFICATION FORMS FROM 2014. AGENCY INDICATES THERE HAVE BEEN NO INMATES HELD IN INVOLUNTARY SEGREGATED HOUSING IN THE PAST 12 MONTHS FOR ONE TO 24 HOURS AWAITING COMPLETION OF ASSESSMENT. INTERVIEW WITH FACILITY COMMANDER INDICATES FACILITY OFFERS PROTECTIVE CUSTODY TO INMATES FOR THEIR SAFETY. IF INMATE DECLINES OFFER OF PROTECTIVE CUSTODY, & IT IS DETERMINED THAT CIRCUMSTANCES EXIST WHERE THEIR SAFETY CAN BE COMPROMISED IF PLACED IN ALTERNATIVE HOUSING, THEY MAY BE PLACED IN INVOLUNTARY HOUSING FOR THEIR PROTECTION UNTIL APPROPRIATE ALTERNATIVE HOUSING CAN BE OBTAINED.
- b) POLICY & PROCEDURE 12.03 MANDATES INMATES PLACED IN SEGREGATED HOUSING FOR THE PURPOSE DESCRIBED IN STANDARD PROVISION 115.43(a) SHALL HAVE ACCESS TO PROGRAMS, PRIVILEGES, EDUCATION & WORK OPPORTUNITIES TO THE EXTENT POSSIBLE. IF FACILITY RESTRICTS ACCESS TO THESE PRIVILEGES, THE FACILITY SHALL DOCUMENT THE OPPORTUNITIES THAT WERE LIMITED, DURATION OF LIMITATION & REASONS FOR LIMITATIONS. INMATES SHALL BE ASSIGNED TO SEGREGATED HOUSING ONLY UNTIL ALTERNATIVE MEANS OF SEPARATION FROM LIKELY ABUSERS CAN BE ARRANGED, AND SUCH AN ASSIGNMENT SHALL NOT ORDINARILY EXCEED A PERIOD OF 30 DAYS. POLICY & PROCEDURE 9.03 MANDATES INMATES PLACED IN PROTECTIVE CUSTODY WILL BE ALLOWED TO PARTICIPATE IN AS MANY PROGRAMS AFFORDED THE GENERAL POPULATION AS POSSIBLE, PROVIDING IT DOES NOT IMPOSE A THREAT TO THE SECURITY OF THE FACILITY. INTERVIEW WITH SEGREGATED HOUSING SUPERVISORY STAFF INDICATES SHOULD INMATES BE PLACED IN SEGREGATED HOUSING FOR THEIR SEXUAL SAFETY, THEY HAVE ACCESS TO PROGRAMS SUCH AS SPECIALTY CLASSES AND EDUCATION. THESE INMATES ARE PROHIBITED FROM POD WORKER AND KITCHEN WORKER ASSIGNMENTS PER SECURITY PROTOCOL FOR ADMINISTRATIVE SEGREGATION. REASON REQUIRING THIS LIMITATION IS BECAUSE ONLY SANTA RITA INMATES WORK IN THE KITCHEN AREA & SEGREGATED HOUSING SAFETY REQUIREMENTS ONLY ALLOW INMATES OUT IN THE POD, ONE AT A TIME FOR 1 HOUR PER DAY.
- c) IN THE PAST 12 MONTHS THERE HAVE BEEN NO INMATES AT RISK OF SEXUAL VICTIMIZATION, ASSIGNED TO INVOLUNTARY HOUSING FOR LONGER THAN 30 DAYS WHILE AWAITING ALTERNATIVE PLACEMENT. POLICY 12.03 MANDATES INMATES SHALL BE ASSIGNED TO SEGREGATED HOUSING ONLY UNTIL ALTERNATIVE MEANS OF SEPARATION FROM LIKELY ABUSERS CAN BE ARRANGED, AND SUCH AN ASSIGNMENT SHALL NOT ORDINARILY EXCEED A PERIOD OF 30

DAYS. INTERVIEWS WITH FACILITY COMMANDER & SEGREGATED HOUSING SUPERVISORY STAFF INDICATES SEGREGATED HOUSING MAY BE ASSIGNED TO KEEP INMATES SAFE FROM LIKELY ABUSERS UNTIL ALTERNATIVE MEANS CAN BE PROVIDED, WHICH USUALLY OCCURS WITHIN 24 HOURS BEFORE BEING MOVED TO APPROPRIATE HOUSING. ALTERNATIVE HOUSING AVAILABILITY IS RESEARCHED EVERY 7 DAYS & REVIEWED AGAIN UPON 30 DAY PERIOD IF NOT FOUND. IF INMATE REQUESTS AN EARLIER HOUSING ASSESSMENT, IT IS CONDUCTED AS REQUESTED.

- d) IN THE PAST 12 MONTHS THERE HAVE BEEN NO INMATES AT RISK OF SEXUAL VICTIMIZATION, ASSIGNED TO INVOLUNTARY HOUSING FOR LONGER THAN 30 DAYS WHILE AWAITING ALTERNATIVE PLACEMENT. IN THE PAST 12 MONTHS THERE HAVE BEEN NO INMATES AT RISK OF SEXUAL VICTIMIZATION, ASSIGNED TO INVOLUNTARY HOUSING FOR LONGER THAN 30 DAYS WHILE AWAITING ALTERNATIVE PLACEMENT.
- e) POLICY & PROCEDURE 12.03 MANDATES THAT EVERY 30 DAYS, A REVIEW TO DETERMINE A CONTINUING NEED FOR SEPARATION FROM GENERAL POPULATION WILL BE CONDUCTED. THE FACILITY SHALL ASSIGN SUCH INMATES TO INVOLUNTARY SEGREGATED HOUSING ONLY UNTIL AN ALTERNATIVE MEANS OF SEPARATION FROM LIKELY ABUSERS CAN BE ARRANGED, AND SUCH AN ASSIGNMENT SHALL NOT ORDINARILY EXCEED A PERIOD OF 30 DAYS. INTERVIEW WITH SEGREGATED SUPERVISORY STAFF INDICATE INMATE IS AFFORDED A HOUSING ASSESSMENT OR REVIEW EVERY 7 DAYS UP TO THE 30 DAY LIMIT WHERE ANOTHER ASSESSMENT WILL BE CONDUCTED TO DETERMINE IF CONTINUING NEED FOR SEPARATION FROM THE GENERAL POPULATION IS REQUIRED.

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

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

- a) POLICY & PROCEDURE 13.07 PROVIDES PRIVATE REPORTING TO THE SEXUAL ASSAULT CRISIS LINE BY DILAIN *89 ON INMATE PHONES. THE LINES ARE NOT RECORDED & INFORMATION REMAINS CONFIDENTIAL AT THE INMATE’S REQUEST. HIGHLAND HOSPITAL SEXUAL ASSAULT HOTLINE AND SOCIAL SERVICES TOLL FREE LINE. THIS INFORMATION IS PROVIDED VIA THE INMATE HANDBOOK (IN VARIOUS LANGUAGES) AND POSTERS PROVIDED THROUGHOUT THE FACILITY. INTERVIEW WITH RANDOM SAMPLE OF STAFF & INMATES INDICATE KNOWLEDGE & AWARENESS OF MULTIPLE REPORTING METHODS FOR INMATES TO PRIVATELY REPORT SEXUAL ABUSE/HARASSMENT & RETALIATION. STAFF INDICATES THEY CAN PRIVATELY REPORT THROUGH THE SAME INMATE REPORTING CONTACT NUMBERS OR THROUGH PRIVATE CONTACT WITH SUPERVISOR. INMATES INDICATE THEY CAN PRIVATELY REPORT BY USING #89 TO THE HIGHLAND HOSPITAL SEXUAL ASSAULT UNIT, MEDICAL & MENTAL HEALTH STAFF OR CLERGY.

- b) POLICY & PROCEDURE 13.07 PROVIDES PRIVATE REPORTING TO THE SEXUAL ASSAULT CRISIS LINE BY DIALING *89 ON INMATE PHONES. THE LINES ARE NOT RECORDED & INFORMATION REMAINS CONFIDENTIAL AT THE INMATE’S REQUEST. HIGHLAND HOSPITAL SEXUAL ASSAULT HOTLINE AND SOCIAL SERVICES TOLL FREE LINE. THIS INFORMATION IS PROVIDED VIA THE INMATE HANDBOOK (IN VARIOUS LANGUAGES) AND POSTERS PROVIDED THROUGHOUT THE FACILITY.
- c) INTERVIEW WITH PREA COMPLIANCE MANAGER & RANDOM SAMPLE OF INMATES INDICATE INMATES HAVE THE AVAILABILITY TO CONTACT THE HIGHLAND HOSPITAL SOCIAL SERVICE CENTER BY DIALING *89 IN THE HOUSING UNIT OR CONTACT THE WATCH COMMANDER FOR INVESTIGATION. AUDITOR CHECKED THE PHONE TO VERIFY IT REACHED THE APPROPRIATE CONTACT & A HIGHLAND HOSPITAL SOCIAL SERVICE CONTACT MEMBER ANSWERED AFTER THE 2ND RING. NO INMATES ARE HELD SOLELY FOR CIVIL IMMIGRATION PURPOSES DUE TO COUNTY SANCTUARY STATUS, BUT THE INMATE HANDBOOK DOES PROVIDE ACCESS TO CONSULATES.
- d) POLICY & PROCEDURE 13.07 MANDATES STAFF TO ACCEPT ALL FORMS OF REPORTS TO INCLUDE, BUT NOT LIMITED TO VERBAL, WRITTEN, ANNONYMOUS & THIRD PARTY ALLEGATIONS OF SEXUAL ABUSE. ALL REPORTS SHALL BE DOCUMENTED WITHOUT DELAY, REGARDLESS OF WHETHER OR NOT THE INMATE REQUESTS TO REMAIN ANNONYMOUS. INTERVIEW WITH RANDOM SAMPLE OF STAFF & INMATES VERIFY THEIR KNOWLEDGE OF ABILITY FOR INMATES TO REPORT VERBALLY, IN WRITING, ANNONYMOUSLY AND THROUGH 3RD PARTY. THIS INFORMATION WAS GLEANED THROUGH LISTENING TO THE WEEKLY PREA TELEVISION LOOP AND INMATE HANDBOOK.
- e) POLICY & PROCEDURE 13.07 MANDATES THAT STAFF MEMBERS REPORTING SEXUAL ABUSE, OR HARASSMENT, BY ANOTHER STAFF MEMBER, SHOULD DO SO THROUGH THEIR IMMEDIATE SUPERVISOR AND MAY DO SO PRIVATELY IF NECESSARY. INTERVIEW WITH RANDOM SAMPLE OF STAFF INDICATE STAFF INDICATE THEY CAN PRIVATELY REPORT THROUGH THE SAME INMATE REPORTING CONTACT NUMBERS OR THROUGH PRIVATE CONTACT WITH SUPERVISOR.

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

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

- a) POLICY & PROCEDURE 16.03 PROVIDES AN EMERGENCY GRIEVANCE PROCESS, WHICH APPLIES ONLY TO GRIEVANCES RELATING TO SEXUAL ASSAULT OR HARASSMENT.
- b) POLICY & PROCEDURE 16.03 PROHIBITS TIME LIMIT IMPOSITION ON WHEN AN INMATE MAY SUBMIT A GRIEVANCE REGARDING AN ALLEGATION OF ANY KIND OF SEX ABUSE. INMATES ARE NOT REQUIRED TO RESOLVE A GREIVANCE THROUGHT THE INFORMAL PROCESS OR ATTEMPT TO RESOLVE WITH STAFF. INMATE HANDBOOK EMERGENCY GRIEVANCE PROCEDURES INFORMS THE INMATE THAT THERE IS NO TIME LIMIT FOR THE INMATE TO SUBMIT A GREIVANCE REGARDING AN ALLEGATION OF SEXUAL ABUSE.
- c) POLICY & PROCEDURE 16.03 STATES INMATES ARE NOT REQUIRED TO RESOLVE EMERGENCY GRIEVANCE COMPLAINTS INFORMALLY. INMATE IS NOT REQUIRED TO SUBMIT THE COMPLAINT

TO THE STAFF MEMBER WHO IS THE SUBJECT OF THE COMPLAINT OR BE REFERRED TO THAT STAFF MEMBER IN ANY MANNER. REVIEW OF INMATE HANDBOOK VERIFIES AGENCY'S COMPLIANCE WITH STANDARD PROVISION 115.52(c) ON PAGE #2.

