

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

Interim       Final

Date of Report    5/21/19

### Auditor Information

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Company Name: Correctional Consulting Services, LLC.	
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Telephone: (707) 333-8303	Date of Facility Visit: 12/17/18 – 12/20/18

### Agency Information

Name of Agency: Alameda County Sheriff's Office		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 1401 Lakeside Drive 12th Floor		City, State, Zip: Oakland, CA 94612	
Mailing Address:		City, State, Zip:	
Telephone: (510) 272-6878		Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: ACSO – Ability to enforce the law fairly and without bias; Commitment to professionalism; Service to the community with integrity and trust; Obligation to duty with honor and pride.			
Agency Website with PREA Information: <a href="https://www.alamedacountysheriff.org/dc_prea.php">https://www.alamedacountysheriff.org/dc_prea.php</a>			

### Agency Chief Executive Officer

Name: Gregory J. Ahern	Title: Sheriff-Coroner
Email: gahern@acgov.org	Telephone: (510) 272-6866

### Agency-Wide PREA Coordinator

Name: David Bonnell	Title: Lieutenant
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<b>Email:</b> dbonnell@acgov.org	<b>Telephone:</b> (925) 551-6569
<b>PREA Coordinator Reports to:</b> Sheriff Gregory J. Ahern	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 2

### Facility Information

<b>Name of Facility:</b> Glenn E. Dyer Detention Facility	
<b>Physical Address:</b> 550 6th Street Oakland CA 94607	
<b>Mailing Address (if different than above):</b>	
<b>Telephone Number:</b> (510) 268-7777	
<b>The Facility Is:</b>	<input type="checkbox"/> Military <input type="checkbox"/> Private for profit <input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal
<b>Facility Type:</b>	<input checked="" type="checkbox"/> Jail <input type="checkbox"/> Prison
<b>Facility Mission:</b> None	
<b>Facility Website with PREA Information:</b> <a href="https://www.alamedacountysheriff.org/dc_prea.php">https://www.alamedacountysheriff.org/dc_prea.php</a>	

### Warden/Superintendent

<b>Name:</b> Michael Carroll	<b>Title:</b> Captain
<b>Email:</b> mcarroll@acgov.org	<b>Telephone:</b> (510) 268-7763

### Facility PREA Compliance Manager

<b>Name:</b> Clint Mitry	<b>Title:</b> Sergeant
<b>Email:</b> cmitry@acgov.org	<b>Telephone:</b> (510) 268-7757

### Facility Health Service Administrator

<b>Name:</b> Rosa Leidner	<b>Title:</b> Nursing Supervisor
<b>Email:</b> rosa.leidner@cmgcos.com	<b>Telephone:</b> (510) 268-7792

### Facility Characteristics

<b>Designated Facility Capacity:</b> 834	<b>Current Population of Facility:</b> 468
<b>Number of inmates admitted to facility during the past 12 months</b>	8763
<b>Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	468 avg.

Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		714 avg.	
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:		0	
Age Range of Population:	Youthful Inmates Under 18: NONE	Adults: 18+	
Are youthful inmates housed separately from the adult population?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input checked="" type="checkbox"/> NA	
Number of youthful inmates housed at this facility during the past 12 months:		N/A	
Average length of stay or time under supervision:		34.1	
Facility security level/inmate custody levels:		Adsep, Weekenders, Surenos, Border Bros, Minimum, Maximum Sec Fed, PC, Max Sec Separation	
Number of staff currently employed by the facility who may have contact with inmates:		71 sworn	
Number of staff hired by the facility during the past 12 months who may have contact with inmates:		13 sworn	
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:		7	
<b>Physical Plant</b>			
Number of Buildings: 1		Number of Single Cell Housing Units: 1	
Number of Multiple Occupancy Cell Housing Units:		5	
Number of Open Bay/Dorm Housing Units:		0	
Number of Segregation Cells (Administrative and Disciplinary):		96	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):			
<p>GEDDF contains approximately 91 high-definition, digital security cameras throughout the facility monitoring areas including: all housing floors, inmate visiting areas, front lobby, vehicle sally, Intake, Transfer, and Release, facility exterior perimeter, etc. The video surveillance equipment control room is located onsite in the GEDDF basement. GEDDF utilizes Milestone product software called XProtect Smart Client 2014, which allows convenient viewing from a computer desktop. Additionally, sworn staff members are each issued Axon body worn cameras (BWC) to document any inmate contact. Axon footage is uploaded and stored at a secure, off-site server with Axon.</p>			
<b>Medical</b>			
Type of Medical Facility:		Medical/dental clinic for minor treatment. For emergency treatment, inmates go to Highland Hospital at 1411 E 31st Street, Oakland, CA	

<b>Forensic sexual assault medical exams are conducted at:</b>	Suspect Sexual Assault exam - Santa Rita Jail, 5325 Broder Blvd, Dublin, CA - Victim Forensic exam - Highland Hospital at 1411 E 31st Street, Oakland, CA.
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:</b>	228 Contractors / 144 Volunteers
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	71 assigned to GEDDF

# Audit Findings

## Audit Narrative

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

### Introduction

A Prison Rape Elimination Act (PREA) Audit was conducted at the Glenn Dyer Detention Facility (GDDF) between 12/17/18 to 12/20/18 by Eric Woodford a US Department of Justice (USDOJ) certified PREA Auditor. This was the second PREA audit for the Alameda County Jail Sheriff's Office Glenn Dyer Detention Facility. The first PREA audit was conducted in 2015.

On 9/25/18 the Alameda County Sheriff's Office and auditor signed a PREA audit agreement to conduct PREA audits for the Glenn Dyer Detention Facility (GDDF). Term of the contract is from September 2018 through September 2019.

### Pre-Audit Phase

On 9/29/18, the auditor provided the agency with the pre-audit documentation which included a copy of the Pre-Audit Questionnaire (PAQ), PREA Audit Process Map, Audit Documentation Checklist, Audit Tour Instructions and research materials for audit preparation. The facility completed the Pre-Audit Questionnaire (PAQ) on 10/20/18. Facility staff provided the auditor with a number of documents including schematics, policies, logs and other resources to the PAQ. A conference call was conducted with the new facility PREA Compliance Manager on 10/20/18 to make introductions, establish that the PREA Compliance Manager is to be the point of contact (POC), discuss processes and expectations with the auditor. Mail process of correspondence between inmate and auditor was also discussed.

On 10/20/18 the auditor provided agency with Notice of Auditor poster language in both English and Spanish. Instructions on posting, date of posting deadline (11/5/18) and proof of posting verification to be provided to the auditor accompanied the Notice of Auditor posting language. Agency provided verification of posting by 10/20/18 through dated and time stamped photos of the posted notices which was printed on orange paper. The information was posted eight weeks prior to the onsite audit. The Notices of Auditor were posted in each inmate housing POD., medical and mental health floor areas, front lobby waiting area, front lobby main entrance, public visiting entrance and attorney visiting entrance and interview rooms.

The auditor submitted an additional document request on 10/25/18 for staff, contractor, volunteer and inmate listing in order to conduct a random selection for document review. Auditor requested the list be provided by 11/9/18. The agency provided requested lists for document review on 11/15/18. Auditor made selections based upon hire date, gender, job positions and shifts. Auditor presented agency with random selections for document review on 11/20/18. Auditor also requested investigation records, grievances, training records and personnel records pulled from the selections made by auditor. The

agency provided the documents by 11/25/18 for auditor to complete the document review worksheets for verification of compliance.

The auditor reviewed the requested documents which included:

- 3 sexual abuse and sexual harassment allegation grievances received by the facility in the 12 months preceding the audit.
- A total of 8 investigations were reviewed. 3 allegations of sexual abuse and 5 allegations of sexual harassment reported for investigation in the 12 months preceding the audit:
  - ⇒ Of the 3 sexual abuse investigations, 2 were unsubstantiated and 1 unfounded. 2 of the sexual abuse cases occurred in an outside facility.
  - ⇒ Of the 5 sexual harassment cases, 3 were unsubstantiated and 2 were unfounded.
- 24 Staff personnel files were reviewed for background and training compliance
- 10 Contractor files were reviewed for background and training compliance
- 10 Volunteer files were reviewed for training compliance
- 20 Inmate screening files were reviewed for 72-hour initial and 30-day comprehensive PREA training and PREA 30-day reassessments.

On 11/20/18 auditor contacted Just Detention International (JDI) and spoke with the Operations Director who indicated there has been no record of calls or correspondence regarding allegations of sexual abuse from the Glenn Dyer Detention Facility over the past 12 months. I was referred to the Tri-Valley Rape Crisis Center for additional information. Research indicated that the Tri-Valley Rape Crisis Center services Santa Rita Jail. Alameda Healthcare Systems and Bay Area Women Against Rape services Glenn Dyer Detention Facility.

The auditor met with facility administration and staff to provide information regarding conduct of the audit and informal walk-through of the facility. Attendees included the PREA Compliance Manager, PREA Coordinator, Santa Rita Jail PREA Compliance Manager, Glenn Dyer Facility Commander, and Facility Executive Officer. During the meeting, the phases of the audit was discussed including onsite audit logistics and constant communication between the auditor and agency/facility point of contact. During the informal walk-through of the facility, auditor identified areas of interest to the administration.

The Alameda County Detention facilities are accredited through the Commission on Accreditation for Law Enforcement Agencies (CALEA) and the American Correctional Association (ACA). During the course of the audit the auditor exchanged numerous emails and phone conversations with the PREA Coordinator relative to document requests. The agency complied with all requests. Additionally, the agency's health care provider, California Forensic Medical Group (CFMG), has dual accreditation through the National Commission on Correctional Health Care (NCCHC) and the California Medical Association (CMA). Together these form what is referred to as the "Triple Crown" of accreditation (ACA, NCCHC/CMA and CALEA) awarded by the National Sheriff's Association.

Auditor received one correspondence letter from a Glenn Dyer Detention Facility (GDDF) inmate. This inmate was included in the interview list for the onsite audit. In preparation for the onsite audit, on 12/5/18 the auditor sent a blank Specialized staff form to the facility to complete. The form requested specific administrators, mid-level managers, contractors, volunteers and staff assigned specialized positions to be included on the form. The auditor also requested a list of custody staff arranged by shifts, titles, designations and positions to include contractors and volunteers assigned to GDDF in order to conduct a random selection to interview during the onsite audit. The agency provided the requested information on 12/11/18.

GDDF is an all-male inmate population. The requested list for inmates assigned to GDDF was to identify their housing units, gender, and earliest possible release date for formal interviews. The selections equaled 5 custody staff members per shift. The contractors and volunteers were selected at random based upon their job titles and start dates. Inmates were selected based upon intake date and housing unit. The auditor selected one inmate per page to a total of 20 random inmate selections. Auditor provided agency with a completed interview listing on first day of the onsite audit.

### **Onsite Audit Phase**

The on-site review began on 12/17/18 with an in-brief. Entry briefing attendees included the Facility Commander, Facility Executive Officer, Facility PREA Compliance Manager and the Facility Administrative Technician. During the briefing, conduct of the audit was discussed including the onsite audit timeline. The auditor opened the floor for questions and provided responses for any questions asked. Following the in-brief, the physical plant review was conducted by the facility PREA Compliance Manager. County Jail is one 6 floor high-rise building consisting of 1 single-cell housing unit, 5 multiple occupancy cell housing units and 96 segregation cells. Facility also contains the administration floor, staff dining room on the administration floor. Medical clinic, mental health offices, intake/booking and recreation floor.

The site review was conducted as follows:

#### **BASEMENT**

The Basement houses the Kitchen, Laundry, document & video storage, electrical room, elevator mechanical room, clothing room, supply room, mail room, garbage area & stairwell to 1<sup>st</sup> 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. Basement is monitored by 19 cameras & mirrors, which provides additional method of supervision. PREA signage observed in basement areas accessible to inmates. No blind spots in basement.