- d) POLICY & PROCEDURE 16.03 MANDATES ALL GREIVANCES PERTAINING TO SEXUAL ASSAULT OR HARASSMENT SHALL BE RESOLVED AS SOON AS REASONABLY POSSIBLE WITHIN 90 DAYS. IN THE UNLIKELY EVENT AN INMATE DOES NOT RECEIVE A RESPONSE WITHIN THE SET TIME PERIOD, THE INMATE MAY CONSIDER THE GRIEVANCE HAS BEEN DENIED. THE POLICY DOES NOT CONTAINS AN NARRATIVE, WHICH, SPEAKS TO A 70-DAY EXTENSION OF TIME OR NOTIFYING THE INMATE IN WRITING OF SUCH EXTENSION. IN THE PAST 12 MONTHS, NO GRIEVANCE FILED BY INMATES ALLEGING SEXUAL ABUSE.
- e) POLICY & PROCEDURE 16.03 PROVIDES FOR INMATES TO SEEK ASSISTANCE OF 3RD PARTING, INCLUDING HAVING 3RD PARTY FILE GRIEVANCE ON THEIR BEHALF. IN THAT INSTANCE, 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 THEIR BEHALF, IT SHALL BE DOCUMENTED IN A MEMORANDUM TO THE PREA COORDINATOR. NO GRIEVANCES ALLEGING SEXUAL ABUSE HAVE BEEN FILED BY INMATES IN THE PAST 12 MONTHS.
- f) POLICY & PROCEDURE 16.03 MANDATES THE STAFF ECIEVING THE GRIEVANCE MUST TAKE IMMEDIATE ACTION TO SECURE THE SCENE, PROTECT THE VICTIM AND EXISTING EVIDENCE, AND ISOLATE THE SUSPECT. REPORTS WILL BE DRAWN & AN OFFICIAL INVESTIGATION WILL BEGIN. IF IT IS DETERMINED THE INMATE IS AT RISK, THE INVESTIGATING DEPUTY SHALL CONTACT THE CLASSIFICATION UNIT FOR RECLASSIFICATION OF THE SUSPECT. IN THE PAST 12 MONTHS NO EMERGENY GRIEVANCES FILED ALLEGING SUBSTANTIAL RISK OF IMMINENT SEXUAL ABUSE.
- g) POLICY & PROCEDURE 16.03 MANDATES INMATES WHO FALSELY FILE GRIEVANCES OR MAKE FALSE REPORTS OF SEXUAL ABUSE OF ANY KIND MAY BE SUBJECT TO DISCIPLINARY ACTION. EVIDENCE THAT THE INMATE ACTED IN BAD FAITH SHALL BE FULLY DOCUMENTED IN A DISCIPLINARY OR CRIMINAL REPORT. NO GRIEVANCE DISCIPLINARY ACTION OVER THE PAST 12 MONTHS.

115.53	Resident access to outside confidential support services
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

- a) POLICY & PROCEDURE 13.07 MANDATES THE INMATE BE OFFERED SERVICES OF A VICTIM ADVOCATE & IF REQUESTED BY VICTIM, ADVOCATE IS PERMITTED TO BE WITH THE INMATE THROUGHOUT THE INVESTIGATORY PROCESS. ADVOCATE'S ROLE DURING THIS PROCESS IS TO

PROVIDE EMOTIONAL SUPPORT, CRISIS INTERVENTION, INFORMATION & REFERRALS. INMATE HANDBOOK WITH CONFIDENTIAL REPORTING HOTLINE, ADVOCATE REFERRALS AND PHONE NUMBERS TO IMMIGRANT SERVICES IS PROVIDED. CONFIDENTIAL SERVICES NUMBER IS NOT MONITORED PER INMATE HANDBOOK. FIRE-LIFE SAFETY INSPECTION REPORT DATED JUNE 22, 2015 VERIFIES THE *89 CONFIDENTIAL RAPE CRISIS TELEPHONE SYSTEM IS WORKING IN EACH HOUSING UNIT. INTERVIEW WITH RANDOM SAMPLE OF INMATES VERIFIES AGENCY'S PROVISION OF MATERIAL AND PHONE ACCESS TO OUTSIDE VICTIM ADVOCATES AT NO COST TO INMATES. DURING ONE INTERVIEW, AN INMATE INFORMED AUDITOR THAT THE CONFIDENTIAL NUMBER DID NOT WORK. WHEN QUESTIONING MANAGEMENT, IT WAS VERIFIED THEY HAD A PROBLEM ONE WEEK PRIOR WITH THE PHONE PROVIDER WHO WAS WORKING ON THE SAME LINE THAT IS SHARED WITH SANTA RITA. IT WAS FIXED THE PREVIOUS WEEK. AUDITOR UTILIZED THE INMATE PHONE TO VERIFY THAT THE *89 ACCESS WORKED. THE NUMBER WENT DIRECTLY TO HIGHLAND HOSPITAL SOCIAL SERVICES LINE AS PROVIDED IN INMATE HANDBOOK AND ON POSTERS PROVIDED THROUGH GENERAL AREAS ACCESSED TO INMATES THROUGHOUT THE FACILITY.

- b) POLICY & PROCEDURE 13.07 & GENERAL ORDER 1.23 MANDATES THAT PRIOR INITIATION OF SERVICES TO INMATES, STAFF ARE REQUIRED TO PROVIDE LIMITS OF CONFIDENTIALITY AND MANDATORY DUTY TO REPORT. THE PREA POSTERS NOR INMATE HANDBOOK AND INMATE PAMPHLET PROVIDE NARRATIVE RELATIVE TO LIMITS OF CONFIDENTIALITY. INTERVIEW WITH RANDOM SAMPLE OF INMATES INDICATES POSTERS THROUGHOUT THE FACILITY INDICATE THAT PHONE CONTACT WITH CONFIDENTIAL REPORTING SOURCES ARE NOT MONITORED. INMATE HANDBOOK AND PAMPHLET PROVIDES INMATES WITH LIMITS OF CONFIDENTIALITY AS IT RELATES TO CONFIDENTIAL REPORTING CONTACTS.
- c) TRI VALLEY HAVEN & BAY AREA WOMEN AGAINST RAPE MOUs HAVE BEEN PROVIDED TO AUDITOR BY AGENCY. BOTH MOUs PROVIDE INMATE ADVOCACY & CONFIDENTIAL OUTSIDE REPORTING FOR SEXUAL ABUSE.

115.54

Third-party reporting

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

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

3RD PARTY REPORTING INFORMATION IS PROVIDED IN INMATE HANDBOOK, ON AGENCY WEBSITE & IN LOBBY PAMPHLETS

115.61

Staff and agency reporting duties

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

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

- a) POLICY & PROCEDURE 13.07 MANDATES STAFF TO REPORT SEXUAL ABUSE OR HARASSMENT IMMEDIATELY WHEN THEY BECOME AWARE OF SAID VIOLATIONS TO INCLUDE ANY KNOWLEDGE, SUSPICION OR INFORMATION REGARDING RETALIATION AGAINST INMATES OR STAFF WHO REPORTED SUCH AN INCIDENT. POLICY ALSO MANDATES STAFF TO REPORT ANY STAFF NEGLIGENCE OR VIOLATION OF RESPONSIBILITIES THAT MAY HAVE CONTRIBUTED TO AN INCIDENT OR RETALIATION. FAILURE TO DO SO SUBJECTS THE STAFF MEMBER WITH KNOWLEDGE OF THE ACT TO DISCIPLINE. GENERAL ORDER 1.23 MANDATES THAT ALL STAFF HAVE A CONTINUING AFFIRMATIVE DUTY TO DISCLOSE ANY KNOWLEDGE OF SEXUAL ABUSE OR SEXUAL HARASSMENT OF INMATES. INTERVIEW WITH RANDOM SAMPLE OF STAFF INDICATES STAFF'S KNOWLEDGE & UNDERSTANDING OF THEIR PREA TRAINING & RESPONSIBILITIES WHEN RESPONDING AND REPORTING TO ANY KNOWLEDGE, SUSPICION OR INFORMATION REGARDING AN INCIDENT OF SEXUAL ABUSE/HARASSMENT OCCURRING IN THE FACILITY.
- b) POLICY & PROCEDURE 13.07 MANDATES SUPERVISORS, OFFICIALS & MEDICAL/MENTAL HEALTH PRACTITIONERS NOT TO REVEAL ANY INFORMATION RELATED TO SEXUAL ABUSE REPORT TO ANYONE OTHER THAN THOSE ON A NEED-TO KNOW BASIS. INTERVIEW WITH RANDOM SAMPLE OF STAFF INDICATES THEIR KNOWLEDGE & TRAINING MANDATING THEY NOT REVEAL ANY INFORMATION RELATED TO SEXUAL ABUSE REPORT TO ANYONE THAT DOES NOT HAVE A NEED TO KNOW PER POLICY.

- c) POLICY & PROCEDURE 13.07 MANDATES SUPERVISORS, OFFICIALS & MEDICAL/MENTAL HEALTH PRACTITIONERS NOT TO REVEAL ANY INFORMATION RELATED TO SEXUAL ABUSE REPORT TO ANYONE OTHER THOSE ON A NEED-TO KNOW BASIS. INTERVIEW WITH MEDICAL & MENTAL HEALTH STAFF VERIFIES THEIR TRAINING & KNOWLEDGE OF THEIR DUTY TO DISCLOSE LIMITATIONS OF CONFIDENTIALITY AT THE INITIATION OF SERVICES TO INMATES AND REPORTING ANY KNOWLEDGE, SUSPICION OR INFORMATION REGARDING AN INCIDENT OF SEXUAL ABUSE/HARASSMENT TO A DESIGNATED SUPERVISOR OR OFFICIAL IMMEDIATELY UPON LEARNING ABOUT IT.
- d) POLICY & PROCEDURE 9.05 STATES YOUTH UNDER AGE OF 18 YEARS IS NOT HOUSED IN THE ADULT FACILITY. GENERAL ORDER 1.23 MANDATES ALL COMPLAINTS OF SEXUAL HARASSMENT OR ABUSE, UPON INMATES OR DETAINEES SHALL BE THOROUGHLY INVESTIGATED AND DOCUMENTED BY THE SHERIFF’S OFFICE. STAFF CONDUCTING THESE INVESTIGATIONS SHALL BE TRAINED IN CONDUCTING THESE TYPES OF INVESTIGATIONS AS OUTLINED IN PREA STANDARD 115.34. ALL INCIDENTS INVOLVING SEXUAL CONTACT BETWEEN INMATES, WHICH INVOLVE INMATES WHO ARE ELDERLY OR SUFFER FROM ANY DISABILITY (PHYSICAL, EMOTIONAL OR DEVELOPMENTAL) SHALL ALSO BE FORWARDED TO THE ALAMEDA COUNTY ADULT PROTECTIVE SERVICES. INTERVIEW WITH FACILITY COMMANDER & PREA COORDINATOR INDICATES FACILITY DOES NOT HOUSE INMATES UNDER THE AGE OF 18 YEARS AND THERE ARE NO CONTACT VISITS BETWEEN INMATES AND VISITORS. IN THE CASE OF A VICTIM WHO IS A VULNERABLE ADULT, THE CASE IS INVESTIGATED IMMEDIATELY AND ADULT PROTECTIVE SERVICES IS ALERTED PER LAW.
- e) GENERAL ORDER 1.23 MANDATES EMPLOYEES TO ACCEPT REPORTS MADE VERBALLY, IN WRITING, ANONYMOUSLY AND FROM 3RD PARTIES SUCH AS ADVOCATES OR FAMILY MEMBERS. ALL REPORTS SHALL BE IMMEDIATELY DOCUMENTED WITH THE APPROPRIATE DUTY STATION NOTIFIED OF THE EVENT SO THE INVESTIGATION MAY BEGIN IMMEDIATELY. INTERVIEW WITH FACILITY COMMANDER INDICATES ALL ALLEGATIONS OF SEXUAL ABUSE IS FORWARDED TO THE AGENCY’S SEXUAL VIOLENT UNIT INVESTIGATORS AT EDEN TOWNSHIP IMMEDIATELY FOR INVESTIGATION.

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

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

GENERAL ORDER 1.23 MANDATES UPON LEARNING AN INMATE IS AT RISK OF SEXUAL ABUSE, STAFF SHALL MINIMALLY SEPARATE THE INMATE FORM THE POTENTIAL ABUSER(S) AND NOTIFY THEIR SUPERVISOR. POLICY & PROCEDURE 16.05. POLICY & PROCEDURE 16.05 MANDATES ANY STAFF MEMBER WHO OBSERVES OR BECOMES AWARE OF ANY FACTOR WHICH THREATENS THE SAFETY, HEALTH, OR WELL BEING OF ANY INMATE, THE STAFF MEMBER SHALL IMMEDIATELY

REPORT THIS OBSERVATION TO HIS/HER IMMEDIATE SUPERVISOR AND INITIATE ACTION TO PREVENT INJURY, EXPOSURE TO DISEASE, ABUSE, HARASSMENT, OR DAMAGE OF PROPERTY. OVER THE PAST 12 MONTHS THERE HAVE BEEN NO DETERMINATIONS TO INDICATE THAT AN INMATE WAS SUBJECT TO SUBSTANTIAL RISK OF IMMINENT SEXUAL ABUSE. INTERVIEW WITH AGENCY HEAD DESIGNEE, FACILITY COMMANDER & RANDOM SAMPLE OF STAFF INDICATE THE AGENCY PROTECTS THE INMATE BY INITIALLY ISOLATING OR SEPARATING INMATE AND ALLEGED PERPETRATOR, ALERT CLASSIFICATION TO SEEK REHOUSING THE VICTIM OR PERPETRATOR FOR THE VICTIM'S SAFETY, CONTACT MEDICAL & MENTAL HEALTH, AND REFER THE CASE FOR INVESTIGATION.

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

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

- a) POLICY & PROCEDURES 12.01 & 12.05 MANDATES IF ALLEGATION RECEIVED DURING SCREENING, THE CLASSIFICATION DEPUTY WILL IMMEDIATELY CONTACT THE FACILITY WHERE THE ALLEGED ABUSE OCCURRED TO DETERMINE IF AN INVESTIGATION HAD OCCURRED. IF IT HAD NOT OCCURRED, CLASSIFICATION SHAL WRITE AN INCIDENT REPORT & INFORM THE COMMANDING OFFICER OF THE FINDINGS. COMMANDING OFFICER WILL NOTIFY THE OUTSIDE AGENCY FACILITY COMMANDING OFFICER, IN WRITING, WITHIN 72 HOURS OF RECEIVING THE REPORT. IF A DEPUTY LEARNS AN INMATE WAS ABUSED AT A PREVIOUS FACILITY, THE RECEIVING DEPUTY WILL WRITE AN INCIDENT REPORT AND PREPARE A NOTIFICATION LETTER FOR THE CAPTAIN'S SIGNATURE. THE SAME ACTIONS AS ABOVE WILL APPLY. IN THE PAST 12 MONTHS, 1 ALLEGATION WAS RECEIVED FROM GLENN DYER JAIL, THAT AN INMATE WAS ABUSED WHILE CONFINED AT ANOTHER FACILITY. DOCUMENTATION OF CONTACT INFORMATION WAS PROVIDED WHICH VERIFIES COMPLIANCE WITH STANDARD PROVISION 115.63(a).
- b) POLICY & PROCEDURES 12.01 & 12.05 MANDATES IF ALLEGATION RECEIVED DURING SCREENING, THE CLASSIFICATION DEPUTY WILL IMMEDIATELY CONTACT THE FACILITY WHERE THE ALLEGED ABUSE OCCURRED TO DETERMINE IF AN INVESTIGATION HAD OCCURRED. IF IT HAD NOT OCCURRED, CLASSIFICATION SHAL WRITE AN INCIDENT REPORT & INFORM THE COMMANDING OFFICER OF THE FINDINGS. COMMANDING OFFICER WILL NOTIFY THE OUTSIDE AGENCY FACILITY COMMANDING OFFICER, IN WRITING, WITHIN 72 HOURS OF RECEIVING THE REPORT. IF A DEPUTY LEARNS AN INMATE WAS ABUSED AT A PREVIOUS FACILITY, THE RECEIVING DEPUTY WILL WRITE AN INCIDENT REPORT AND PREPARE A NOTIFICATION LETTER FOR THE CAPTAIN'S SIGNATURE. THE SAME ACTIONS AS ABOVE WILL APPLY. IN THE PAST 12 MONTHS, 1 ALLEGATION WAS RECEIVED FROM GLENN DYER JAIL, THAT AN INMATE WAS ABUSED WHILE CONFINED AT ANOTHER FACILITY. DOCUMENTATION OF CONTACT INFORMATION WAS PROVIDED WHICH VERIFIES COMPLIANCE WITH STANDARD PROVISION 115.63(a).
- c) POLICY & PROCEDURES 12.01 & 12.05 MANDATES IF ALLEGATION RECEIVED DURING SCREENING, THE CLASSIFICATION DEPUTY WILL IMMEDIATELY CONTACT THE FACILITY WHERE THE ALLEGED ABUSE OCCURRED TO DETERMINE IF AN INVESTIGATION HAD OCCURRED. IF IT HAD NOT OCCURRED, CLASSIFICATION SHAL WRITE AN INCIDENT REPORT & INFORM THE COMMANDING OFFICER OF THE FINDINGS. COMMANDING OFFICER WILL NOTIFY THE OUTSIDE AGENCY FACILITY COMMANDING OFFICER, IN WRITING, WITHIN 72 HOURS OF RECEIVING THE REPORT. IF A DEPUTY LEARNS AN INMATE WAS ABUSED AT A PREVIOUS FACILITY, THE RECEIVING DEPUTY WILL WRITE AN INCIDENT REPORT AND PREPARE A NOTIFICATION LETTER FOR THE CAPTAIN'S SIGNATURE. THE SAME ACTIONS AS ABOVE WILL APPLY. ALL DOCUMENTATION WILL BE FORWARDED TO THE FACILITY PREA COMPLIANCE MANAGER AND THE PREA COORDINATOR. IN THE PAST 12 MONTHS, 1 ALLEGATION WAS RECEIVED FROM GLENN DYER JAIL, THAT AN INMATE WAS ABUSED WHOLE

CONFINED AT ANOTHER FACILITY. DOCUMENTATION PROVIDED BY AGENCY INDICATES THAT UPON INTAKE INTO THE ALAMEDA COUNTY JAIL, INMATE MADE ALLEGATION OF SEXUAL ABUSE, WHICH OCCURRED AT A FEDERAL FACILITY. REPORTING DEPUTY IMMEDIATELY CONDUCTED PREA INTERVIEW, DOCUMENTED THE INMATE STATEMENTS & MADE NOTIFICATION TO FACILITY WHERE ALLEGATION OCCURRED. ALAMEDA COUNTY PREA COORDINATOR FOLLOWED UP AND CONTACTED THE WARDEN OF THE FEDERAL FACILITY AND MADE NOTIFICATION. WARDEN INSTRUCTED THE PREA COORDINATOR TO CONTACT THE FEDERAL PREA COORDINATOR WITH THE INFORMATION. AN E-MAIL NOTIFICATION FOLLOWUP WAS COMPLETED AND FORWARDED TO THE FEDERAL FACILITY PREA COORDINATOR. THIS ALL OCCURRED WITHIN 24 HOURS FROM WHEN ALLEGATION WAS MADE.

- d) POLICY & PROCEDURES 12.01 & 12.05 INDICATE ALLEGATIONS OF SEXUAL ABUSE RECEIVED FROM ANOTHER FACILITY WILL BE INVESTIGATED AS A NEW COMPLAINT AND TREATED AS IF THE VIOLATION OCCURRED IN THIS FACILITY. AGENCY INDICATED NO ALLEGATIONS OF SEXUAL ABUSE WERE RECEIVED FROM OTHER FACILITIES OVER THE PAST 12 MONTHS. INTERVIEW WITH AGENCY HEAD DESIGNEE & FACILITY COMMANDER INDICATE WHEN THIS FACILITY IS ALERTED REGARDING AN ALLEGATION OF SEXUAL ABUSE WAS RECEIVED FROM ANOTHER FACILITY, INDICATING THE ABUSE OCCURRED AT GLENN DYER, THE PREA COORDINATOR IS INFORMED AND IT IS IMMEDIATELY INVESTIGATED OR ASSIST THE OTHER AGENCY IF THEY ARE INVESTIGATING THE CASE.

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

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

- a) POLICY & PROCEDURES 13.07 MANDATES SPECIFIC PROTOCOL IN COMPLIANCE WITH STANDARD PROVISION 115.64(a) FOR 1ST SECURITY STAFF MEMBER TO RESPOND TO AN ALLEGATION OF SEXUAL ABUSE. AGENCY INDICATES THERE HAVE BEEN NO ALLEGATIONS OF INMATE SEXUAL ABUSE IN THE PAST 12 MONTHS. INTERVIEW WITH SECURITY STAFF 1ST RESPONDERS INDICATE THEIR KNOWLEDGE AND TRAINING AS IT RELATES TO USING RESPONSE PROTOCOLS AS MANDATED BY POLICY. SECURITY STAFF POSSESSED RESPONSE PROTOCOL CARDS AND COULD RECITE THE PROTOCOL WITHOUT LOOKING AT THEIR CARDS. THE CARDS INCLUDE ALL 4 CRITERIA AS OUTLINED IN STANDARD PROVISION 115.64(a).
- b) POLICY & PROCEDURES 13.07 MANDATES SPECIFIC PROTOCOL IN COMPLIANCE WITH STANDARD PROVISION 115.64(b) FOR CIVILIAN FIRST-RESPONDER STAFF MEMBER WHO RESPONDS TO AN ALLEGATION OF SEXUAL ABUSE. AGENCY REPORTS THAT OVER THE PAST 12 MONTHS, THERE HAVE BEEN NO ALLEGATIONS OF INMATE SEXUAL ABUSE WHERE A NON-SECURITY STAFF MEMBER WAS THE FIRST RESPONDER. INTERVIEW WITH RANDOM STAFF & NON-SECURITY STAFF INDICATES THEIR KNOWLEDGE AND TRAINING REGARDING THE PRESERVATION OF CREDIBLE

PHYSICAL EVIDENCE AS FAR AS INFORMING STAFF AND REQUESTING VICTIM TAKE NO ACTIONS THAT COULD DESTROY PHYSICAL EVIDENCE.