#### **MAILROOM –**

No cameras in the mailroom but is covered by multiple cameras which provides access to the mailroom. No inmates are allowed in the mailroom and 1 custody staff member works in the mailroom.

#### **STORAGE ROOM –**

Storage room is manned by 1 custody staff. No inmates are allowed in the storage room. 1 camera available in the room, however, auditor discovered that the camera did not work inside the storage room. Multiple cameras cover the entrance to the storage room.

#### **LAUNDRY -**

There are two laundry areas, one near the kitchen for folding laundry and one next to the elevators for laundry storage. Both laundry areas have cameras. The two deputies assigned to kitchen and laundry areas supervise 5 – 7 inmates. There were no inmates working in the laundry areas during the physical plant review.

#### **FOOD SERVICE/KITCHEN –**

Inmates eat meals in the housing unit PODs. Staff eat meals in the staff dining room located in the administration floor. Inmates do not have access to the administration floor. Only Aramark staff serve food to the staff.

There were no inmates working in the kitchen during the physical plant review. One staff member was working in the kitchen as the 2<sup>nd</sup> assigned staff had taken inmate workers back to their housing units. The kitchen has 4 large reefers which were unlocked during auditor's review.

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 the staff reefer. Inmates are not allowed to enter the dry goods storage area. There is one camera within dry goods storage area and one camera in the main kitchen area that views the dry goods storage area. Food is already packaged and sealed by Santa Rita jail inmates. Glenn Dyer inmates put the packaged containers in heat containers and deliver them to the housing units. No food preparation is conducted in the Glenn Dyer kitchen.

There are 11 cameras and 11 mirrors in the kitchen. Staff to inmate supervision is 2 – 11. There is no isolated area. The garbage area is covered by 2 cameras. Inmates taking garbage to that area are supervised by custody staff 1 – 2.

### **CENTRAL CONTROL**

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. 1<sup>st</sup> Floor Central Control camera monitors view vehicle intake sally ports, outside jail areas, entry lobby & all elevators. Central control controls security doors throughout the facility.

### **ADMINISTRATION**

Administrative offices floor houses the Facility Commander, Facility Executive Officer, support staff offices, briefing room, staff muster room, staff locker room and staff dining room with kitchen. Inmates are prohibited from entering the administration floor.

### **FRONT LOBBY AND MAIN ENTRANCE**

Lobby has two entrances, West and East. To get past the main entrance, one must be escorted after clearance from the Technicians behind the glass. Public visitors must clear the metal detectors before proceeding. Visitation is accessed via elevator. PREA information posters to include 3<sup>rd</sup> party reporting is available in the lobby.

### **INTAKE & RECEPTION AREA**

Vehicle sally port, used for inmate intake and transfer, has 9 active cameras. Initial screening conducted in the sally-port area by medical nurse under supervision of custody staff. Classification Screening Station is supervised by 1 camera. Classification intake interview room is located off the hallway leading to the vehicle sally port & provides confidential opportunity for classification staff & inmate to discuss Objective Screening Tool questions. Multiple cameras monitor the hallway and cameras supervise the Classification Screening Room where the Station is located. No PREA signage observed in Classification Screening room. Additional interview rooms for Classification and attorneys are #134, #138, #139, #143 & #145 monitored by cameras. Multiple cameras monitor the hallway and cameras supervise the Classification Screening Room where the Station is located. Intake/Booking

Holding Tanks are PREA compliant & monitored with numerous cameras & mirrors both in the holding tanks and along all hallways. There are 5 cameras and 5 mirrors in intake hallways. 9 visiting and holding tank phones on the male intake side, 4 on the female intake side. Periodically Glenn Dyer Detention facility conducts intake for female detainees from the street. They are held in the female intake area until transported to Santa Rita jail. Holding for female inmates is less than 24 hours. Auditor viewed camera monitors in control & no cross-gender viewing observed as holding tank cameras are pixelated. Mirrors have toilet areas frosted so staff on floor & in the Control Room and staff walking past holding areas 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, located along hallway is monitored by cameras. A deputy is stationed outside the clinic door during intake 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 and staff. PREA signage is located in the Booking area.

### **HEALTH CARE AREA**

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. PREA signage available in Medical Clinic. Camera located in the elevator lobby area and medical clinic entry hallway/records room area. No video surveillance provided past the records room area but 10 mirrors available at every corner. Infirmary area is in back of medical clinic. There is no infirmary area, 2 exam rooms and 1 treatment room. Suicide watch is located in the intake/booking area. There is a clinician & nurse records room, which is used day & evening.

### **1st FLOOR – SEGREGATED HOUSING**

1-North & South housing units are separated into three PODs each. South housing unit contains A,B,C PODs. North housing unit contains D,E,F PODs. There are two strip-search rooms. 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. One deputy conducts a strip search while another deputy observes. Both deputies must be of the same sex as the inmate. There are privacy stalls in the strip-search rooms which negates the opportunity for cross-gender viewing. No contact visiting on 2<sup>nd</sup> level of floor. Multi-purpose room with bathroom is used for education & chapel services for inmates. Auditor was informed that the multi-purpose room is also used as overflow for inmates awaiting strip-search prior to being housed. When multi-purpose room is used for this purpose, there is no continuous supervision nor does the hallway camera or mirrors cover that area. The bathroom door is open, again, no supervision in bathroom. This area is a significant blind spot that needs to be addressed.

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. Auditor observed announcement being made by both Technician and escorting deputy for nurse during pill call as she entered the POD.

Each POD dayroom has PREA signage and Notice of Auditor posters. Auditor observed 2 cameras in the dayroom area, one additional camera in each POD to include 2 mirrors and camera in entry hallway. Auditor conducted an informal interview of housing staff regarding the grievance process. Inmates must obtain a grievance form from the deputy. Deputies try to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide them with a copy and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance form anonymously. They are dependent upon the deputies to process these grievances.

Auditor observed 2 phones in day room, PREA information posted near the phones. Staff to inmate ratio is 3 – 90. There are 2 showers per POD. Inmates are released one at a time (same as out-of-cell time). Outdoor recreation is on top floor of the building. PREA video is played on Saturday and Sunday and is documented in the POD log book as observed by auditor, including upper -level staff unannounced rounds.

## **2<sup>nd</sup> FLOOR**

2-North & South housing units are currently not in use due to low population. 3 PODs on North Side and 3 PODs on South side. 2<sup>nd</sup> floor provides strip-search rooms located on main entry floor, outside the elevators. PREA posters available in each PODs. 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 2<sup>nd</sup> level of floor. Multi-purpose room with bathroom used for education & chapel services for inmates. When agency opens up 2<sup>nd</sup> floor for inmate housing, the multi-purpose room is considered a blind spot due to unlocked, unsupervised, open bathroom.

Current grievance submission procedure is inmates must obtain a grievance form from the deputy. Deputies try to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide them with a copy and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance form anonymously. They are dependent upon the deputies to process these grievances.

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.

## **3<sup>RD</sup> FLOOR**

3-North & South housing units are not used. Floor configuration is same as housing units 2-North & South. 3 PODs on North Side and 3 PODs on South side. 2<sup>nd</sup> floor provides strip-search rooms located on main entry floor, outside the elevators. PREA posters available in each PODs. 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 2<sup>nd</sup> level of floor. Multi-purpose room with bathroom used for education & chapel services for inmates. Should agency open the 3rd floor for inmate housing, the multi-purpose room is considered a blind spot due to unlocked, unsupervised, open bathroom.

Current grievance submission procedure is inmates must obtain a grievance form from the deputy. Deputies try to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide them with a copy and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance form anonymously. They are dependent upon the deputies to process these grievances.

#### **4<sup>th</sup> FLOOR – MAX SEP, PC, SURENOS & BORDER BROTHERS**

4-North & South – are separated into three PODs each. South housing unit contains A,B,C PODs. North housing unit contains D,E,F PODs. There are two strip-search rooms. 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. One deputy conducts a strip search while another deputy observes. Both deputies must be of the same sex as the inmate. There are privacy stalls in the strip-search rooms which negates the opportunity for cross-gender viewing. No contact visiting on 2<sup>nd</sup> level of floor. Multi-purpose room with bathroom is used for education & chapel services for inmates. Auditor was informed that the multi-purpose room is also used as overflow for inmates awaiting strip-search prior to being housed. When multi-purpose room is used for this purpose, there is no continuous supervision nor does the hallway camera or mirrors cover that area. The bathroom door is open, again, no supervision in bathroom. This area is a significant blind spot that needs to be addressed.

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. Inmates must obtain a grievance form from the deputy. Deputies try to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide them with a copy and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance form anonymously. They are dependent upon the deputies to process these grievances. Staff to inmate supervision ratio is 2 – 119.

Each housing unit has Notice of Auditor Posters and PREA signage which indicate calls to \*99 confidential hotline is for reporting & advocacy requests. Notices indicate calls are not monitored & are strictly confidential. Auditor initially checked the hotline which put auditor in contact with a call center for the advocacy agency. On two separate calls, the person who answered, hung up on auditor. The third instance, the contact person connected the auditor to an advocate who indicated that the calls were intercepted by the call center as the advocacy agency has only one advocate on call to answer and respond to phone contact requests for advocacy or emotional support. Auditor explained that the MOU between Glenn Dyer and \_\_\_\_\_ did not include an inmate victim forced to go through a call center to get into contact with an advocate. The advocate indicated he would speak with higher level staff regarding auditor's concerns.

Cell bathrooms and POD showers are PREA compliant, 2 showers per POD.

#### **5<sup>th</sup> FLOOR - MAINLINE**

5-North & South – are separated into three PODs each. South housing unit contains A,B,C PODs. North housing unit contains D,E,F PODs. There are two strip-search rooms. 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. One deputy conducts a strip search while another deputy observes. Both deputies must be of the same sex as the inmate. There are privacy stalls in the strip-search rooms which negates the opportunity for cross-gender viewing. No contact visiting on 2<sup>nd</sup> level of floor. Multi-purpose room with bathroom is used for education & chapel services for inmates. Auditor was informed that the multi-purpose room is also used as overflow for inmates awaiting strip-search prior to being housed. When multi-purpose room is used for this purpose, there is no continuous supervision nor does the hallway camera or mirrors cover that area. The bathroom door is

open, again, no supervision in bathroom. This area is a significant blind spot that needs to be addressed.

Staff to inmate ratio is 2 – 141. There are two cameras and 1 mirror in dayroom and 1 camera per POD. Inmates must obtain a grievance form from the deputy. Deputies try to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide them with a copy and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance form anonymously. They are dependent upon the deputies to process these grievances.

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 Auditor observed Technician make announcement when cross-gender staff entered POD. Each housing unit has Notice of Auditor Posters and PREA signage which indicate calls to \*99 confidential hotline is for reporting & advocacy requests. Notices indicate calls are not monitored & are strictly confidential. Auditor tested advocacy hotline and once again, call was answered by the Alameda Health System advocate by way of the call center. Cell bathrooms and POD showers are PREA compliant, 2 showers per POD. Recreation gym is located on top floor of building.

### **6<sup>th</sup> FLOOR – MAINLINE MAX**

6<sup>th</sup> Floor North & South Housing Units have same POD configuration as the other housing floors, but POD classification is different. PODs A,B,C are mainline, POD D-is minimum classification. PODs E & F house weekend inmates only. PREA posters and Notice of Auditor posters observed in the day rooms of each POD. POD showers are PREA compliant, male only housing unit. PREA Signage is provided in each housing unit and in the general areas. Day room has 2 cameras and 1 mirror. 2 cameras in each POD. 2 phones per POD located in the dayroom. 2 showers per POD and are PREA compliant, no cross-gender viewing. Bathrooms located in each cell. Staff to inmate supervision ratio is 1 – 79.