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

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

POLICY & PROCEDURE 13.07 PROVIDES EXTENSIVE INSTITUTIONAL PROTOCOL PLAN FOR COORDINATED ACTIONS OF ALL ENTITIES INVOLVED IN THE RESPONSE TO AN INCIDENT OF SEXUAL ABUSE. AGENCY PROVIDED AUDITOR WITH AN INSTITUTIONAL PLAN FOR GLENN DYER FACILITY WHICH PROVIDES FOR THE COORDINATED ACTIONS TAKEN IN RESPONSE TO AN INCIDENT OF SEXUAL ABUSE AMONG FIRST RESPONDERS, MEDICAL AND MENTAL HEALTH PRACTITIONERS, INVESTIGATORS AND FACILITY LEADERSHIP. INTERVIEW WITH FACILITY COMMANDER INDICATES THEY POSSESS AND INSTITUTIONAL COORDINATED PLAN WHICH IS SPECIFIC TO GLENN DYER JAIL WHICH PROVIDES COORDINATED RESPONSES UPON ENTITIES MANDATED TO BE INVOLVED IN RESPONDING TO INCIDENTS OF SEXUAL ABUSE.

115.66	Preservation of ability to protect residents from contact with abusers
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- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

- a) AGENCY PROVIDED AUDITOR WITH THE DEPUTY SHERIFF ASSOCIATION MOU TERMS AGREEMENT AND SERVICE EMPLOYEES UNION (SEIU) MOU TERM AGREEMENT. AGENCY CLAIMS NEITHER MOU LIMITS THE SHERIFF’S OFFICE’S ABILITY TO REMOVE OR DISCIPLINE ALLEGED STAFF SEXUAL ABUSERS. AUDITOR REVIEWED BOTH MOUs PROVIDED BY AGENCY AND VERIFIED COMPLIANCE WITH STANDARD PROVISION 115.66(a). AGENCY HEAD DESIGNEE INDICATED NEITHER COLLECTIVE BARGAINING AGREEMENTS PLACES LIMITS ON THE SHERIFF’S ABILITY TO REMOVE OR DISCIPLINE ALLEGED STAFF SEXUAL ABUSERS.
- b) N/A – STANDARD PROVISION 116.66 IS NOT APPLICABLE TO THIS AGENCY PER DOJ.

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

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

- a) GENERAL ORDER 1.23 MANDATES RETALIATION REPORTS FILED AGAINST OTHER INMATES SHALL BE INVESTIGATED BY THE CLASSIFICATION UNIT. REPORTS OF RETALIATION BY STAFF SHALL BE DOCUMENTED IN A MEMORANDUM ADDRESSED TO THE DIVISION COMMANDER VIA THE CHAIN OF COMMAND, WHO SHALL FORWARD THE MEMORANDUM TO INTERNAL AFFAIRS FOR INVESTIGATION. POLICY DESIGNATES THE FACILITY PREA MANAGER TO BE RESPONSIBLE FOR MONITORING FOR POSSIBLE RETALIATION, FOLLOWUP WITH STAFF AND INMATES WHO CLAIM RETALIATION AND RESPONSIBLE FOR MAINTAINING ASSOCIATED RECORDS.
- a) POLICY & PROCEDURE 12.03 MANDATES ANY INDICATIONS OF RETALIATION SHALL BE ACTED UPON IMMEDIATELY WITH THE INMATE'S SAFETY AS A PRIORITY. PROTECTIVE MEASURES SHALL INCLUDE, BUT NOT LIMITED TO HOUSING UNIT CHANGE FOR VICTIM OR SUSPECT, ASSIGNMENT OF "KEEP SEPARATE" IN CLASSIFICATION DETAIL & EMOTIONAL SUPPORT SERVICES FOR VICTIM. INTERVIEW WITH AGENCY HEAD DESIGNEE, FACILITY COMMANDER AND DESIGNATED STAFF CHARGED WITH MONITORING RETALIATION INDICATE MULTIPLE PROTECTION MEASURES SUCH AS HOUSING CHANGES OR TRANSFERS TO SANTA RITA JAIL FOR INMATES VICTIMS OR ABUSERS OR STAFF, REMOVAL OF ALLEGED STAFF FROM CONTACT WITH VICTIMS AND EMOTIONAL SUPPORT SERVICES FOR INMATES OR STAFF WHO FEAR RETALIATION THROUGH BAY AREA WOMEN AGAINST RAPE (BAWAR), HIGHLAND HOSPITAL SEXUAL ASSAULT CENTER AND MENTAL HEALTH DEPARTMENT FOR INMATES. STAFF CAN OBTAIN SUPPORT SERVICES THROUGH EMPLOYEE ASSISTANCE PROGRAMS. AGENCY INDICATED TO ME A DEPUTY WAS DESIGNATED TO MONITOR RETALIATION AS HE MONITORS VICTIM REGARDING HOUSING OR PROGRAM CHANGES, MONITORING UP TO 90 DAYS & DOCUMENTS MONITORING AS IT OCCURS.
- b) POLICY & PROCEDURE 12.03 MANDATES INMATES WHO REPORT OR COOPERATE WITH INVESTIGATIONS PERTAINING TO SEXUAL ABUSE OR HARASSMENT SHALL HAVE THEIR CONDUCT AND TREATMENT MONITORED FOR 90 DAYS, UNLESS THE REPORT IS DETERMINED UNFOUNDED. THIS WILL INCLUDE PERIODIC FACE-TO-FACE DISCUSSIONS WITH INMATE. AGENCY PROVIDED A JUNE 2015 MEMORANDUM FROM PREA COORDINATOR WHICH DOCUMENTED FACE-TO-FACE MEETING WITH INMATE WHO REPORTED RETALIATION WHICH VERIFIES COMPLIANCE WITH POLICY. IF DURING THE 90 DAY MONITORING PERIOD, THERE APPEARS TO BE A CONTINUING NEED FOR MONITORING, THE MONITORING PERIOD SHALL BE EXTENDED FOR AN ADDITIONAL 90 DAYS AND A RE-EVALUATION FOR ADDITIONAL MONITORING SHALL BE CONDUCTED BY THE PREA MANAGER. OVER THE PAST 12 MONTHS THERE HAVE BEEN NO INCIDENTS OF RETALIATION. INTERVIEW WITH FACILITY COMMANDER INDICATE THE CLASSIFICATION UNIT MONITORS ABUSE/HARASSMENT, THE INVESTIGATIONS UNIT ASSISTS WITH ASSESSMENTS AND REVIEWS & THE PREA COORDINATOR AND PREA MANAGER MONITORS RETALIATION. INTERVIEW WITH STAFF CHARGED WITH MONITORING RETALIATION INDICATES VICTIMS ARE MONITORED FOR 90 DAYS,

LONGER IF IT IS DEEMED NECESSARY. TREATMENT IS PROVIDED THROUGH MENTAL HEALTH SERVICES & HE MONITORS DISCIPLINARY REPORTS, HOUSING, PROGRAM CHANGES AND BEHAVIOR.

- c) POLICY & PROCEDURE 12.03 MANDATES INMATES WHO REPORT OR COOPERATE WITH INVESTIGATIONS PERTAINING TO SEXUAL ABUSE OR HARASSMENT SHALL HAVE THEIR CONDUCT AND TREATMENT MONITORED FOR 90 DAYS, UNLESS THE REPORT IS DETERMINED UNFOUNDED. THIS WILL INCLUDE PERIODIC FACE-TO-FACE DISCUSSIONS WITH INMATE. IF DURING THE 90 DAY MONITORING PERIOD, THERE APPEARS TO BE A CONTINUING NEED FOR MONITORING (SIGNS OF RETALIATION, COMPLAINTS OF RETALIATION, ETC.), THE MONITORING PERIOD SHALL BE EXTENDED FOR AN ADDITIONAL 90 DAYS AND A RE-EVALUATION FOR ADDITIONAL MONITORING SHALL BE CONDUCTED BY THE PREA MANAGER. AGENCY PROVIDED A JUNE 2015 MEMORANDUM FROM THE PREA COORDINATOR WHICH DOCUMENTED FACE TO FACE MEETING WITH INMATE WHO REPORTED RETALIATION WHICH VERIFIES COMPLIANCE WITH POLICY AND STANDARD PROVISION 115.67(d). INTERVIEW WITH DESIGNATED STAFF CHARGED WITH MONITORING RETALIATION INDICATES HE MONITORS BEHAVIOR OF VICTIM TO ASCERTAIN IF RETALIATION IS ONGOING WHICH MANDATES PERIODIC FACE-TO-FACE CHECKS DURING THE MONITORING PERIOD.
- d) POLICY & PROCEDURE 12.03 MANDATES ANY INDICATIONS OF RETALIATION SHALL BE ACTED UPON IMMEDIATELY WITH THE INMATE’S SAFETY AS A PRIORITY. PROTECTIVE MEASURES SHALL INCLUDE, BUT NOT LIMITED TO HOUSING UNIT CHANGE FOR VICTIM OR SUSPECT, ASSIGNMENT OF “KEEP SEPARATE” IN CLASSIFICATION DETAIL & EMOTIONAL SUPPORT SERVICES FOR VICTIM. POLICY ALSO MANDATES ALL STAFF ARE EXPECTED TO REPORT AND COOPERATE IN ALL INSTANCES OF SEXUAL ABUSE & HARASSMENT OF INMATES. ANY STAFF MEMBER PARTICIPATING IN ANY TYPE OF RETALIATION TOWARDS INMATES OR OTHER STAFF SHALL BE SUBJECT TO DISCIPLINARY ACTION. STAFF WHO HAVE KNOWLEDGE, INFORMATION OR SUSPECT RETALIATION OR NEGLECT BY STAFF OF ANY TYPE SHALL REPORT IT TO THEIR IMMEDIATE SUPERVISOR. INTERVIEW WITH AGENCY HEAD DESIGNEE & FACILITY COMMANDER INDICATE COMPLIANCE WITH POLICY & PREA STANDARD PROVISION 115.67(e) REGARDING THE PROTECTION OF ANY OTHER INDIVIDUAL WHO COOPERATES WITH AN INVESTIGATION. THE MONITORING PROTOCOL IS THE SAME.
- e) N/A – STANDARD PROVISION 115.67(f) IS NOT APPLICABLE TO THIS AGENCY PER DOJ.

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

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

- a) POLICY & PROCEDURE 9.03 MANDATES THAT WHEN AN INMATE IS PLACED IN PROTECTIVE

CUSTODY, IT SHALL BE WARRANTED AND FULLY DOCUMENTED; AND WHEN NO REASONABLE ALTERNATIVES ARE AVAILABLE. AN INMATE MAY, AT ANY TIME, REQUEST REASSIGNMENT TO THE GENERAL INMATE POPULATION. AGENCY REPORTS THAT OVER THE PAST 12 MONTHS, THERE IS NO INSTANCE OF ANY INMATE WHO HAVE SUFFERED SEXUAL ABUSE BEING HOUSED IN INVOLUNTARY SEGREGATION FOR 1 TO 24 HOURS AWAITING COMPLETION OF AN ASSESSMENT OR HELD IN INVOLUNTARY SEGREGATED HOUSING FOR MORE THAN 30 DAYS AWAITING ALTERNATIVE PLACEMENT. INTERVIEW WITH FACILITY COMMANDER & SEGREGATED HOUSING STAFF INDICATES PROTECTIVE CUSTODY IS OFFERED, IF DECLINED, DEPENDING ON CIRCUMSTANCES, THERE MAY BE A NEED TO PLACE INMATE IN INVOLUNTARY ISOLATION FOR PROTECTION. FACILITY LOOKS FOR ALTERNATIVE HOUSING IMMEDIATELY & FOLLOWUP EVERY 7 DAYS UP TO THE 30 DAY DEADLINE. ASSESSMENT IS THEN CONDUCTED TO DETERMINE IN CONTINUED HOUSING IN INVOLUNTARY ISOLATION IS REQUIRED.

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

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

- a) POLICY & PROCEDURE 14.03 MANDATES AGENCY TO INVESTIGATE ALL REPORTS OF SEXUAL ABUSE THOROUGHLY, PROFESSIONALLY AND WITH THE PRIMARY FOCUS TO BE ON THE VICTIM’S NEEDS. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE ALL ALLEGATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT INVESTIGATIONS ARE PROMPTLY INITIATED. JAIL STAFF CONDUCTS INITIAL REPORT & INVESTIGATORS TAKE OVER TO INVESTIGATE FULLY.
- b) POLICY & PROCEDURE 14.03 MANDATES INVESTIGATORS ASSIGNED TO THE SPECIAL VICTIMS UNIT WILL BE THE ONLY INVESTIGATORS ASSIGNED TO INVESTIGATE SEXUAL ASSAULTS IN ANY OF THE SHERIFF’S OFFICE CONFINEMENT FACILITIES AS THEY HAVE RECEIVED SPECIFIC TRAINING ON INVESTIGATING THESE TYPES OF ASSAULTS. AGENCY REPORTS 27 SEXUAL ABUSE INVESTIGATORS AND TRAINING RECORDS PROVIDED BY AGENCY INDICATE ALL 27 HAVE RECEIVED NIC E-LEARNING TRAINING FOR INVESTIGATION OF SEXUAL ABUSE IN A CONFINEMENT SETTING. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE ALL INVESTIGATORS HAVE COMPLETED SEX ABUSE INVESTIGATIONS IN A CORRECTIONAL SETTING NIC E-LEARNING COURSE. ONLY INVESTIGATORS ASSIGNED TO THE SPECIAL VICTIMS UNIT OUT OF EDEN TOWNSHIP INVESTIGATE SEXUAL ABUSE CASES DUE TO THEIR SPECIALIZED TRAINING.
- c) GENERAL ORDER 5.24 OUTLINES THE COLLECTION, PRESERVATION OF EVIDENCE/PROPERTY, PROCESSING, DOCUMENTATION, STORAGE AND INSPECTION OF DIRECT AND CIRCUMSTANTIAL EVIDENCE TO INCLUDE DNA EVIDENCE. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE INVESTIGATORS COLLECT PHYSICAL EVIDENCE, OBTAIN INFORMATION FROM FORENSIC

EXAMINATIONS, INTERVIEW WITNESSES & VICTIM, INTERVIEW ABUSER, OBTAIN ADDITIONAL CORROBORATING EVIDENCE SUCH AS VIDEO SURVEILLANCE, HOUSING LOGS ETC. & FORWARD TO DISTRICT ATTORNEY'S OFFICE IF CASE IS SUBSTANTIATED.

- d) GENERAL ORDER 5.24 MANDATES THAT DURING THE INVESTIGATION, THE QUALITY OF EVIDENCE APPEARS TO SUPPORT CRIMINAL PROSECUTION, A COMPELLED INTERVIEW MAY BE CONDUCTED AFTER CONSULTING WITH THE DISTRICT ATTORNEY'S OFFICE AS TO WHETHER THE INTERVIEW MAY BE AN OBSTACLE FOR SUBSEQUENT PROSECUTION. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE THAT WHEN EVIDENCE IS DISCOVERED THAT A PROSECUTABLE CRIME MAY HAVE TAKEN PLACE, INVESTIGATORS CONSULT WITH THE PROSECUTOR'S OFFICE BEFORE COMPELLED INTERVIEWS ARE CONDUCTED.
- e) POLICY & PROCEDURE 14.03 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 AN INMATE OR STAFF. INMATES WHO ALLEGE SEXUAL ABUSE SHALL NOT BE REQUIRED TO SUBJ TO A POLYGRAPH EXAMINATION OR OTHER TRUTH-TELLING DEVICES AS A CONDITION FOR PROCEEDING WITH THE INVESTIGATION. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE CREDIBILITY OF ALLEGED VICTIM IS ON A SUBJECT-BY-SUBJECT BASIS. INVESTIGATORS ARE IMPARTIAL WHEN IT COMES TO CREDIBILITY UNTIL THE CASE FACTORS DEEM OTHERWISE.
- f) GENERAL ORDER 3.07 MANDATE INVESTIGATORS SHALL MAKE EVERY EFFORT TO DETERMINE WHETHER STAFF ACTIONS OR FAILURE TO ACT CONTRIBUTED TO THE VIOLATIONS. GENERAL ORDER 1.23 MANDATES ALL COMPLAINTS OF SEXUAL HARASSMENT OR ABUSE, UPON INMATES OR DETAINEES SHALL BE THOROUGHLY INVESTIGATED AND DOCUMENTED BY THE SHERIFF'S OFFICE TO INCLUDE FACTS AS IDENTIFIED IN STANDARD PROVISION 115.71(f)(2). POLICY & PROCEDURE 14.03 PAGE #3 OUTLINES CREDIBILITY ASSESSMENT MANDATES PLACED UPON INVESTIGATORS. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE INVESTIGATORS MAKE EVERY EFFORT TO DETERMINE WHETHER STAFF ACTIONS OR FAILURES TO ACT CONTRIBUTED TO THE SEXUAL ABUSE. THE DETERMINATION WILL BE INCLUDED IN THE INVESTIGATIVE REPORT & IF FOUND, MAY END IN ADDITIONAL ADMINISTRATIVE CHARGES REGARDING POLICY VIOLATIONS. INTERNAL AFFAIRS INVESTIGATORS USE THE EVIDENCE GLEANED FROM CRIMINAL INVESTIGATIONS ONCE TURNED OVER TO THEM TO CONTINUE THE CASE AS AN ADMINISTRATIVE INVESTIGATION. THEY REVIEW RECORDED WITNESS STATEMENTS AND COMPLETE A SUMMARY REPORT, MAKE RECOMMENDATIONS AS TO THE OUTCOME OF THE RECOMMENDATIONS TO INCLUDE ANY VIOLATION OF POLICY & PROCEDURE. INVESTIGATIVE FILES ARE MAINTAINED FOR AT LEAST 5 YEARS.
- g) GENERAL ORDER 1.23 MANDATES ALL COMPLAINTS OF SEXUAL HARASSMENT OR ABUSE, UPON INMATES OR DETAINEES SHALL BE THOROUGHLY INVESTIGATED AND DOCUMENTED BY THE SHERIFF'S OFFICE. INTERVIEW WITH INVESTIGATIVE STAFF STATE ALL INVESTIGATIVE REPORTS ARE DOCUMENTED WITH ALL EVIDENTIARY DATA INCLUDED.
- h) AGENCY INDICATES NO SUBSTANTIATED ALLEGATIONS OF CONDUCT THAT APPEAR TO BE CRIMINAL HAVE BEEN REFERRED FOR PROSECUTION SINCE AUGUST 20, 2012. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE ALL CRIMINAL CASES, ONCE SUBSTANTIATED BY AGENCY INVESTIGATORS, ARE REFERRED TO THE DISTRICT ATTORNEY'S OFFICE FOR PROSECUTION.
- i) GENERAL ORDER 1.23 MANDATES ALL REPORTS OF SEXUAL ABUSE ALLEGATIONS BOTH CRIMINAL AND ADMINISTRATIVE, SHALL BE RETAINED BY THE AGENCY FOR AN ADDITIONAL 5 YEARS AFTER THE EMPLOYEE'S DEPARTURE FROM THE AGENCY OR THE EMPLOYEE'S RELEASE FROM INCARCERATION. IN THE EVENT THE EMPLOYEE IS TERMINATED DUE TO VIOLATION OF THIS POLICY, OR THE EMPLOYEE RESIGNS IN LIEU OF TERMINATION, THE INFORMATION PERTAINING

TO THE TERMINATION OR RESIGNATION, SHALL BE REPORTED TO THE APPROPRIATE LAW ENFORCEMENT AGENCIES AND APPROPRIATE LICENSING BODIES UNLESS THE ACTIVITY WAS NOT CRIMINAL. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE ALL INVESTIGATIVE REPORTS ARE MAINTAINED FOR AT LEAST 5 YEARS, WHETHER OR NOT THE ALLEGED ABUSER HAS LEFT THE AGENCY.

- j) GENERAL ORDER 1.23 MANDATES THAT IN THE EVENT THE SUSPECTED ABUSER LEAVES THE EMPLOYMENT OF THE AGENCY OR THE INMATE HAS BEEN RELEASED, THE INVESTIGATION SHALL CONTINUE. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE REGARDLESS IF THE ALLEGED ABUSER OR VICTIM DEPARTS FROM THE EMPLOYMENT OR CONTROL OF THE FACILITY, THE INVESTIGATION IS CONTINUED THROUGH TO ITS COMPLETION. INVESTIGATORS WILL INTERVIEW RELEVANT PERSONS IN THE COMMUNITY TO COMPLETE THE INVESTIGATION.
- k) N/A – STANDARD PROVISION 115.71(k) DOES NOT APPLY TO AGENCY PER DOJ.
- l) N/A – STANDARD PROVISION 115.71(l) DOES NOT APPLY TO AGENCY, AS AGENCY IS RESPONSIBLE FOR INVESTIGATING BOTH CRIMINAL AND ADMINISTRATIVE SEX ABUSE CASES.

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

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

- a) GENERAL ORDER 1.23 MANDATES THE STANDARD OR PROOF FOR DETERMINING IF A VIOLATION OF PREA HAS OCCURRED SHALL BE NO HIGHER THAN A PREPONDERANCE OF EVIDENCE. THIS POLICY MANDATES SPECIFIC ACTIONS FOR INVESTIGATORS, BOTH CRIMINAL AND ADMINISTRATIVE AS WELL AS FOR VIOLATIONS OF ANY PREA MANDATES. INTERVIEW WITH INVESTIGATIVE STAFF INDICATE NO STANDARD HIGHER THAN THE PREPONDERANCE OF THE EVIDENCE SHALL BE IMPOSED ON AN INVESTIGATION TO SUSTAIN AN ALLEGATION OF SEXUAL ABUSE OR SEXUAL HARASSMENT.

115.73**Reporting to residents**

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

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

- a) GENERAL ORDER 1.23 MANDATES THAT UPON COMPLETION OF AN INVESTIGATION INVOLVING AN INMATE'S ALLEGATION THAT THEY WERE SEXUALLY ABUSED IN AN AGENCY FACILITY, THE INMATE SHALL BE INFORMED AS TO THE FINAL DETERMINATION OF THE INVESTIGATION (SUSTAINED, NOT SUSTAINED, UNFOUNDED). AGENCY INDICATES THERE HAVE BEEN NO CRIMINAL OR ADMINISTRATIVE INVESTIGATIONS OF ALLEGED INMATE SEXUAL ABUSE COMPLETED BY THE AGENCY/FACILITY IN PAST 12 MONTHS NOR HAVE ANY INMATES NOTIFIED OF ANY INVESTIGATIVE FINDINGS DURING THAT SAME PERIOD OF TIME. AGENCY PROVIDED AUDITOR OF AN INVESTIGATION OF ALLEGED STAFF ON INMATE SEXUAL ABUSE ALLEGATION WHICH OCCURRED ON 9/11/14. FOLLOWING THE INVESTIGATION, THE ALLEGATION WAS DETERMINED AS UNFOUNDED. THERE WAS NO DOCUMENTATION OR VERBAL INDICATION THAT INMATE WAS INFORMED OF THE OUTCOME OF THE INVESTIGATION. INTERVIEW WITH FACILITY COMMANDER AND INVESTIGATIVE STAFF INDICATES INMATES ARE NOTIFIED OF THE DETERMINATION OF THE INVESTIGATION (SUBSTANTIATED, UNSUBSTANTIATED OR UNFOUNDED). THE PREA COORDINATOR MAKES THE NOTIFICATIONS. EVIDENCE OF NOTIFICATION OF CRIMINAL INVESTIGATIONS ARE INCLUDED IN THE CASE SUMMARY, NOTIFICATION FOR ADMINISTRATIVE INVESTIGATIONS ARE PROVIDED IN WRITING.
- b) N/A – STANDARD PROVISION 115.73(b) DOES NOT APPLY TO THIS AGENCY, AS IT IS RESPONSIBLE FOR CONDUCTING BOTH ADMINISTRATIVE AND CRIMINAL INVESTIGATIONS.
- c) GENERAL ORDER 1.23 MANDATES THAT FOLLOWING AN INMATE'S ALLEGATION THAT A STAFF MEMBER COMMITTED A SEXUAL ASSAULT AGAINST THE INMATE, UNLESS THE ALLEGATION IS DETERMINED TO BE UNFOUNDED, THE SHERIFF'S OFFICE SHALL INFORM THE INMATE WHENEVER THE LISTED CRITERIA IN STANDARD PROVISION 115.73(c) OCCURS. AGENCY INDICATES OVER THE PAST 12 MONTHS, NO SUBSTANTIATED OR UNSUBSTANTIATED COMPLAINTS OF SEXUAL ABUSE COMMITTED BY STAFF HAVE OCCURRED.
- d) GENERAL ORDER 1.23 MANDATES THAT FOLLOWING AN INMATE'S ALLEGATION THAT AN INMATE COMMITTED A SEXUAL ASSAULT AGAINST THE INMATE; THE VICTIM SHALL BE INFORMED WHENEVER THE LISTED CRITERIA IN STANDARD PROVISION 115.73(d) OCCURS.
- e) POLICY & PROCEDURE 13.07 MANDATES THAT INMATES WHO ARE SEXUALLY ABUSED OR ASSAULTED SHALL BE NOTIFIED IN WRITING BY THE PREA COORDINATOR WHEN THE ABUSER HAS BEEN FORMALLY CHARGED WITH A CRIME PERTAINING TO THE ASSAULT OR ABUSE AND WHEN THE ABUSER HAS BEEN CONVICTED OF A CRIME RELATED TO THE ASSAULT OR ABUSE. FOLLOWING AN INMATE'S ALLEGATION THAT HE OR SHE HAS BEEN SEXUALLY ABUSED BY ANOTHER INMATE AND THE INMATE IS STILL IN CUSTODY, HE/SHE WILL BE INFORMED BY CLASSIFICATION WHENEVER THE FOLLOWING OCCURS: THE DA FILES CHARGES AGAINST THE SUSPECT, WHEN THE SUSPECT