Inmates must obtain a grievance form from the deputy. Deputies try to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide them with a copy and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance form anonymously. They are dependent upon the deputies to process these grievances.

Classification Unit is located on this floor. 2 large outside exercise yards are located on this floor, accessed by stairs outside the 6<sup>th</sup> floor housing units. There is a Control Room monitored by Technician when exercise yards are in use. Each yard has video monitoring, 2 cameras per yard.

#### Interviews:

Formal interviews were conducted 12/17/18 to 12/19/18. Random staff, randomly selected contractors and volunteers, specialized staff, random and targeted inmate interviews were conducted by the auditor. The number of inmates housed at Solano County Jail on the first day of the on-site audit was 425.

A total of inmate interviews conducted: 27

- Random inmates – 19
- Youthful Inmates - 0
- Physically disabled, blind, deaf, and/or hard of hearing, LEP inmates – 1
- Cognitively disabled inmates – 0

- LGB inmates – 2
- Transgender or intersex inmates – 0
- Inmates in segregation for risk of victimization - 2
- Inmates who reported sexual abuse – 2
- Inmates who disclosed victimization during a risk assessment - 1

NOTE: The facility does not house youthful inmates, transgender inmates or inmates who have cognitive issues or physically disabled. These inmates are housed at Santa Rita Detention facility. There was only 1 resident who disclosed sexual victimization during risk screening. The required targeted inmate interviews based upon the inmate population on first day of the onsite audit per the auditor's handbook was short 6 targeted inmates. Auditor met the required interviews by oversampling the following targeted inmates:

- Gay/Bisexual – 1
- Residents in Segregated Housing for Risk of Victimization – 1
- Oversampling of the Random Sample of Inmates - 4

Total number of staff interviews conducted: 42

- Random staff – 12
- Director / designees-Sheriff
- Superintendent -Captain
- Contract administrator
- PREA Coordinator -1
- PREA Compliance Manager - 1
- Intermediate or higher-level supervisors - 1
- Line staff who supervise youthful inmates - 0
- Education and program staff who supervise youthful inmates - 0
- Medical and mental health staff - 3
- Human resources staff - 1
- SAFE/SANE hospital staff - 2
- Volunteers-2
- Contractors - 2
- Investigators -4
- Staff who perform risk assessments - 1
- Staff who supervise inmates in segregation - 1
- Incident review team members - 1
- Staff charged with retaliation monitoring - 1
- Intake staff - 1
- First Responders –Security - 1
- First Responders-non-security - 1
- Mail Room - 1
- Victim Advocacy – 1
- Kitchen staff – 1

Glenn Dyer Detention Facility provides 3<sup>rd</sup> party reporting of allegations of sexual abuse via the Sheriff's website. The information is listed under the PREA tab and includes citation of the Prison Rape Elimination act, their zero-tolerance policy and contact information for reporting allegations of sexual abuse.

The onsite audit was completed on 12/20/18 with a closeout briefing with administrative staff. Attendees were the Assistant Sheriff, Detention and Corrections Division Commander, PREA Facility PREA Compliance Manager, Facility Commander and Facility Executive Officer. The auditor discussed the strengths and weaknesses discovered during the onsite audit phase. Auditor provided the administrative staff with the post-audit schedule which included providing agency with the Interim Summary Audit Report within 45 days after the completion of the onsite audit. The auditor and agency/facility staff will collaborate on the corrective action plans for any identified non-compliance issues. Agency will have 180-days to correct the non-compliant. issues after which, the auditor has 30-days to submit the Final PREA Audit Report. Agency has 90-days to upload the Final Report to the agency website for public access.

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

### **Post Audit Phase**

The auditor conducted an analysis of all information gleaned from the PAQ, supporting documentation, onsite audit interviews, observations and document reviews. The auditor submitted the PREA Audit Interim Report to the Agency Head and PREA Coordinator on 2/1/19. The auditor requested a conference call with the PREA Coordinator and staff within 30 days to discuss the 12 non-compliant Standards and the associated Corrective Action Recommendations. On 2/11/19, the PREA Coordinator requested an onsite meeting with both Glenn Dyer command staff, PREA Compliance Managers for both Glenn Dyer and Santa Rita Jail to include the agency PREA Coordinator.

The post audit corrective action recommendation meeting was scheduled for 2/21/19 and conducted as scheduled. Attendees included the Facility Commander, Facility Executive Officer, Glenn Dyer PREA Compliance Manager, Santa Rita Jail PREA Compliance Manager, agency wide PREA Coordinator, Inmate Programs Sergeant and a staff technician assigned to PREA operations. The Post Audit Issue Log, created by the auditor, was disseminated among all who attended and was discussed during the meeting. The attendees outlined corrective action recommendations that have been completed and those that are still pending. There was no dispute regarding the corrective action recommendations as written. Additional supporting documentation was provided to the auditor as verification of compliance. It was understood that the auditor may return to the facility to conduct an onsite status check of the advocacy and reporting hotlines to include observations of blind spot compliance. The PREA Coordinator and auditor to remain in constant communication during the post audit phase. The auditor will review the information obtained during the meeting and submit a second Post Audit Issue Log which will outline the pending non-compliant standards.

## **Facility Characteristics**

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

Alameda County Correctional Facility Glenn Dyer Jail is located at 550 6<sup>th</sup> Street Oakland California. It is a high-rise one building facility built in 1984. Only male inmates are housed at the facility. The facility

is comprised of 6 floors. Each floor has two housing units (North and South). Each housing unit contains 3 PODs per housing unit. 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. 1<sup>st</sup> floor has the vehicle sally-port, booking, intake, holding tanks, clothing exchange, attorney visiting areas and classification assessment area. 2<sup>nd</sup> floor houses the medical wing, North & South housing units to include Administrative Segregation. 3<sup>rd</sup> floor housing wings are not occupied. 4<sup>th</sup> floor is North & South housing units. 5<sup>th</sup> floor is North & South housing units. 6<sup>th</sup> floor North & South housing units are unoccupied. (2) two main recreation yards are located on the 6<sup>th</sup> floor along with the Classification main office. Alameda County Jail Facilities provide the following programs through their Inmate Services Unit, for inmates based upon their classification & housing:

D.E.U.C.E – Substance abuse program	Literacy One-on-One tutorial
Pre-Release Services	Inmate Telephone & Wireless Tablets
Recreation	Anger Management
Alameda County Library Services	Parenting Inside Out
A.B.E. – Adult Basic Education & Independent Study Program	Chaplain Services
Interviews/Appointments/Phone Calls	Commissary

## Summary of Interim Audit Findings

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

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

**Number of Standards Exceeded: 2**

115.15; 115.41

**Number of Standards Met: 31**

115.11; 115.12; 115.14; 115.16; 115.18; 115.21; 115.22; 115.34; 115.35; 115.42; 115.43; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 116.71; 115.72; 115.76; 115.77; 115.81; 115.82; 115.83; 115.88; 115.89; 115.401; 115.403.

**Number of Standards Not Met: 12**

115.13; 115.17; 115.31; 115.32; 115.33; 115.51; 115.52; 115.53; 115.73; 115.78; 115.86; 115.87.

**Summary of Corrective Action (if any)**

**115.13(a):** During the physical plant review, auditor discovered that the video camera located in the storage room was inoperable which made the basement storage room a blind spot for both staff and inmate safety. Interview with the one staff member who works in the storage room indicated the camera was never in operation.

1. Agency to repair basement storage room video monitoring camera. Auditor to verify operability during the 90-day onsite status review.

**115.13(a):** The auditor conducted an observation of all housing units. There is a multi-purpose room on each housing floor, used as overflow for inmates awaiting strip-search prior to being housed. When the multi-purpose room is used for that purpose, there is no continuous supervision, nor does the hallway camera or mirrors cover that area. The bathroom door is unlocked and open which creates a blind-spot in the multi-purpose room unless staff is actually inside the room. This creates a significant blind spot on all floors with multi-purpose rooms, that needs to be addressed.

1. Agency requested to eliminate the blind spot that exists in the multi-purpose rooms on each floor. Auditor to verify compliance during the 90-day onsite status review.

**115.17(a):** Of the 8 employees hired in the past 12 months, 4 files were without the three questions asked and answered in their employee applications or supplemental applications. Auditor is unable to verify compliance with the standard provision.

1. Auditor to review a random sample of employee files for employees hired between 2/1/19 and 5/2/19 to determine if all files contain the 3 questions either in the applications or supplemental applications as mandated by standard provision 115.17(a).

**115.17(d):** Review of 10 randomly selected contractor files indicate that 1 contractor was cleared through a federal background check prior to their hire date. Of the remaining 9 contractors 6 were cleared through a federal background check after their hire date, 2 were cleared through a state background clearance only and 1 had no record of federal background clearance.

1. Auditor to review a random sample of contractor files for contractors employed between 2/1/19 and 5/2/19 to determine if background clearances are completed for all contractors prior to the contractor start date and entry into the facility.

**115.31(c):** Two staff were relocated to job positions outside of the jail after receiving a promotion in early 2018. Agency has not provided their PREA training dates or acknowledgement documentation.

1. Agency to provide auditor with the initial and refresher PREA training dates and acknowledgement forms of the following two staff members who were promoted early in 2018

**115.32(a):** Review of the random sample of 10 contractors and 10 volunteers training records indicated that out of the 10 contractors, agency did not provide the initial PREA training dates or acknowledgements for 3 contractors as all 3 had start dates in 2017. Of the 10 volunteer training records reviewed, 5 had no record of any PREA training.

1. Agency to provide auditor with a random sample of contractor and volunteer training records for contractors and volunteers who have start dates between 2/3/19 and 5/2/19 for document review. This review is to verify contractors and volunteers receive their PREA education prior to hire date or the date they first enter the correctional facility.

**115.32(c):** Review of the random sample of 10 contractors and 10 volunteers training records indicated that out of the 10 contractors, agency did not provide the initial PREA training dates or acknowledgements for 3 contractors as all 3 had start dates in 2017. Of the 10 volunteer training records reviewed, 5 had no record of any PREA training or acknowledgement of that training.

1. Agency to provide auditor with the first day contractors and volunteers initially enter the correctional facility to provide services.

**115.33(b):** The PAQ initially indicated that the inmates admitted during the past 12 months whose length of stay in the facility and received initial PREA education was for 30 days or more was 5832. In the narrative for this standard provision, the agency indicates that the number of inmates admitted during the same period whose length of stay in the facility was for 30 days or more to be 486 by average. There is a discrepancy.

1. Please clarify this discrepancy in order to verify compliance with this standard provision.

**115.51(b):** The BAWAR MOU which will expire on July 2019, has been signed by BAWAR and awaiting Alameda County Sheriff's Office signature. Auditor awaiting update from agency to see if MOU has been renewed.

1. Agency requested to provide auditor with a copy of the 2018 – 2019 BAWAR MOU agreement signed by both BAWAR and the Alameda County Sheriff's Office.
2. If unable to have the agreement signed prior to the 180-day corrective action period, agency to provide auditor with documented discussion between BAWAR and the Alameda County Sheriff's Office which explains why the agreement cannot be completed.

**115.52(b):** During the physical plant review, auditor questioned housing unit deputies as to the procedures utilized for an inmate to obtain and submit a grievance. Staff informed the auditor that inmates must obtain a grievance form from the housing deputy. The deputy attempts to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide

them with a copy of the grievance and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance anonymously.

1. Agency to create a system which allows inmates to obtain and submit grievances anonymously without acquiring or submitting grievance to housing staff should the grievance involve a sexual abuse, sexual harassment or retaliation issue.
2. Agency to train both staff and inmates of the new grievance procedures put in place and provide auditor with training verification.

**115.52(f):** Policy 16.03 Inmate Grievance Procedure mandates that when receiving an emergency grievance, the deputy receiving the grievance shall take immediate action to ensure the inmates safety. The grievance section of this policy does not address substantial risk of imminent sexual abuse, nor is there any initial response time limit indicated for this type of PREA violation.

1. Agency requested to amend policy 16.03 to address substantial risk of imminent sexual abuse and initial response time-limit indicated for this type of 1<sup>st</sup> Responder action or PREA protection.

**115.53(a):** During the onsite physical plant review, auditor tested the hotline to see if it was operational. The first test resulted in the respondent hanging up, the second test resulted in the respondent putting me on hold for 20 minutes before I hung up. The third test resulted in a long explanation to the respondent as to why I was calling. The respondent happened to be a call center for Alameda County Health advocacy. The respondent connected me to an advocate who I interviewed. The auditor informed the advocate of the incident involving the first two calls and the advocate indicated he would inform his superiors of the issues. During an interview with the Alameda County Health advocacy coordinator, he was also informed of the call test issues and he indicated he would connect with Glenn Dyer Detention facility administration to discuss how they can address the issue so it would not happen again. Inmates in crisis should not be subjected to being put on hold or being unable to reach an advocate.

1. Agency to work with Alameda County Health advocacy coordinator to repair the phone connection between the hotline, call center and AHS.
2. Agency to correct the Alameda Health Services hotline protocol so an inmate who calls the hotline for sexual abuse reporting is immediately referred to an advocate.
3. Auditor to test the hotline during onsite 90-day status review.

**115.53(c):** Agency provided auditor with an unsigned BAWAR agreement. The BAWAR representative signed the agreement and it is not awaiting signature from the Sheriff's Office representative. Auditor is awaiting update from the agency to see if BAWAR MOU has been renewed.

1. Agency to provide auditor with a copy of the 2018 – 2019 BAWAR MOU agreement signed by both BAWAR and the Alameda County Sheriff's Office.
2. If unable to have the agreement signed prior to the 180-day corrective action period, agency to provide auditor with documented discussion between BAWAR and the Alameda County Sheriff's Office which explains why the agreement cannot be completed.

**115.73(a):** Interview with 2 inmates who reported a sexual abuse indicate they had not received a copy of the notification which provided information as to the outcome of the investigation. Review notification documentation from the PREA Coordinator's office verifies that documented notification letters were provided to both inmates in December 2018, after the onsite audit.

1. Agency to provide auditor with a copy of all sexual abuse investigation reports of investigations that occurred between 2/1/19 and 5/2/19, to include inmate notification documentation for each report in order for auditor to verify compliance with standard provision 115.73.

**115.78(b):** Policy 1.23 PREA mandates that 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.

1. Agency requested to amend Policy 1.23 page 11 H-4 to replace narrative "the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories" with "**the inmate's disciplinary history and sanctions imposed for comparable offenses by other inmates with similar histories.**"

**115.86(c):** Policy 1.23 PREA mandates that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Interview with the Facility Commander indicates that the facility does not possess a sexual abuse incident review team and stated "that is something that the facility leadership will need to coordinate."

1. Agency to provide auditor with the list of designated Incident Review Team members.

**115.87(b):** A copy of the SSV-3 as well as copies of all reports included in the SSV-3 shall be forwarded to the Commander of Detentions and Corrections and a copy of the packet maintained in the agency file for no less than ten years. Agency has not provided auditor with the copy of the SSV-3 form with the 2016 data which was used to create the 2017 Annual Report. Agency provided auditor with a blank copy of the SSV-1 and SSV-3 they use as the standardized instrument. Agency has not provided auditor with a set of definitions as required for compliance with standard provision 115.87(a)/(c).

1. Agency to provide auditor with a copy of the SSV-3 form used to compile data for the 2017 Annual Report.
2. Agency to provide auditor with a copy of the list of definitions that was not included in the 2017 Annual Report.

## Summary of Final Audit Findings

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

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

**Number of Standards Exceeded:** 2

115.15; 115.41

**Number of Standards Met:** 43

115.11; 115.12; 115.13; 115.14; 115.16; 115.17; 115.18; 115.21; 115.22; 115.31; 115.32; 115.33; 115.34; 115.35; 115.42; 115.43; 115.51; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 116.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89; 115.401; 115.403.

**Number of Standards Not Met:** 0

## PREVENTION PLANNING

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

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

#### 115.11 (a)

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

#### 115.11 (b)

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

#### 115.11 (c)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.11(a) – General Order 1.23 mandates zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract and outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Policy includes set of definitions and sanctions for those found to have participated in prohibited behaviors to include description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates.

115.11(b) – The agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. The agency organizational chart was provided to the auditor and review verifies the PREA Coordinator, who is at the Lieutenant's position, reports directly to the Undersheriff. Interview with the PREA Coordinator indicates he has enough time to manage his PREA related responsibilities. Agency is currently undergoing ACA, ADA and PREA audits. 90% of his time is committed to PREA related responsibilities. There are 2 PREA Compliance Managers throughout the agency who he interacts with on a continual basis.

115.11(c) – The agency has designated a PREA compliance manager for both facilities, Glenn Dyer and Santa Rita Jails. Agency reports via PAQ that the PREA Compliance Manager has sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. PREA Compliance Managers for both Glen Dyer and Santa Rita Detention facilities are at the Sergeant's level and reports to the PREA Coordinator as verified in the agency organizational chart. Interview with the PREA compliance manager indicates he began this position in November 2018 and working hard to learn the position. His focus right now is to prepare for the PREA audit and work diligently to coordinate the facility's efforts to comply with the PREA standard.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.11.

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

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

#### 115.12 (a)

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

### 115.12 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

Standard provisions 115.12(a) and 115.12(b) do not apply to the Alameda County Sheriff's Department as they do not contract for the confinement of their inmates.

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

### Standard 115.13: Supervision and monitoring

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

### 115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?  Yes  No

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

### 115.13 (b)

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

### 115.13 (c)

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

### 115.13 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.13(a) – General Order 1.23 mandates that each facility will have a staffing plan in place to ensure adequate staffing levels to protect inmates from sexual abuse. Facility administrators will consider the following as well as other factors in establishing staffing levels. Agency provided auditor with a copy of the 2017/2018 Glenn Dyer Detention Facility Staffing Plan. This document is extensive and includes at a minimum, all 11 topics identified in standard provision 115.13(a). The average daily number of inmates is 399. Staffing Plan was predicated an average daily number of inmates of 564. Interview with the Jail Commander and PREA Compliance Manager indicates the facility staffing plan includes all 11 criteria as outlined in standard provision 115.13(a). The Facility Commander checks for compliance with the staffing plan by reading the end of shift reports which aligns with the staffing plan.

Video monitoring is part of the documented staffing plan. During the physical plant review, auditor discovered that the video camera located in the storage room was inoperable which made the basement storage room a blind spot for both staff and inmate safety. Interview with the one staff member who works in the storage room indicated the camera was never in operation. The auditor conducted an observation of all housing units. There is a multi-purpose room on each housing floor, used as overflow for inmates awaiting strip-search prior to being housed. When the multi-purpose room is used for that purpose, there is no continuous supervision, nor does the hallway camera or mirrors cover that area. The bathroom door is unlocked and open which creates a blind-spot in the multi-purpose room unless staff is actually inside the room. This creates a significant blind spot on all floors with multi-purpose rooms, that needs to be addressed.

115.13(b) – General Order 1.23 mandates that any deviations from the staffing plan shall be documented and justified. Each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan as verified by Deficiency Memos from 2016, 2017 and 2018 provided by agency. The six most common reasons for deviating from the staffing plan in the past 12 months are sick time off, military, vacation, discretion time off, personal leave, other. The Deficiency Memos are created by the shift sergeant and provided to the division captain. The memos identify which shift team fell below the facility Staffing Plan requirements, the reason for the deficiency and the corrective action taken. The corrective action section of the memos only indicate what attempts were made to bring the facility up to minimum staffing. The action did not include what steps were taken when the facility could not be brought up to minimum staffing, such as were inmate programs or movement reduced or suspended, was visiting shut down, were certain areas within the facility made inaccessible until staffing could be returned to the minimum level?

A post-audit issue paper was submitted by the auditor which discussed the fact that staffing plan corrective actions was missing from the corrective action memos. The agency/facility amended the Deficiency Memos to include a corrective action section. Auditor was provided 2 Deficiency Memos which documented shift staffing level deficiency on 12/16/18 due to injuries and vacancies and again on 12/22/18 for vacancy due to staff sick call. Both memos identified the deficiency and outlined the corrective action taken to bring the facility into compliance with the minimum staffing requirement. Interview with the Facility Commander indicates that the facility documents all instances of non-compliance with the staffing plan, including explanations for non-compliance through the use of a Deficiency Memo.

115.13(c) – At least once every year the facility/agency, in collaboration with the PREA Coordinator, reviews the staffing plan to see whether adjustments are needed to the staffing plan, deployment of monitoring technology or allocating resources to commit to the staffing plan to ensure compliance.

Agency provided auditor with copy of the 2017 Staffing Plan Review Memo which outlines the Staffing Plan review meeting minutes. Interview with the PREA Coordinator indicates that he is consulted regarding any assessments of or adjustments to the staffing plan for Glenn Dyer Detention facility. This is an annual consultation with the Facility Commander, PREA Compliance Manager and Division Commander. He would like to conduct this meeting as a quarterly evaluation instead of annually.

115.13(d) – Policy 10.02 mandates the Watch Commander to conduct unannounced rounds on all shifts and document the rounds in the area or housing unit/floor log books. Policy 10.03 mandates that the tour/inspect each housing unit and/or area under their control at least once per shift. These tour/inspections shall be unannounced, performed at irregular, unspecified times, and will be recorded in the area/housing unit log book. All important information shall be reported in writing to the Watch Commander. Agency provided housing unit logs which documented verification of rounds from each shift being conducted by the Watch Commanders from January to December of 2016 and 2017. The rounds were date stamped into the log and signed by the Commander. Interview with the Shift Commander indicates that during his shift, all of his rounds are unannounced. He conducts rounds daily and weekly. His rounds are stamped in the housing log book and the Red Book in the Deputy's office. There is no predictable time or route he takes when conducting unannounced rounds. During the onsite audit and visits to all housing units, the stamped verification of unannounced rounds by Shift Commanders was clearly evidenced for each shift randomly selected for over the past 4 – 6 months by auditor.

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

**Corrective Action Recommended:**

1. Agency to repair basement storage room video monitoring camera. Auditor to verify operability during the 90-day onsite status review.
2. Agency requested to eliminate the blind spot that exists in the multi-purpose rooms on each floor. Auditor to verify compliance during the 90-day onsite status review.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 5/15/19:**

1. 2/21/19, Camera has been replaced. Camera is functioning and agency provided auditor with a screenshot of camera view of the supply room for verification.
2. On 5/15/19, auditor conducted the 180-day onsite review to determine if agency completed the remaining Corrective Actions. Upon leaving the 4<sup>th</sup> Floor South housing unit elevator, auditor observed a chaplain conducting a religious class in the multi-purpose room with 10 inmates. The Chaplain was interviewed by auditor who indicated he has keys to the inside bathroom on his drawn key ring. He locks the door if he needs to leave the room and cannot leave the room until a deputy arrives to relieve him and provides security to the inmates in his absence. The bathroom door was checked and it was secure. Interview with two custody staff who serve as floor officers verify the updated Station Order directives regarding the multi-purpose room.