HAS BEEN CONVICTED ON A CHARGE RELATED TO SEXUAL ABUSE. ALL NOTIFICATIONS SHALL BE DOCUMENTED VIA MEMORANDUM TO THE FACILITY COMMANDER VIA THE CHAIN OF COMMAND. IF INMATE IS NO LONGER IN CUSTODY, NO NOTIFICATION ARE REQUIRED.

f) N/A – STANDARD PROVISION 115.73(f) DOES NOT APPLY TO THIS AGENCY PER DOJ.

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

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

- a) GENERAL ORDER 3.07 MANDATES ALL COMPLAINTS MADE AGAINST THE AGENCY OR ITS EMPLOYEES, INCLUDING THOSE MADE ANONYMOUSLY, WILL BE INVESTIGATED. SHOULD MISCONDUCT BE SUSTAINED, APPROPRIATE MEASURES WILL BE INITIATED UP TO DISMISSAL.
- b) AGENCY INDICATES THERE HAVE BEEN NO VIOLATIONS OF SEXUAL ABUSE OR SEXUAL HARASSMENT POLICIES BY STAFF OVER THE PAST 12 MONTHS.
- c) GENERAL ORDER 1.23 MANDATES CASES INVOLVING VIOLATIONS OF AGENCY POLICIES RELATING TO SEXUAL ABUSE OR SEXUAL HARASSMENT OF INMATES, OTHER THAN ACTUALLY ENGAGING IN SEXUAL ABUSE, SHALL BE COMMENSURATE WITH THE NATURE AND CIRCUMSTANCES OF THE ACTS COMMITTED, THE STAFF MEMBER’S DISCIPLINARY HISTORY, AND THE SANCTIONS IMPOSED FOR COMPARABLE OFFENSES BY OTHER STAFF WITH SIMILAR HISTORIES. AGENCY INDICATES NO STAFF FROM THIS FACILITY HAVE BEEN DISCIPLINED, SHORT OF TERMINATION, FOR VIOLATION OF THE AGENCY SEXUAL ABUSE OR SEXUAL HARASSMENT POLICIES OVER THE PAST 12 MONTHS.
- d) GENERAL ORDER 1.23 MANDATES THAT IN THE EVENT AN EMPLOYEE IS TERMINATED DUE TO VIOLATION OF THIS POLICY, OR THE EMPLOYEE RESIGNS IN LIEU OF TERMINATION, THE INFORMATION PERTAINING TO THE TERMINATION OR RESIGNATION SHALL BE REPORTED TO APPROPRIATE LAW ENFORCEMENT AGENCIES AND APPROPRIATE LICENSING BODIES, UNLESS THE ACTIVITY WAS NOT CRIMINAL.

115.77

Corrective action for contractors and volunteers

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

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

- a) POLICY & PROCEDURE 8.04 MANDATES DENIAL OF ADMITTANCE TO THE FACILITY IF ANY INDIVIDUAL WHOSE PREVIOUS CRIMINAL ACTIVITIES WOULD COMPROMISE THE SECURITY OF THE FACILITY, WHICH INCLUDES HAVING ENGAGED IN SEXUAL ABUSE OR SEXUAL HARASSMENT IN A CORRECTIONAL FACILITY OR OTHER INSTITUTION, OR CONVICTED OF ENGAGING IN SEXUAL ABUSE TO INCLUDE CIVIL OR ADMINISTRATIVE ADJUDICATIONS. ALL STAFF HAVE A CONTINUING AFFIRMATIVE DUTY TO DISCLOSE ANY KNOWLEDGE OF SEXUAL ABUSE OR HARASSMENT OF INMATES. CONTRACTORS & VOLUNTEERS WHO FAIL TO REPORT SUCH KNOWLEDGE SHALL HAVE THEIR SITE CLEARANCE REVOKED AND WILL NOT BE ALLOWED ON THE PROPERTY FOR ANY REASON. ADDITIONALLY, THE SHERIFF'S OFFICE SHALL REPORT TO ALL RELEVANT LICENSING BODIES, ANY ASSOCIATED CRIMINAL ACTIVITY COMMITTED ON ITS PROPERTY. AGENCY INDICATES THERE HAVE BEEN NO CONTRACTORS OR VOLUNTEERS REPORTED TO LAW ENFORCEMENT AGENCIES OR RELEVANT LICENSING BODIES OVER THE PAST 12 MONTHS FOR ENGAGING IN SEXUAL ABUSE OF INMATES.
- b) POLICY & PROCEDURE 8.04 MANDATES DENIAL OF ADMITTANCE TO THE FACILITY IF ANY INDIVIDUAL WHOSE PREVIOUS CRIMINAL ACTIVITIES WOULD COMPROMISE THE SECURITY OF THE FACILITY, WHICH INCLUDES HAVING ENGAGED IN SEXUAL ABUSE OR SEXUAL HARASSMENT IN A CORRECTIONAL FACILITY OR OTHER INSTITUTION, OR CONVICTED OF ENGAGING IN SEXUAL ABUSE TO INCLUDE CIVIL OR ADMINISTRATIVE ADJUDICATIONS. ALL STAFF HAVE A CONTINUING AFFIRMATIVE DUTY TO DISCLOSE ANY KNOWLEDGE OF SEXUAL ABUSE OR HARASSMENT OF INMATES. CONTRACTORS & VOLUNTEERS WHO FAIL TO REPORT SUCH KNOWLEDGE SHALL HAVE THEIR SITE CLEARANCE REVOKED AND WILL NOT BE ALLOWED ON THE PROPERTY FOR ANY REASON. ADDITIONALLY, THE SHERIFF'S OFFICE SHALL REPORT TO ALL RELEVANT LICENSING BODIES, ANY ASSOCIATED CRIMINAL ACTIVITY COMMITTED ON ITS PROPERTY. AGENCY INDICATES THERE HAVE BEEN NO CONTRACTORS OR VOLUNTEERS REPORTED TO LAW ENFORCEMENT AGENCIES OR RELEVANT LICENSING BODIES OVER THE PAST 12 MONTHS FOR ENGAGING IN SEXUAL ABUSE OF INMATES.

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

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

- a) POLICY & PROCEDURE 16.01 MANDATES CRIMINAL CHARGES BROUGHT AGAINST ANYONE WHO COMMITS ACTS WHICH VIOLATE STATE OR FEDERAL LAW. ANY INMATE CRIMINALLY CHARGED IN AN INCIDENT ON JAIL PROPERTY MAY ALSO BE DISCIPLINED FOR VIOLATING FACILITY RULES. THOSE CHARGED WITH ADMINISTRATIVE RULE VIOLATIONS RELATED TO SEXUAL ACTS, THE FACILITY COMMANDING OFFICER MAY ADMINISTRATIVELY REMOVE THE INMATE FROM GENERAL POPULATION AS AN ADMINISTRATIVE RULE VIOLATION SANCTION. THERE HAVE BEEN NO INSTANCES OF CRIMINAL OR ADMINISTRATIVE FINDINGS OF INMATE-ON-INMATE SEXUAL ABUSE IN THE GLENN DYER FACILITY OVER THE PAST 12 MONTHS.
- b) POLICY & PROCEDURE 16.01 MANDATES PUNITIVE ACTIONS SHALL BE DIRECTLY RELATED TO THE SEVERITY OF THE RULE VIOLATION & OUTLINES THE FORM OF DISCIPLINE IN THE INMATE DISCIPLINARY ACTIONS & LIMITATIONS PORTION OF THE POLICY. INMATE RULE VIOLATIONS & SANCTIONS ARE ALSO OUTLINED IN THE INMATE RULE BOOK PROVIDED TO ALL INMATES ENTERING THE FACILITY. INTERVIEW WITH FACILITY COMMANDER INDICATE THE SANCTIONS IMPOSED ARE PROPORTIONATE TO COMPARABLE OFFENSES BY OTHER INMATES WITH SIMILAR HISTORIES. RULES VIOLATIONS ARE PROVIDED IN THE INMATE HANDBOOK FOR ADMINISTRATIVE VIOLATIONS.
- c) POLICY & PROCEDURE 16.01 MANDATES THERE SHALL BE NO DIVERSITY OF PRACTICE OTHER THAN THAT REQUIRED BY THE UNIQUENESS OF A SPECIFIC HOUSING UNIT. INMATES WILL NOT BE DISCIPLINED FOR CIRCUMSTANCES BEYOND THEIR CONTROL. INTERVIEW WITH FACILITY COMMANDER INDICATE NON-CONSENSUAL CRIMINAL INVESTIGATIONS ARE SUBMITTED TO THE DISTRICT ATTORNEY'S OFFICE FOR DETERMINATION REGARDING PROSECUTIONS. THERE IS A DIFFERENT PENAL CODE (CRIME CODE) FOR THOSE WITH DIMINISHED CAPACITY REGARDING SANCTIONS CONSIDERATION.
- d) AGENCY INDICATE IT DOES NOT OFFER THERAPY, COUNSELING, OR OTHER INTERVENTIONS DESIGNED TO ADDRESS AND CORRECT THE UNDERLYING REASONS OR MOTIVATIONS FOR ABUSE. INTERVIEW WITH FACILITY MEDICAL AND MENTAL HEALTH STAFF INDICATE THERAPISTS ARE IN THE FACILITY 2XWEEK AND CAN MAKE REFERRALS TO OUTSIDE OUTPATIENT SERVICES FOR REPEAT OFFENDERS. THERE ARE NO SEX OFFENDER GROUP CLASSES IN THE FACILITY. MENTAL HEALTH SERVICES ARE ALWAYS AVAILABLE FOR VICTIMS OF SEXUAL ABUSE WHEN REQUESTED.
- e) POLICY & PROCEDURE 1.23 MANDATES THAT IF AN ASSAULT OCCURS IN, WHICH THE STAFF MEMBER IS THE VICTIM, THE INMATE SHALL NOT BE DISCIPLINED FOR SEXUAL CONTACT WITH THE STAFF MEMBER UNLESS THERE IS AN INVESTIGATIVE FINDING THAT THE STAFF MEMBER DID NOT CONSENT TO THE CONTACT.
- f) POLICY & PROCEDURE 16.03 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 OR CRIMINAL REPORT.