Auditor then visited 5<sup>th</sup> Floor South. 4 inmates were locked in the multi-purpose room awaiting arrival of the instructor for class. A deputy was stationed outside the multi-purpose room until the instructor arrives. The bathroom inside the multi-purpose room was reviewed and was locked. Interview with two deputies who work the housing units indicated there is a Station Order that mandates floor staff checks the multi-purpose room routinely.

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

## Standard 115.14: Youthful inmates

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

#### 115.14 (a)

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

#### 115.14 (b)

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

#### 115.14 (c)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.14(a) – Agency does not house youthful inmates. Standard provisions 115.14(a), 115.14(b) and 115.14(c) do not apply to this agency/facility.

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

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

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

#### 115.15 (a)

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

#### 115.15 (b)

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

### 115.15 (c)

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

### 115.15 (d)

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

### 115.15 (e)

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

### 115.15 (f)

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

### Auditor Overall Compliance Determination

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

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

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

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

115.15(a) – Policy 11.03 Inmate Searches - Strip, Visual and Pat Searches mandates that deputies conducting the strip search shall not touch the breasts, buttock, or genitalia of the person being searched. Absent exigent circumstances, all strip searches will occur in the jail housing unit prior to each inmate being placed into a cell/dormitory. Strip searches will be conducted by deputies of the same sex/gender as the inmate. A supervisor's approval is required for every search conducted as a result of an exigent circumstance. Formal documentation and an incident report or a Strip Search Authorization Form are required. Any physical body cavity search is considered invasive and requires a search warrant, signed by a magistrate and accompanied by articulable facts and probable cause for the search. Only a licensed physician or medical practitioner is allowed to perform the physical body cavity search, accompanied by a deputy of the same sex. The search shall be conducted in a private room and under sanitary conditions, outside the view of other non-search participants. Formal documentation, an applicable incident report, and a Strip Search Authorization Form are required for any physical body cavity search. During the past 12 months agency reports there have been no cross-gender strip or cross-gender visual body cavity searches of inmates that did not involve exigent circumstances or were performed by non-medical staff. Interview with non-medical staff indicates that cross-gender strip searches and visual body cavity searches are prohibited except in exigent circumstances. Such searches are prohibited in policy.

115.15(b) – Policy 10.23 Housing Unit Deputy Supervising Inmates of the Opposite Gender mandates that deputies shall not perform clothed searches of opposite gender inmates, except in the most exigent circumstances. These searches shall be documented in a memorandum to the Facility Commander, via the Chain of Command, outlining the exigency. Deputies shall notify their supervisor prior to conducting a clothed search of the opposite sex. Agency indicates that over the past 12 months there have been no record of pat-down searches of females by male staff as this facility houses male inmates only.

115.15(c) – Glenn Dyer Detention facility does not house female inmates. Policy 10.23 Housing Unit Deputy Supervising Inmates of the Opposite Gender mandates that deputies shall not perform clothed searches of opposite gender inmates, except in the most exigent circumstances. Policy 11.03 Inmate Searches - Strip, Visual and Pat Searches mandates that deputies conducting the strip search shall not touch the breasts, buttock, or genitalia of the person being searched. Absent exigent circumstances, all strip searches will occur in the jail housing unit prior to each inmate being placed into a cell/dormitory. Strip searches will be conducted by deputies of the same sex/gender as the inmate. A supervisor's approval is required for every search conducted as a result of an exigent circumstance. Formal documentation and an incident report or a Strip Search Authorization Form are required. Any physical body cavity search is considered invasive and requires a search warrant, signed by a magistrate and accompanied by articulable facts and probable cause for the search. Only a licensed physician or medical practitioner is allowed to perform the physical body cavity search, accompanied by a deputy of the same sex. The search shall be conducted in a private room and under sanitary conditions, outside the view of other non-search participants. Formal documentation, an applicable incident report, and a

Strip Search Authorization Form are required for any physical body cavity search. Agency indicates there have been no documented cross-gender strip searches and cross-gender visual body cavity searches of all inmates, and documentation of all cross-gender pat-down searches of female inmates.

115.15(d) – Policy 8.12 Inmate Observation and Direct Visual Supervision mandates that Staff of the opposite sex shall announce their presence on the floor of the housing unit/pod prior to conducting visual cell checks. This will give appropriate warning to inmates who may be changing clothing or using the toilet. All staff will allow inmates who are showering, a reasonable amount of privacy, unless circumstances dictate otherwise. Auditor observed, in a random selection of housing units, cross-gender announcement entries in the unit log books for 2016, 2017 and 2018. Agency **exceeds** this standard provision.

Auditor observed staff conducting cross-gender announcements when entering housing units of opposite gender. Interview with 19 random sample of inmates and 12 random sample of staff indicates that inmates' are not naked in front of staff. Staff consistently announce their presence when entering the housing unit of opposite gender inmates.

115.15(e) – General Order 1.23 PREA mandates that searches or examinations of transgender or intersex detainees/inmates solely for the purpose of determining the detainee/inmate's genital status is prohibited. If the inmate's genital status is unknown, staff should use other means to determine the persons sex, such as reviewing arrest history, available databases, available medical records, or by speaking with the individual. Interview with random sample of 12 staff indicates that agency prohibits physically examining a transgender or intersex inmate for the sole purpose of determining their genital status. Staff indicates they are trained to first aske the inmate to provide their gender status, who they want to search them, contact supervisor if there are any issues. Only medical staff can conduct that type of examination on transgender or intersex detainees/inmates.

115.15(f) – Interview with random sample of 12 staff indicates they all received cross-gender pat down search training either in the academy or during refresher training.

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

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

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

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

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

and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision?  Yes  No

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

#### 115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?  Yes  No

- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?  
 Yes  No

### 115.16 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.16(a) – Policy 1.14 ADA mandates that it is the responsibility of medical staff to sign and verify the Inmate Disability Evaluation Form, and forward a copy to Classification. Medical staff will note on the form if the disability impacts the inmate's housing or transportation needs. Medical staff shall document when an inmate requests an accommodation that is not granted and the reasons why the accommodation was not granted. An additional copy shall be forwarded to the ADA Coordinator. Hearing impaired inmates shall be afforded the opportunity to use a portable tablet equipped with VRS software allowing the device to act as a videophone. Inmates who are deaf and blind shall be afforded the use of a tactile interpreter at no cost to the inmate. Inmates who are deaf and reliant upon American Sign Language as their primary way of communicating shall be afforded the use of the previously mentioned tablets. In addition to VRS technology, the Sheriff's Office has contracted with a provider to allow inmates with hearing impairments the use of Video Remote Interpreting ("VRI") services. VRI can be used to communicate with hearing impaired inmates for everyday communication needs. Instructions will be kept with each device. If the VRI service is not available, or the tablet is inoperable, a tablet from another housing unit may be used. If none are available or operable, or if an ASL interpreter is necessary to ensure effective communication, the inmate shall be afforded the use of a sign language interpreter at no cost to the inmate.

Policy 17.07 Language Line Solutions, ACSO Point Book and Hearing-Impaired Hand Sign Alphabet mandates that Purpose of Language Line Solutions is to establish a communication link and process

for non-English speaking inmates. Team Sergeant will be notified once determined that use of the language line is necessary. Upon completion of the call, the usage shall be logged and filed with the Team Sergeant's office. Log entries will include the names of the initiated Deputy Sheriff and approving Sergeant and the reason and length of the call. Copies of the Hearing-Impaired Hand Sign Alphabet with Numbering Hand Signs are to be made available to staff members needing to communicate with hearing impaired inmates. Copies are available in housing control and deputy offices.

NOTE: Per 2/14/18 memorandum, the facility does not house inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities. Inmates with disabilities are to be transferred and housed at Santa Rita Jail. Interview with the Agency Head designee and Limited English Proficient inmate indicates that the agency has established procedures to provide inmates with disabilities and inmates who are LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency has a Spanish speaking component to the PREA video, handbook in Spanish to include other materials such as the PREA brochure. Agency has also obtained the services of contract interpreters in the event interpretation is needed, not to mention the staff interpreters they have on-site.

115.16(b) – The PAQ indicates that the agency has established procedures to provide inmates with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Agency did not provide auditor with MOU or agreement with Language Line Solutions or Hired Hands (MOU expired in 2017) prior to the onsite audit. On 1/14/18, in response to an issue log request for documentation, agency provided auditor with a copy of the MOU with Purple Communications which provides Video Relay Service at no cost for American Sign Language interpreters. Contract expires in 2021. Agency also provided MOU with Language Line Solutions which provides multilingual interpreter services. Contract expires April of 2020.

115.16(c) – Policy 1.14 ADA mandates that except in instances where the inmates' safety is at risk, staff shall not use other inmates as interpreters. In the event it is necessary to use another inmate as an interpreter, staff are required to document the occurrence in a memorandum to the facility Commanding Officer. In the past 12 months agency reports via PAQ that there have been no instances where inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. Interview with a random sample of 12 staff and one LEP inmate indicates the use of inmate interpreters for sexual abuse allegation reporting is prohibited by policy. The one LEP inmate indicated he is not aware of anyone using inmate interpreters to make an allegation of sexual abuse. He did indicate that agency has staff interpreters and contract interpreters. He has not used either of these services as his cell mate interprets for him.

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

## Standard 115.17: Hiring and promotion decisions

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

#### 115.17 (a)

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

#### 115.17 (b)

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

#### 115.17 (c)

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

#### 115.17 (d)

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

#### 115.17 (e)

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

#### 115.17 (f)

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

#### 115.17 (g)

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

#### 115.17 (h)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.17(a) – Policy 4.07 Background Investigations Guidelines mandates that 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. Policy 4.11 Agency Promotional Process mandates the Sheriff's Office shall not promote anyone who may have contact with inmates who has engaged in, convicted of engaging or attempting to engage in, been civilly or administratively adjudicated to have engaged in activity prohibited sexual activity expressly outlined in the three criteria outlined in standard provision 115.17(a).

Review of 24 randomly selected personnel files on employees indicated that 8 employees have been hired in the past 12 months. Of the 8 employees hired in the past 12 months, 4 files were without the three questions asked and answered in their employee applications or supplemental applications. Auditor is unable to verify compliance with the standard provision.

Out of the 24 personnel employee files, 4 were promotions. All 4 promotional files included the 3 questions as outlined in this standard provision.

Review of 10 contractor files indicate 4 contractors were hired over the past 12 months. All 4 files contained the required questions in the applications for employment.

115.17(b) – Policy 4.11 Agency Promotional Process mandates that the Sheriff's Office shall consider any incidents of sexual harassment in determining whether to promote an individual. Policy 1.23 PREA mandates that all incidents of sexual harassment shall be considered when determining whether to hire or enlist the services of any contractor, volunteer or staff members who may have contact with inmates. Agency provided auditor with 36 Security Site Clearance applications between 2016, 2017 and 2018, where at least 5 of applicants were disqualified for answering YES to the question of if they had been accused of sexual harassment after providing an explanation or for failure to disclose information related to previous sexual abuse, sexual harassment or committing a prior felony. Interview with HR Administrator indicates that if anyone has a felony on their record, they are immediately removed from the hiring process. This process includes both employee applications and contractor applications.

115.17(c) – Policy 4.07 Background Investigation Guidelines mandates that one of the conditions for applicant disqualification is poor work history showing terminations, inability to work well with others, attendance problems, neglect of duty, inefficiency, etc. Policy 1.23 PREA mandates that Before hiring, all employees, contractors, and volunteers shall be subject to a criminal background check prior to employment. Consistent with Federal, State, and local law, the Sheriff's Office shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Over the past 12 months, agency stated via PAQ that 12 persons hired who may have contact with inmates who have had criminal record checks. 17 of these staff are assigned to Glenn Dyer Detention Facility. Review of 24 randomly selected personnel files on employees indicated all 24 cleared federal background check prior to their hire date. All 24 employee files indicated requests to prior institutional employers regarding information on substantiated allegations of sexual abuse or any resignation during a pending investigations of an allegation of sexual abuse.

115.17(d) – Policy 4.07 Background Investigations Guidelines mandates that 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. Policy 8.04 Security Checks of Contract Employees, Volunteers and Tour Groups mandates that Security background checks are conducted by the Classification Unit to ensure that individuals who are allowed inside the facility present no threat to the safety of the staff, inmates, facility, and/or operation and to ensure that security is not compromised. Contractors/Providers of services will furnish the Classification Unit with a completed Site Clearance Form for each individual that is to work inside/outside of the facility(s). The form(s) will be provided to Classification at least seven (7) days prior to commencing repair/maintenance work, and at least twenty-four (24) hour notice, weekdays, for part-time health care services, food service work, and tour groups. In the past 12 months there have been 8 contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with inmates as agency has verified per PAQ. Interview with HR Administrator indicates the facility performs criminal background checks on all employees and contractors prior to hire.

Review of 10 randomly selected contractor files indicate that 1 contractor was cleared through a federal background check prior to their hire date. Of the remaining 9 contractors 6 were cleared through a federal background check after their hire date, 2 were cleared through a state background clearance only and 1 had no record of federal background clearance.

115.17(e) – Policy 1.23 PREA mandates that the agency is notified by the Department of Justice anytime employee is fingerprinted as a result of any arrest. Interview with HR Administrator indicates all applicants have an affirmative duty to report. They receive DOJ notification should any contractor or employee is arrested. Agency is provided Criminal Investigations Bureau (CIB) notifications for out of state arrests

115.17(f) – Policy 1.23 PREA mandates that the Sheriff’s Office shall ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for promotions. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

Interview with HR Administrator indicates all applicants complete a supplemental questionnaire regarding previous misconduct described in paragraph (a) of this section in written applications or interviews for promotions. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. Review of 20 employee personnel files verifies compliance with this standard provision. 4 of the 20 employee files reviewed were promotions. All 4 contained supplemental questionnaires completed prior to the promotional interviews.

115.17(g) – Policy 1.23 PREA mandates that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination. Employee application packet has a mandate that material omissions in any area of the application or providing false information is grounds for the applicant to be removed from the application process.

115.17(h) – Policy 1.23 PREA mandates that consistent with Federal, State, and local law, the Sheriff’s Office shall make its best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Interview with HR Administrator indicates the hiring agency is allowed to review the personnel file in person only after they produce a signed waiver of release from the former employee.

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

**Corrective Action Recommended:**

1. Auditor to review a random sample of employee files for employees hired between 2/1/19 and 5/2/19 to determine if all files contain the 3 questions either in the applications or supplemental applications as mandated by standard provision 115.17(a).
2. Auditor to review a random sample of contractor files for contractors employed between 2/1/19 and 5/2/19 to determine if background clearances are completed for all contractors prior to the contractor start date and entry into the facility.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 5/1/19:**

1. On 4/13/19, the facility PREA Compliance Manager indicated that 2 Sheriff's Technicians were hired at Glenn Dyer between 02/01/19 – current. They were hired on 02/24/19. Attached is signed forms which contain the 3 questions which were reviewed by auditor. This form is now part of the background packet.
2. 4 Volunteers and 2 Contractors were hired between the dates listed. In reference to clearance records provided by agency, the 4 volunteers received FBI clearances prior to start date. In review of the 2 Contractor clearance records, both received FBI clearance through CLETS database. On 5/1/19, the PREA Compliance Manager clarified the CLETS background clearance teletype response on one of the contractors whose data clearance information dated 3/22/19, indicates there was no FBI number found. The teletype statement indicates "Inquiry Successful". NCIC indicates there was no identifiable record for this contractor. No hits on DMV, JPQN, JPPS, WPS databases. No activity on CII rap sheet. Last clearance completed in 2013. Jail clearance approval date of 3/22/19.

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

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

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

### 115.18 (a)

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

### 115.18 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.18(a) – The PAQ indicates that the agency/facility has not acquired a new facility or made any substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later. This statement was verified through auditor physical plant review observations and interview with both the Agency Head designee and the Facility Commander.

115.18(b) – Per PAQ, agency indicates that all sworn staff have been issued body cameras. Agency has increased their number of cameras inside and outside the facility by 91 cameras in 2017, divided between pods, dayroom and back hallway/elevator areas and holding tanks to eliminate blind spots in the common usage areas. Interview with the Agency Head designee and Facility Commander indicates that agency considers inmate safety as a paramount issue. The agency recently added 92 cameras and new speaker system. They also made necessary changes to inmate safety through the adoption of body cameras for all custody staff.

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

## RESPONSIVE PLANNING

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

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

#### 115.21 (a)

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

#### 115.21 (b)

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

#### 115.21 (c)

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

- Has the agency documented its efforts to provide SAFEs or SANEs?  Yes  No

#### 115.21 (d)

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

#### 115.21 (e)

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

#### 115.21 (f)

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

#### 115.21 (g)

- Auditor is not required to audit this provision.

#### 115.21 (h)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.21(a) – Policy 5.24 Collection of Evidence establishes uniform procedures for the proper collection, processing, and preservation of physical evidence, and property. Alameda County Sheriff's Office members shall thoroughly search, and examine crime scenes for physical evidence in a manner that ensures the proper collection of evidence, and generate a written report to document the crime scene, physical evidence, and events that occurred during the crime scene examination.

115.21(b) – N/A - Policy 9.05 Juveniles in Custody mandates that no one under the age of 1 will be housed in Sheriff's Office jails. This statement was verified during the auditor's physical plant review and interviews with inmates and staff.

115.21(c) – Policy 13.07 Sexual Assaults in Custody mandates that in the event of a sexual abuse incident, custody staff is to Bring the inmate to the housing unit clinic for a medical evaluation immediately. The medical staff will perform first aid treatment and refer the inmate to the Highland Hospital Emergency for a forensic sexual assault examination if appropriate. The inmate shall be advised that there is no cost to them for any medical treatment pertaining to the assault, including the forensic medical exam. The transporting deputy shall notify the Highland Hospital Sexual Assault Center at (510) 534-9290 of the inmate's estimated arrival time. The Sexual Assault Social Worker has a thirty (30) minute response time.) Over the past 12 months there have been no forensic examinations conducted on Glenn Dyer inmates per agency PAQ. Interview with SAFE/SANE/SAART Coordinator for Alameda Health Services (AHS) indicates they are a 24/7 service that works out of Highland Hospital. This is a two faceted service. The SAART service provides advocacy for inmates who report allegations of sexual abuse. Calls are handled on a case by case basis and they handle calls from Glenn Dyer Detention Facility hotline. AHS honors victim's privacy and upon receiving a call ask the caller how they wish to proceed, provides them with sexual assault response options such as contacting the jail, mental health, jail commander etc. to include option for advocacy. Victim always has the option to decline contacting the jail. Advocacy is provided from the forensic exam throughout the entire investigation, court and follow-up process such as referral to case management victims of crimes applications and entitlement benefits. The forensic examination is conducted out of Highland Hospital. Services include STD prophylaxis, testing and treatment for infectious diseases such as HIV, Plan B for pregnancy prevention, medical workup, pregnancy education and treatment.

115.21(d) – Policy 13.07 Sexual Assaults in Custody mandates the inmate shall be offered the services of a victim advocate and if the inmate does request a victim’s advocate, the advocate is to be permitted to be with the inmate throughout the investigatory process. Access to the inmate shall be made available upon return to the facility as well. The advocate’s role during this process is to provide emotional support, crisis intervention, information, and referrals. Interview with PREA Compliance Manager indicates that a victim advocate accompanies inmate during the forensic examination. If the inmate wishes a staff member to accompany him, the agency will accommodate.

115.21(e) – PAQ indicates that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. Interview with PREA Compliance Manager indicates that a victim advocate accompanies inmate during the forensic examination. Interview with inmates who reported a sexual abuse indicates that they did not participate in the forensic examination and declined medical and mental health referral. He was allowed to contact anyone he needed to, however he did not inform his family as he did not want them to worry about him.

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

115.21(g) – N/A – Auditor is not required to audit standard provision 115.21(g) per DOJ

115.21(h) – N/A – Auditor is not required to audit standard provision 115.21(h) per DOJ

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

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

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

### 115.22 (a)

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

### 115.22 (b)

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

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

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

#### 115.22 (c)

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

#### 115.22 (d)

- Auditor is not required to audit this provision.

#### 115.22 (e)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.22(a) – Policy 1.23 PREA contains the zero-tolerance language which mandates that it shall be the policy of the Sheriff's Office to promptly and thoroughly investigate and immediately address all allegations of sexual assault, sexual abuse, and sexual harassment of those in our custody, to include criminal and administrative sanctions as appropriate. In the past 12 months agency reports that they received 8 allegations of sexual abuse and sexual harassment. All investigations into the allegations were completed. Agency provided auditor with copies of all 8 cases for review. Interview with the Agency Head designee indicates that the agency ensures that administrative or criminal investigations are completed for all allegations of sexual abuse or sexual harassment. Both investigations are documented. Cases are investigated in house for administrative sexual harassment cases. Criminal cases or cases believed to be criminal are investigated through the Alameda County Eden Township

sexual assault investigators.

115.22(b) – Policy 14.03 PREA – Response to sexual assaults mandates that It shall be the policy of the Alameda County Sheriff’s Office that all reports of sexual assault be investigated thoroughly and professionally, with the primary focus on the victim’s needs. 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. If other investigators are on call and receive a report of a sexual assault at a Sheriff’s Office confinement facility, the Investigations Lieutenant shall assign the appropriate investigators to the case. The Sherriff’s Office website PREA section indicates The Alameda County Sheriff’s Office is committed to providing inmates housed at its facilities, the safest environment possible. The Alameda County Sheriff’s Office has a zero-tolerance policy toward sexual abuse and sexual harassment of any kind. Inmates who experience these types of behaviors are strongly encouraged to report the behavior, as it will be investigated thoroughly and completely, whether criminally or administratively, whichever is most appropriate. Interview with Investigative Staff indicates that the Eden Township sexual assault investigators conduct criminal investigations in sexual abuse cases.

115.22(c) – N/A – Agency/facility is responsible for criminal investigations. Standard provision 115.22(c) does not apply to this agency/facility.

115.22(d) – N/A – Auditor is not required to audit standard provision 115.22(d) per DOJ.

115.22(e) – N/A – Auditor is not required to audit standard provision 115.22(e) per DOJ.

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

## TRAINING AND EDUCATION

### Standard 115.31: Employee training

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

#### 115.31 (a)

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

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

#### 115.31 (b)

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

#### 115.31 (c)

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

#### 115.31 (d)

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

#### Auditor Overall Compliance Determination

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

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

### Instructions for Overall Compliance Determination Narrative

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

115.31(a) – Policy 1.23 PREA mandates that in addition to receiving training in cross gender pat down searches, all staff, including contractors and volunteers who may have inmate contact, shall receive training in the following topics within one year of the date of this order. This training shall occur during new employee orientation, annual training and be included in the 80-hour Core Corrections Course. Refresher training shall occur at least every two years and documented via DMS or manual sign off sheets. All sign off sheets shall ensure the staff signing for the training understands the training they have received. Minimally, the following shall be covered:

- a) The department's zero tolerance policy for sexual misconduct, sexual abuse, and sexual harassment.
- b) The rights of inmates, staff, contractors and volunteers to be free from sexual misconduct, sexual abuse and sexual harassment.
- c) The rights of inmates, staff, contractors and volunteers to be free from retaliation for good faith reporting of suspected or observed instances of sexual misconduct, sexual abuse or sexual harassment.
- d) How staff and volunteers can fulfill their responsibilities under ACSO sexual abuse and harassment prevention, detection, reporting and response policies.
- e) The dynamics of sexual misconduct, abuse and harassment in confinement.
- f) The common reactions of sexual misconduct, abuse and harassment in confinement settings.
- g) How to detect and respond to signs of threatened and actual sexual misconduct, abuse or harassment.
- h) How to avoid inappropriate relationships with detainees and inmates.
- i) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex and gender nonconforming inmates.
- j) How to comply with mandated reporting requirements of sexual abuse to outside agencies.