- g) GENERAL ORDER 1.23 MANDATES ALL INCIDENTS OF CONSENSUAL SEXUAL CONTACT BETWEEN INMATES, IN ADDITION TO BEING DOCUMENTED IN A DISCIPLINARY REPORT, SHALL BE INVESTIGATED AND DOCUMENTED IN AN INCIDENT REPORT. SUCH PROHIBITION IS INDICATED WITHIN THE RULES VIOLATION SECTION OF THE INMATE RULE BOOK.

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

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

- a) POLICY & PROCEDURE B-21 d MANDATES THAT IF DURING SCREENING PURSUANT TO STANDARD 115.41, IT IS FOUND AN INMATE HAS EXPERIENCED PRIOR VICTIMIZATION, WHETHER IT OCCURRED IN AN INSTITUTIONAL SETTING OR IN THE COMMUNITY, STAFF SHALL ENSURE THAT THE INMATE IS OFFERED A FOLLOW-UP MEETING WITH A MEDICAL OR MENTAL HEALTH PRACTITIONER WITHIN 14 DAYS OF THE INTAKE SCREENING. AGENCY INDICATES THAT ALL INMATES SCREENED OVER THE PAST 12 MONTHS, WHO DISCLOSED PRIOR SEXUAL VICTIMIZATION HAS BEEN OFFERED A FOLLOWUP MEETING WITH A MEDICAL OR MENTAL HEALTH PRACTITIONER WITHIN 14 DAYS OF SCREENING. INTERVIEW RISK SCREENING STAFF INDICATES IF DURING SCREENING, IT IS DETERMINED INMATE EXPERIENCE PRIOR SEXUAL VICTIMIZATION IN AN INSTITUTIONAL SETTING OR THE COMMUNITY, THEY ARE REFERRED TO A MEDICAL PRACTITIONER AT DATE OF SCREENING. IF NEEDED, MEDICAL PRACTITIONER MAKES REFERRAL TO MENTAL HEALTH PRACTITIONER FOR INITIAL CONSULTATION WHICH OCCURS WITHIN 7 DAYS OF INTAKE SCREENING OR SOONER. THIS INFORMATION IS DOCUMENTED IN THE CLASSIFICATION DOCUMENTATION.
- b) N/A – STANDARD PROVISION 115.81(b) DOES NOT APPLY TO THIS AGENCY AS FACILITY IS A COUNTY JAIL, NOT A PRISON
- c) POLICY & PROCEDURE B-21 d MANDATES ANY INFORMATION RELATED TO SEXUAL VICTIMIZATION OR ABUSIVENESS THAT OCCURRED IN AN INSTITUTIONAL SETTING SHALL BE STRICTLY LIMITED TO MENTAL HEALTH PRACTITIONERS AND OTHER STAFF, AS NECESSARY, TO INFORM TREATMENT PLANS AND SECURITY AND MANAGEMENT DECISIONS. THESE DECISIONS INCLUDE HOUSING, BED, WORK, EDUCATION AND PROGRAM ASSIGNMENTS. DURING ON-SITE REVIEW INFORMAL INTERVIEW IN CLASSIFICATION, AUDITOR FOUND BOTH CLASSIFICATION AND SCREENING DEPUTIES HAVE ACCESS TO THE SCREENING FILES AS IS THEIR DUTIES.
- d) POLICY & PROCEDURE B-21 d MANDATES THAT MEDICAL AND MENTAL HEALTH CARE PROVIDERS SHALL OBTAIN INFORMED CONSENT FROM INMATES BEFORE REPORTING INFORMATION ABOUT PRIOR SEXUAL VICTIMIZATION THAT DID NOT OCCUR IN AN INSTITUTIONAL SETTING, UNLESS THE INMATE IS UNDER THE AGE OF 18. INTERVIEW WITH MEDICAL AND MENTAL HEALTH INDICATES THEY OBTAIN INFORMED CONSENT FROM INMATES BEFORE REPORTING INFORMATION ABOUT PRIOR SEXUAL VICTIMIZATION THAT DID NOT OCCUR IN AN INSTITUTIONAL SETTING. FACILITY DOES NOT HOUSE INMATES UNDER THE AGE OF 18 YEARS. AUDITOR WAS PROVIDED A CORIZON INFORMED CONSENT FORM. IN THE PAST 12 MONTHS NO REPORT BY MEDICAL OR MENTAL HEALTH STAFF OF PRIOR SEXUAL VICTIMIZATION THAT DID NOT OCCUR IN AN INSTITUTIONAL SETTING HAS OCCURRED.

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

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

- a) WHEN STAFF BECOMES AWARE OF A SEXUAL ASSAULT, CORIZON MEDICAL STAFF SHALL BE IMMEDIATELY NOTIFIED FOR A PRELIMINARY MEDICAL ASSESSMENT OF THE INMATES INJURIES, WHICH IS THE INITIATION OF THE SEXUAL ASSAULT RESPONSE PROTOCOL.
- b) INTERVIEW WITH MEDICAL & MENTAL HEALTH STAFF INDICATES INMATES VICTIMS OF SEXUAL ABUSE RECEIVE TIMELY ACCESS TO EMERGENCY MEDICAL TREATMENT AND CRISIS INTERVENTION SERVICES FROM BOTH FACILITY STAFF AND HIGHLAND HOSPITAL ACCORDING TO THEIR PROFESSIONAL JUDGEMENT. AUDITOR OBSERVED THE MEDICAL UNIT & CONDUCTED INFORMAL INTERVIEWS WITH STAFF WHO INDICATED THE MEDICAL UNIT IS A CLINIC, PERFORMING SIMPLE PROCEDURES. THERE IS NO INFIRMARY. IN THE EVENT OF A SEXUAL ASSAULT, THE MEDICAL CLINICIANS GO TO THE UNIT TO STABILIZE THE VICTIM & VICTIM IS THEN TRANSPORTED TO HIGHLAND HOSPITAL EMERGENCY FOR FORENSIC EXAMINATION.
- c) POLICY & PROCEDURE B-21 d MANDATES THAT IF NO QUALIFIED MEDICAL OR MENTAL HEALTH PRACTITIONERS ARE ON DUTY AT THE TIME A REPORT OF RECENT ABUSE IS MADE, SECURITY STAFF 1ST RESPONDERS SHALL TAKE PRELIMINARY STEPS TO PROTECT THE VICTIM PURSUANT TO STANDARD 115.62 AND SHALL IMMEDIATELY NOTIFY THE APPROPRIATE MEDICAL AND MENTAL HEALTH PRACTITIONERS. INTERVIEW WITH SECURITY & NON-SECURITY STAFF 1ST RESPONDERS INDICATE THEY ARE TRAINED TO KEEP THE VICTIM SAFE, INFORM MEDICAL PRACTITIONERS AND ADVOCACY & SECURE EVIDENCE.
- d) POLICY & PROCEDURE B-21 d MANDATES INMATE VICTIMS OF SEXUAL ABUSE SHALL BE OFFERED TIMELY INFORMATION ABOUT AND TIMELY ACCESS TO EMERGENCY CONTRACEPTION AND SEXUALLY TRANSMITTED INFECTIONS PROPHYLAXIS, IN ACCORDANCE WITH MEDICALLY ACCEPTED STANDARDS OF CARE, WHERE MEDICALLY APPROPRIATE. INTERVIEW WITH MEDICAL AND MENTAL HEALTH STAFF INDICATE INMATES ARE OFFERED TIMELY INFORMATION ABOUT EMERGENCY CONTRACEPTION AND STD INFECTION PROPHYLAXIS AT THE HIGHLAND HOSPITAL SEXUAL ASSAULT UNIT. FACILITY MEDICAL & MENTAL HEALTH STAFF ANSWER ALL QUESTIONS OF INMATE AND PROVIDE REFERRAL INFORMATION UPON DISCHARGE FOR CONTINUED MEDICAL CARE.
- e) POLICY & PROCEDURE B-21 d 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.

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

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

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

- a) POLICY & PROCEDURE 13.07 MANDATES IMMEDIATE DELIVERY OF SERVICES RELATED TO A SPECIFIC ACUTE NEED. SERVICES PROVIDED INCLUDE ASSESSMENT, TREATMENT, REFERRAL, FOLLOWUP AND EVALUATION INCLUDING POST RELEASE REFERRALS.
- b) POLICY & PROCEDURE 13.07 MANDATES IMMEDIATE DELIVERY OF SERVICES RELATED TO A SPECIFIC ACUTE NEED. SERVICES PROVIDED INCLUDE ASSESSMENT, TREATMENT, REFERRAL, FOLLOWUP, AND EVALUATION INCLUDING CARE FOLLOWING THEIR TRANSFER TO, OR PLACEMENT IN OTHER FACILITIES OR THEIR RELEASE FROM CUSTODY FOR POST RELEASE REFERRALS. INTERVIEW WITH MEDICAL AND MENTAL HEALTH STAFF INDICATE INMATES ARE PROVIDED REFERRAL INFORMATION UPON DISCHARGE FOR CONTINUED MEDICAL CARE AND MENTAL HEALTH CARE.
- c) POLICY & PROCEDURE B-21 d MANDATES COUNTY JAIL MENTAL HEALTH PRACTITIONERS SHALL PROVIDE VICTIMS OF SEXUAL ABUSE WITH MENTAL HEALTH SERVICES CONSISTENT WITH THE COMMUNITY LEVEL OF CARE. POLICY & PROCEDURE J-B-05-00 MANDATES VICTIMS OF SEXUAL ASSAULT ARE EITHER REFERRED TO A COMMUNITY FACILITY FOR MEDICAL TREATMENT AND GATHERING OF EVIDENCE, OR THESE PROCEDURES ARE PERFORMED BY A QUALIFIED PERSON AT THE SITE. INTERVIEW WITH MEDICAL AND MENTAL HEALTH STAFF INDICATE INMATES ARE PROVIDED MEDICAL CARE AND MENTAL HEALTH CARE CONSISTENT WITH THE COMMUNITY LEVEL OF CARE.
- d) N/A – STANDARD PROVISION 115.83 (d) DOES NOT APPLY TO FACILITY AS IT IS AN ALL MALE FACILITY
- e) N/A – STANDARD PROVISION 115.83 (e) DOES NOT APPLY TO FACILITY AS IT IS AN ALL MALE FACILITY
- f) POLICY & PROCEDURE B-21 d MANDATES INMATE VICTIMS OF SEXUAL ABUSE WHILE INCARCERATED SHALL BE OFFERED TIMELY INFORMATION AND TIMELY ACCESS TO STD PROPHYLAXIS IN ACCORDANCE WITH PROFESSIONALLY ACCEPTED STANDARDS OF CARE WHERE MEDICALLY APPROPRIATE. INTERVIEW WITH MEDICAL AND MENTAL HEALTH STAFF INDICATE INMATES ARE OFFERED TIMELY INFORMATION ABOUT EMERGENCY CONTRACEPTION AND STD INFECTION PROPHYLAXIS AT THE HIGHLAND HOSPITAL SEXUAL ASSAULT UNIT.
- g) POLICY & PROCEDURE B-21 d MANDATES TREATMENT SERVICES SHALL BE PROVIDED TO THE VICTIM WITHOUT FINANCIAL COST AND REGARDLESS WHETHER THE VICTIM NAMES THE ABUSER OR COOPERATES WITH ANY INVESTIGATION ARISING OUT OF THE INCIDENT.
- h) N/A – STANDARD PROVISION 115.83 (h) DOES NOT APPLY TO FACILITY, AS FACILITY IS A JAIL.