Interview with a random sample of 12 staff indicate they receive refresher training in either late 2018 or beginning 2019 base upon their hire date. New hires state they received their comprehensive PREA training during orientation following the academy training. All can recite majority of the topics covered in the PREA training.

115.31(b) – Policy 1.23 PREA mandates that PREA training is tailored to the gender of the inmates at the facility. Staff who are transferred from one jail to the other shall receive training tailored to the gender of the inmates at the new facility.

115.31(c) – Agency PAQ indicates that 71 staff employed by the facility has been trained or retrained in

PREA requirements which equates to 100% of staff. Between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. This training shall occur during new employee orientation, annual training and be included in the 80-hour Core Corrections Course. Refresher training shall occur at least every two years and documented via Digital Management System (DMS) or manual sign off sheets. Agency provided auditor with the PREA training PPT and curriculum. Agency provided auditor with 65 pages of electronically signed acknowledgements through the DMS system. Once staff initiate and complete the DMS electronic PREA training, they need to sign out with their digital signature which serves as the electronic acknowledgement.

Agency provided auditor with electronic records of PREA training for 780 custody staff with signed acknowledgement which accompany the electronic acknowledgements. Auditor randomly selected 26 staff. Out of the 26 staff all but two have received their refresher PREA training between 2016 and 2018 based upon their hire date. Two staff were relocated to job positions outside of the jail after receiving a promotion in early 2018. Agency has not provided their PREA training dates or acknowledgement documentation.

115.31(d) – Agency provided auditor with 65 pages of electronically signed acknowledgements through the DMS system. Once staff initiate and complete the DMS electronic PREA training, they need to sign out with their digital signature which serves as the electronic acknowledgement.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115/31(c) and corrective action is required.

**Corrective Action Recommended:**

1. In the PAQ, agency indicated that 100% of staff employed at Glenn Dyer Detention facility has received their PREA training as required by this standard provision. Agency to provide auditor with the initial and refresher PREA training dates and acknowledgement forms of two staff members who were promoted early in 2018.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completed 2/21/19:**

On 2/21/19, the auditor attended an onsite corrective action recommendation conference. Attendees were the Facility Commander, Facility Executive Officer, PREA Compliance Managers for both Glenn Dyer Detention Facility and Santa Rita Jail, and the agency-wide PREA Coordinator. Auditor was provided a copy of the electronic training roster/acknowledgement which verifies both staff members who were promoted in early 2018 were initially trained in PREA and attended refresher training before their promotion date.

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

## Standard 115.32: Volunteer and contractor training

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

### 115.32 (a)

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

### 115.32 (b)

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

### 115.32 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.32(a) – Agency provided auditor with 37 pages of electronically signed acknowledgements through the DMS system. Once contractors and volunteers initiate and complete the DMS electronic PREA training, they need to sign out with their digital signature which serves as the electronic acknowledgement. Agency also provided auditor with the contractor PREA training PPT and PREA Overview and Rules and Regulations for volunteers, both of which must be signed to verify training has been completed. Review of training PPT and brochure verifies contractors and volunteers are trained with regards to their responsibilities under agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures. Agency PAQ indicate that 372 volunteers and

contractors who have contact with inmates, have been trained in agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. This equates to 100% of contractors and volunteers assigned to Glenn Dyer Detention Facility. Interviews with 2 volunteers and 2 contractors indicate they have received initial PREA training during their orientation before their start date, and refresher training in 2017 or 2018. They receive the same refresher training as custody staff. Review of the random sample of 10 contractors and 10 volunteers training records indicated that out of the 10 contractors, agency did not provide the initial PREA training dates or acknowledgements for 3 contractors as all 3 had start dates in 2017. Of the 10 volunteer training records reviewed, 5 had no record of any PREA training.

115.32(b) – Review of PREA training policies and directives to contractors and volunteers through the contractor PREA training PPT and PREA Overview and Rules and Regulations for volunteers, the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. All volunteers and contractors who have contact with inmates have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Review of training records verify compliance with this standard provision. Volunteers and contractors receive the same training as custody staff.

115.32(c) – Review of the random sample of 10 contractors and 10 volunteers training records indicated that out of the 10 contractors, agency did not provide the initial PREA training dates or acknowledgements for 3 contractors as all 3 had start dates in 2017. Of the 10 volunteer training records reviewed, 5 had no record of any PREA training or acknowledgement of that training.

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

**Corrective Action Recommended:**

1. Agency to provide auditor with a random sample of contractor and volunteer training records for contractors and volunteers who have start dates between 2/3/19 and 5/2/19 for document review. This review is to verify contractors and volunteers receive their PREA education prior to hire date or the date they first enter the correctional facility.
2. Agency to provide auditor with the first day contractors and volunteers first enter the correctional facility to provide services.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 4/19/19:**

1. On 4/19/19, the PREA Compliance Manager provided auditor with clearance documentation of 4 Volunteers and 2 Contractors were hired between the dates listed. In reference to clearance records provided by agency, the 4 volunteers and 2 contractors received PREA training prior to start date as verified through signed acknowledgements.
2. On 4/19/19, the PREA Compliance Manager provided auditor with clearance documentation of 4 Volunteers and 2 Contractors were hired between the dates listed. In reference to clearance records provided by agency, start dates were provided on the clearance sheets as to when both

contractors and volunteers were cleared to enter the facility by the background clearance supervisor.

The agency/facility has met the requirements of Standard provision(s) 115.32(a) & 115/32(b), completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.32.

## Standard 115.33: Inmate education

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

#### 115.33 (a)

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

#### 115.33 (b)

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

#### 115.33 (c)

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

#### 115.33 (d)

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

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

### 115.33 (e)

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

### 115.33 (f)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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115.33(a) – Inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or harassment. This is achieved by providing each inmate a copy of the PREA brochure which includes the zero-tolerance policy, instructions on reporting and provides contact information regarding agencies that offer victim support.

Policy 18.03 Inmate Orientation mandates that the inmate orientation video will be shown in the Intake, Transfer, and Release (ITR) holding cell before an inmate is placed on a housing floor, or housing unit. The orientation video includes, but is not limited to:

1. Assist the inmate in transitioning into the facility
2. Explain facility rules, regulations, and disciplinary procedures
3. Describe the programs available and the application process
4. Describe correspondence, visiting, and telephone usage rules
5. Describe the inmate grievance procedure
6. Describe medical and mental health services
7. Describe the classification/housing assignment process
8. Describe the process for reporting sexual harassment.
9. Prison Rape Elimination Act information
10. AIDS Awareness and education

Agency provided auditor with copy of the PREA brochure and Inmate Rule Book in both English and Spanish. Per PAQ, agency indicates that 8763 inmates were provided the zero-tolerance and reporting education at intake. This equates to 100% of inmates who were admitted to the facility within the past 12 months.

Interview with intake staff and random sample of 19 inmates indicate inmates receive the zero-tolerance and sexual abuse and sexual harassment allegation reporting training upon intake. They receive additional comprehensive PREA training in the housing units twice a week via PREA video. Review of a random sample of inmate screening records indicates that 19 of the inmates received their initial PREA education on the same date as intake.

115.33(b) – The PAQ initially indicated that the inmates admitted during the past 12 months whose length of stay in the facility and received initial PREA education was for 30 days or more was 5832. In the narrative for this standard provision, the agency indicates that the number of inmates admitted during the same period whose length of stay in the facility was for 30 days or more to be 486 by average. There is a discrepancy. Review of 20 randomly selected inmate screening files indicates that 19 inmates received their PREA comprehensive education within 30 days of intake.

115.33(c) – Of those who were NOT educated (as stated in 115.33 (b)-1) during 30 days of intake, all inmates have been educated subsequently as the PREA video is shown weekly. inmates who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures of the new facility differ from those of the previous facility.

Policy 18.03 Inmate Orientation mandates that:

1. The inmate orientation video will be shown in the Intake, Transfer, and Release (ITR) holding cell before an inmate is placed on a housing floor, or housing unit.
2. The video will be shown 24- hours a day in ITR, housing floors, and housing units **on channel 27 at SRJ and channel 24 at GEDDF**. The video will be shown in English, Spanish, and include closed captioning.
3. The ITR deputy/sheriff's technician is responsible for showing new books the video.
4. The ITR deputy/sheriff's technician will have a computer-generated custody card of all inmates arriving into the facility.
5. After the video is viewed, the ITR deputy/sheriff's technician will make legible entries on the "Orientation Video Shown" line of the custody cards. The entry will include the date and time viewed; employee signature, and badge number.
6. In addition to the inmate orientation video, inmates will receive the Inmate Rules and Regulations booklet which has written information contained in the video on inmate programs, services, and activities. The booklets are available in Spanish, English, and Braille.

Interview with intake staff indicates that in order to ensure current inmates, as well as those transferred from other facilities have been educated on the agency's zero-tolerance policy on sexual abuse or sexual harassment, they determine via intake interviews or questions if they know their PREA rights. These rights are provided to them during the initial medical screening prior to intake seeing them. In addition, housing unit deputies document when the PREA video is played in each housing unit at least twice weekly in the housing unit log. Auditor verified documentation dates and times during random selection during physical plant review of the housing units.

115.33(d) – Policy 17.17 Language Line Solutions A.C.S.O. Point Book Hearing Impaired Hand Sign Alphabet mandates the native language of all non-English speaking inmates will be determined during the Intake, Transfer, and Release (ITR) process. Non-English-speaking inmates will be afforded an opportunity to identify hygiene and service-related needs using the Point Book. During emergencies or crisis, and/or when all other means of communication, writing, verbal, in-house translator, have been exhausted, the inmate will be communicated with in their native language using the Language Line Solutions. Copies of the Hearing-Impaired Hand Sign Alphabet with Numbering Hand Signs are to be made available to staff members needing to communicate with hearing impaired inmates. Copies are available in housing control and deputy offices.

Policy 10.05 Housing Floor/Unit Deputy Post Order mandates a housing unit deputy shall minimally be able to explain and provide a knowledge and understanding of the Sheriff's Office Zero Tolerance policy and Inmate Rights as it relates to sexual abuse/harassment and retaliation. Review of inmate educational materials at intake includes the inmate Point Book. Inmate Rule Book and Brochure in both English and Spanish, PREA video in both English and Spanish subtitles, access to Language Line contract interpreters.

115.33(e) – The agency maintains documentation of inmate participation in PREA education sessions. Agency provide auditor with sample copies of the 2017 and 2018 housing log book entries which documents dates and times PREA video is played within the housing units on each shift. The auditor was provided a blank copy. Of the ACSO classification sheet where the inmate must sign for receipt of their PREA education as verification.

115.33(f) – The agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate handbooks, or other written formats. Agency provided auditor with a number of photos of PREA posters which are provided throughout the facility and in each housing module.