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

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

- a) GENERAL ORDER 1.23 MANDATES EACH FACILITY TO CONDUCT AN INCIDENT REVIEW FOLLOWING EVERY SEXUAL ABUSE INCIDENT INVOLVING THOSE IN THE SHERIFF'S OFFICE CUSTODY, UNLESS THE ALLEGATION WAS DETERMINED TO BE UNFOUNDED. AGENCY INDICATES THAT IN THE PAST 12 MONTHS THERE HAVE BEEN NO INVESTIGATIONS OF ALLEGED SEXUAL ABUSE COMPLETED AT THE FACILITY THAT WERE SUBSTANTIATED OR UNSUBSTANTIATED. COPY OF COMPLETED 2/5/15 INVESTIGATION (UNFOUNDED) PROVIDED TO AUDITOR FOR VERIFICATION OF COMPLIANCE.
- b) GENERAL ORDER 1.23 MANDATES THAT EVERY ATTEMPT WILL BE MADE TO INSURE THE INCIDENT REVIEW OCCURS WITHIN 30 DAYS UPON CONCLUSION OF THE INVESTIGATION. THE FACILITY SHALL IMPLEMENT THE RECOMMENDATIONS OR DOCUMENT THE REASONS FOR NOT DOING SO.
- c) GENERAL ORDER 1.23 MANDATES THE REVIEW TEAM TO CONSIST OF A MEMBER AT OR ABOVE THE RANK OF LIEUTENANT, A SUPERVISOR NOT INVOLVED IN THE INVESTIGATIONS, ONE OF THE INVESTIGATORS FROM THE CASE, AND A REPRESENTATIVE FROM CORIZON OR CRIMINAL JUSTICE MENTAL HEALTH (CJMH). INTERVIEWS WITH FACILITY COMMANDER INDICATES THE REVIEW TEAM INCLUDES FACILITY ADMINISTRATIVE LIEUTENANT, FACILITY CAPTAIN, PREA MANAGER, INVESTIGATIVE OFFICER, MEDICAL AND MENTAL HEALTH.
- d) GENERAL ORDER 1.23 MANDATES THE REVIEW TEAM TO CONSIDER ALL CRITERIA AS OUTLINED IN STANDARD PROVISION 115.86(d). THE COMPLETED CASE REVIEW REPORT IS TO BE SUBMITTED TO THE FACILITY COMMANDER AND PREA COMPLIANCE MANAGER. COPIES OF ALL REVIEWS SHALL BE FORWARDED TO THE PREA COORDINATOR ALSO. INTERVIEWS WITH FACILITY COMMANDER, PREA COMPLIANCE MANAGER & INCIDENT REVIEW TEAM MEMBER INDICATES THE REVIEW TEAM CONSIDERS ALL CRITERIA AS OUTLINED IN STANDARD PROVISION 115.86(d) TO INCLUDE REVIEW OF POLICIES TO ENSURE CURRENT PRACTICES WERE FOLLOWED. THEY LOOK AT EACH INCIDENT WITH A DIFFERENT SET OF EYES TO ENSURE INCIDENT DOES NOT REOCCUR. REVIEW TEAM REPORTS ARE FORWARDED TO THE PREA COMPLIANCE MANAGER TO ENSURE POLICIES & ACTIONS WITH REGARDS TO PREA STANDARDS HAVE BEEN FOLLOWED & ADDRESS DEFICIENCIES.
- e) GENERAL ORDER 1.23 MANDATES THAT EVERY ATTEMPT WILL BE MADE TO INSURE THE INCIDENT REVIEW OCCURS WITHIN 30 DAYS UPON CONCLUSION OF THE INVESTIGATION. THE FACILITY SHALL IMPLEMENT THE RECOMMENDATIONS OR DOCUMENT THE REASONS FOR NOT DOING SO.

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

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

- a) GENERAL ORDER 1.23 MANDATES AGENCY TO COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE AT FACILITIES UNDER ITS DIRECT CONTROL AND FORWARD TO THE AGENCY PREA COORDINATOR WHILE MAINTAINING A COPY FOR THEIR FILES. THIS DATA SHALL BE SECURELY RETAINED. THE AGENCY PREA COORDINATOR SHALL COMPILE ALL INCIDENTS ON AN ANNUAL BASIS USING FORM SSV-3.
- b) GENERAL ORDER 1.23 MANDATES AGENCY TO COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE AT FACILITIES UNDER ITS DIRECT CONTROL AND FORWARD TO THE AGENCY PREA COORDINATOR WHILE MAINTAINING A COPY FOR THEIR FILES. THIS DATA SHALL BE SECURELY RETAINED. THE AGENCY PREA COORDINATOR SHALL COMPILE ALL INCIDENTS ON AN ANNUAL BASIS USING FORM SSV-3. AUDITOR OBSERVED AGGREGATED DATA IN STATISTICAL REPORTS AVAILABLE ON AGENCY WEBSITE.
- c) GENERAL ORDER 1.23 MANDATES AGENCY TO COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE AT FACILITIES UNDER ITS DIRECT CONTROL AND FORWARD TO THE AGENCY PREA COORDINATOR WHILE MAINTAINING A COPY FOR THEIR FILES. THIS DATA SHALL BE SECURELY RETAINED. THE AGENCY PREA COORDINATOR SHALL COMPILE ALL INCIDENTS ON AN ANNUAL BASIS USING FORM SSV-3.
- d) GENERAL ORDER 1.23 MANDATES AGENCY TO COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE AT FACILITIES UNDER ITS DIRECT CONTROL AND FORWARD TO THE AGENCY PREA COORDINATOR WHILE MAINTAINING A COPY FOR THEIR FILES. THIS DATA SHALL BE SECURELY RETAINED. THE AGENCY PREA COORDINATOR SHALL COMPILE ALL INCIDENTS ON AN ANNUAL BASIS USING FORM SSV-3.
- e) GENERAL ORDER 1.23 MANDATES AGENCY TO COLLECT ACCURATE, UNIFORM DATA FOR EVERY ALLEGATION OF SEXUAL ABUSE AT FACILITIES UNDER ITS DIRECT CONTROL AND FORWARD TO THE AGENCY PREA COORDINATOR WHILE MAINTAINING A COPY FOR THEIR FILES. THIS DATA SHALL BE SECURELY RETAINED. THE AGENCY PREA COORDINATOR SHALL COMPILE ALL INCIDENTS ON AN ANNUAL BASIS USING FORM SSV-3. CONTRACT WITH SANTA CLARA COUNTY JAIL FOR CONFINEMENT OF ALAMEDA COUNTY INMATES FOR ACUTE MENTAL HEALTH TREATMENT. AGENCY CONTRACTED FOR THE CONFINEMENT OF INMATES IN 2015 WITH SANTA CLARA COUNTY JAIL. AGENCY OBTAINED THE PREA AUDIT RESULTS FROM SANTA CLARA COUNTY JAIL FOR 2014, WHICH INCLUDES AGGREGATED DATA.
- f) N/A – DOJ HAS NOT REQUESTED AGENCY DATA

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- Does Not Meet Standard (requires corrective action)

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

- a) GENERAL ORDER 1.23 MANDATES THE INFORMATION FROM ALL THE INCIDENTS IN THE PRIOR CALENDAR YEAR WILL BE COMPILED INTO AN ANNUAL REPORT. THE REPORT SHALL ALSO INCLUDE CORRECTIVE ACTIONS ALONG WITH A COMPARISON TO PREVIOUS YEAR'S DATA AND SUBMITTED TO THE SHERIFF FOR HIS REVIEW. UPON APPROVAL OF THE SHERIFF, THE REPORT SHALL BE POSTED ON THE AGENCY WEBSITE. AUDITOR VERIFIED ANNUAL REPORTS POSTED ON AGENCY WEBSITE FROM 2007 TO 2014. INTERVIEWS WITH PREA COORDINATOR AND PREA COMPLIANCE MANAGER INDICATE NO SUBSTANTIATED REPORTS AT GLENN DYER FACILITY. IF A SUBSTANTIATED INVESTIGATION WAS REVIEWED, THE REVIEW TEAM WOULD DETERMINE HOW TO PREVENT THE INCIDENT FROM HAPPENING AGAIN THROUGH POLICY REVIEW, STAFFING, MONITORING, ETC. THE PREA COORDINATOR HAS CREATED AN INCIDENT TRACKING SPREADSHEET WHERE DATA IS REVIEWED ANNUALLY AND WHEN NEEDED CORRECTIVE ACTION IS TAKEN. AGENCY HEAD DESIGNEE INDICATES THAT DATA IS COLLECTED AND GOES THROUGH THE PREA COORDINATOR FOR TRACKING. CORRECTIVE ACTION IS RECOMMENDED AND PUT INTO THE ANNUAL REPORT FOR EACH FACILITY.
- b) GENERAL ORDER 1.23 MANDATES THE INFORMATION FROM ALL THE INCIDENTS IN THE PRIOR CALENDAR YEAR WILL BE COMPILED INTO AN ANNUAL REPORT. THE REPORT SHALL ALSO INCLUDE CORRECTIVE ACTIONS ALONG WITH A COMPARISON TO PREVIOUS YEAR'S DATA AND SUBMITTED TO THE SHERIFF FOR HIS REVIEW. AUDITOR VERIFIED ANNUAL REPORTS POSTED ON AGENCY WEBSITE FROM 2007 TO 2014 FOR VERIFICATION.
- c) GENERAL ORDER 1.23 MANDATES THAT UPON APPROVAL OF THE SHERIFF, DATA BE MADE PUBLIC AFTER PROPER REDACTION PURSUANT TO PC 293, AND POSTED ON THE SHERRIF'S OFFICE WEBSITE. INTERVIEW WITH AGENCY HEAD DESIGNEE INDICATES THE AGENCY HEAD REVIEWS AND APPROVES THE AGENCY ANNUAL REPORT.
- d) GENERAL ORDER 1.23 MANDATES THAT UPON APPROVAL OF THE SHERIFF, DATA BE MADE PUBLIC AFTER PROPER REDACTION PURSUANT TO PENAL CODE SECTION 293, AND POSTED ON THE SHERRIF'S OFFICE WEBSITE. INTERVIEW WITH PREA COORDINATOR INDICATES PERSONAL IDENTIFIER INFORMATION IS REDACTED FROM THE ANNUAL REPORT.

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

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

- a) GENERAL ORDER 1.23 MANDATES DATA SECURELY MAINTAINED BY THE PREA COORDINATOR. INTERVIEW WITH PREA COORDINATOR INDICATES HE MAINTAINS AND ENSURES SECURITY OF THE DATA.
- b) GENERAL ORDER 1.23 MANDATES DATA BE MADE READILY AVAILABLE AFTER PROPER REDACTION PURSUANT TO PC 293 ON THE SHERIFF'S DEPARTMENT WEBSITE. AUDITOR VERIFIED THAT 2014 ANNUAL REPORT IS PUBLICLY AVAILABLE ON AGENCY WEBSITE.
- c) GENERAL ORDER 1.23 MANDATES DATA BE MADE READILY AVAILABLE AFTER PROPER REDACTION PURSUANT TO PC 293 ON THE SHERIFF'S DEPARTMENT WEBSITE. AUDITOR VERIFIED THAT 2014 ANNUAL REPORT IS PUBLICLY AVAILABLE ON AGENCY WEBSITE AND VERIFIED ALL PERSONAL IDENTIFIERS WERE REMOVED.
- d) GENERAL ORDER 1.23 MANDATES ALL DOCUMENTS PERTAINING TO INVESTIGATIONS SHALL BE SECURELY MAINTAINED BY THE AGENCY PREA COORDINGATOR FOR NO LESS THAN 10 YEARS.

AUDITOR CERTIFICATION:

The auditor certifies that the contents of the report are accurate to the best of his/her knowledge and no conflict of interest exists with respect to his or her ability to conduct an audit of the agency under review.

Auditor Signature