During the physical plant review, auditor observed PREA posters strategically placed in all housing units, normally near the phones and other areas throughout the facility where inmates and staff have access to. Auditor noticed there was PREA information in the intake holding cells, however, there was no PREA education in the classification screening room. The PREA video on English and Spanish is played at least twice weekly and is documented on the housing unit logs. Inmates are provided PREA brochures and inmate handbook in both English and Spanish upon intake/booking as is verified during the inmate formal and informal interviews.

**Recommendation:** Since the classification screening room is one of the first areas in the jail accessed by inmates entering the facility, it is recommended PREA reporting and educational information be posted. The inmate would have the immediate opportunity to ask questions of the classification officer with regards to their rights under PREA and reporting methods.

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

**Corrective Action Recommended:**

1. The PAQ initially indicated that the inmates admitted during the past 12 months whose length of stay in the facility and received initial PREA education was for 30 days or more was 5832. In the narrative for this standard provision, the agency indicates that the number of inmates admitted during the same period whose length of stay in the facility was for 30 days or more to be 486 by average. Please clarify this discrepancy in order to verify compliance with this standard provision.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 2/21/19:**

On 2/21/19, agency informed the auditor that the previous PREA Coordinator who completed the PAQ took the average number of inmates, 486, whose length of stay in the facility was for 30 days or more and multiplied that by 12 months which resulted in the 5832 number. The 5832 entry in the PAQ was an error.

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

**Standard 115.34: Specialized training: Investigations**

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

**115.34 (a)**

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

**115.34 (b)**

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

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

#### 115.34 (c)

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

#### 115.34 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.34(a) – Policy 14.03 PREA Response to Sexual Assaults mandates that all patrol staff have received training regarding the preliminary investigation of sexual assaults during the Basic Academy. Investigators shall minimally receive training in Basic Investigations through a California P.O.S.T. accredited facility as well as training from a Department of Justice approved course on Investigating Sexual Assaults in Confinement Facilities. Other desirable training includes, but is not limited to Child Abuse/Sexual Assault Investigations, Sexual Assault Investigation, and Interview and Interrogation Techniques.

Investigators assigned to the Eden Township Special Victims Unit are 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. If other investigators are on call and receive a

report of a sexual assault at a Sheriff's Office confinement facility, the Investigations Lieutenant shall assign the appropriate investigators to the case.

115.34(b) – Agency provided auditor with copy of the Moss Group Specialized Training: Investigative Sexual Abuse in Confinement Setting Curriculum. Required topics as outlined in standard provision 115.34 is discussed in the training. Agency also has special investigators complete the NIC Special Investigations in a Confinement Setting 3-hour course which complies with the PREA mandates.

115.34(c) – Agency PAQ indicates there are 71 investigators assigned to Glenn Dyer Detention Facility which includes all sworn personnel, who completed the NIC course for special investigations in a confinement setting. Agency provided auditor with the 71 NIC certificates. The two sexual assault investigators assigned to Eden Township who investigate sexual assault cases for the Sheriff's Office. Provided the NIC certificates to verify compliance. Interview with the two Eden Township sexual assault investigators indicate they completed the NIC Investigation in a Confinement Setting Course.

115.34(d) – N/A – Auditor is not required to audit standard provision 115.34(d) per DOJ.

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

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

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

#### **115.35 (a)**

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

#### **115.35 (b)**

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

### 115.35 (c)

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

### 115.35 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.35(a) – Per the PAQ, agency has indicated that all 224 medical and mental health practitioners who work regularly in its facilities have completed PREA training which equates to 100% of medical and mental health practitioners trained.

Policy B-21d Adult Forensic Behavioral Health mandates that AFBH individuals will be trained in

1. How to detect and assess signs of sexual abuse and sexual harassment;
2. How to preserve physical evidence of sexual abuse;
3. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and
4. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Policy B04 CFMG Rape and Sexual Assault Detection and Prevention mandates that:

CFMG/CMGC medical and mental health staff and contract employees who have patient contact will participate in the initial and biennial PREA training provided by the Sheriff's Department which shall include the agency's current sexual abuse policies and procedures.

CFMG/CMGC medical and mental health staff, including contract staff, will receive training delineating

their role in the agency's sexual abuse policy and procedures in addition to role specific training in the detection and assessment of sexual abuse; effective and professional response to victims and abusers; preservation of physical evidence; and, how to elicit, receive and forward reports of allegations or suspicions of sexual abuse including confidentiality requirements. This training is an adjunct to the initial and biennial training provided by the Sheriff's Department. Documentation of training content and attendance will be maintained.

Agency provided auditor with the civilian PREA Training PPT. Interview with medical and mental health staff indicates annual training was conducted three months ago. Training topics included preservation of physical evidence and non-custody 1<sup>st</sup> responder responsibilities.

115.35(b) – N/A - Agency medical staff at this facility do not conduct forensic exams.

115.35(c) – Agency has provided auditor with 2017 and 2018 medical and mental health PREA training documentation for verification of compliance. PREA refresher training sign-in rosters and acknowledgements for 224 Corizon Health Service provider and California Forensic Medical Group (CFMG) medical and mental health staff provided to auditor for verification of compliance with this standard provision.

115.35(d) – Agency also provided auditor with the contractor PREA training PPT which must be signed to verify training has been completed. Review of training PPT and brochure verifies contractors are trained with regards to their responsibilities under agency's sexual abuse and sexual harassment prevention, detection and response policies and procedures.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.35

## SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

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

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

#### 115.41 (a)

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

#### 115.41 (b)

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

#### 115.41 (c)

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

#### 115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?  
 Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?  Yes  No

#### 115.41 (e)

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

#### 115.41 (f)

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

#### 115.41 (g)

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

#### 115.41 (h)

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

#### 115.41 (i)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.41(a) – Policy 12.01 Intake Classification mandates that as part of the Classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. As part of the Classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. Policy 12.03 Classification PREA Requirements mandate that all inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates. All inmate information provided by the inmate is released on a need to know basis. Interview with risk screening staff indicates that they screen inmates upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Interview with a random sample of 19 inmates and 8 targeted inmates indicates they have all received the intake screening same day they were booked into the facility and again when transferred from Santa Rita jail to Glenn Dyer Detention Facility.

115.41(b) – Policy 12.01 Intake Classification mandates that as part of the Classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. As part of the Classification process, each new inmate will be screened within 24 hours for potential vulnerabilities or tendencies of acting out with sexually aggressive behavior. The policy screening timeframe **exceeds** the PREA standard. Per the PAQ, agency indicates that 7746 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was for 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. Agency indicates that 100% of those inmates were screened within 72 hours of intake. Auditor reviewed 20 randomly selected inmate screening records which indicated initial screening occurred on date of intake. Interview with a random sample of 19 inmates and 8 targeted inmates indicates they have all received the intake screening same day they were booked into the facility and again when transferred from Santa Rita jail to Glenn Dyer Detention Facility. During the physical plant review, auditor observed the intake process. Medical nurse meets inmates in the sally-port to begin the intake process prior to entry into the facility to ascertain their stability and medical clearance. They are then taken into the intake area where they are processed and fingerprinted. Inmates are then placed in a holding cell until medical interviews them in a confidential setting and asks some PREA questions. They are then placed back in the holding cell until Classification officers interview them, complete the PREA process, provide them with their inmate

handbook and PREA brochure. Inmates are then taken to their assigned housing unit. Inmates receive their comprehensive education in the housing unit via PREA video in English and Spanish played twice a week.

115.41(c) – Risk assessment is conducted using an objective screening instrument. Agency provided auditor with a blank copy of an objective screening instrument used during Classification interviews with each inmate. The instrument results are weighted and provides area for comments by the Classification staff as to how and where inmate is housed and programming decisions.

115.41(d) – Auditor reviewed the classification screening instrument and the Supplemental PREA Worksheet which contains 9 of the 10 criteria outlined in standard provision 115.41. The PREA Worksheet does not include the 10<sup>th</sup> question regarding if the inmate was held on immigration purposes as Alameda County Sheriff's Office will not maintain custody of an inmate based solely on civil immigration status per General Order Policy 1.24 and the Trust Act, AB 4, 2013. Interview with risk screening staff indicates the initial risk screening considers:

- Sexual assault in prison/jail
- Vulnerability
- Sexual identification/orientation
- How people perceive the inmate and how the inmate perceives himself or herself
- If the inmate has a history of sexual abuse in or out of a custody setting.

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

115.41(f) – Policy 9.03 Protective Custody Inmates/Gang Drop-Outs Inmates mandates that Classification will review the status of inmates in PC twice during the first month of housing in PC, and at least every thirty (30) days thereafter.

Policy B 21-D Adult Forensic Behavioral Health (AFBH) mandates that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Review of 20 randomly selected inmate screening records indicated that each inmate was provided a reassessment screening within 30 days of intake. Interview with risk screening staff indicate the Jail Management System database flags all inmates on the 25<sup>th</sup> day of intake to remind Classification staff to conduct the 30-day reassessment. All inmates are reassessed with the 30-day period. Review of a random sample of 20 inmate screening forms verify that all 20 inmates received their reassessment within 30-days of intake.

115.41(g) – Policy B 21-D Adult Forensic Behavioral Health (AFBH) mandates that within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening. Review of a random sample of 20 inmate screening forms verify that all 20 inmates received their reassessment within 30-days of intake.

115.41(h) – Policy B 21-D Adult Forensic Behavioral Health (AFBH) mandates inmates may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to the questions asked in the PREA worksheet. Interview with risk screening staff indicates that inmates are not disciplined for refusing to answer any of the questions asked in the PREA worksheet.

115.41(j) – Interview with the PREA Coordinator, PREA Compliance Manager and risk screening staff indicate that only Classification deputies have access to an inmate’s risk screening assessment within the facility. Should anyone wish to view the risk screening information, it will be on a need to know basis and reviewed under supervision of Classification staff.

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

## Standard 115.42: Use of screening information

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

#### 115.42 (a)

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

#### 115.42 (b)

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

#### 115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate’s health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or

female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?  Yes  No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?  Yes  No

#### 115.42 (d)

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

#### 115.42 (e)

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

#### 115.42 (f)

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

#### 115.42 (g)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.42(a) – Per the PAQ, the agency/facility uses information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Interview with PREA Compliance Manager and risk screening staff indicates that based upon the responses from each inmate, housing is determined as to the vulnerability and sexual orientation. They may be subject to protective custody status if it is determined that their safety is at risk in general population. They will have access to programs.

115.42(b) – Policy 12.01 Intake Classification mandates that Classification will be started in ITR by the assigned Classification Deputy. The Classification Deputy shall interview each new inmate. The interview shall include completion of the Classification Report accessed in the Advanced Technology Information Management System (ATIMS). The completed report will be stored in the ATIMS database for future reference. A printed copy of this report will be placed into the inmate Classification File. With the information obtained during this interview, the Classification Deputy will assign the proper Classification status to the inmate. Interview with risk screening staff indicates that based upon the responses from each inmate, housing is determined as to the vulnerability and sexual orientation. They may be subject to protective custody status if it is determined that their safety is at risk in general population. They will have access to programs.

115.42(c) – Policy 12.03 Classification PREA Requirements mandates that information gathered during intake process shall be used to assist the Classification deputy in making a decision as to where the inmate is housed. The decision will take into consideration the inmate's health and safety as well as management and/or security issues. All decisions shall be made on a case by case basis. Interview with PREA Compliance Manager indicates that transgender and intersex inmates are not housed at Glenn Dyer Detention facility. They are housed at Santa Rita Jail where programming is more accessible.

115.42(d) – Policy 12.03 Classification PREA Requirements mandates that housing assignments and any program assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threat to safety experienced by the inmate. Consideration shall be given to the inmate's own views with respect to their own safety when making housing assignments. Interview with PREA Compliance Manager and risk screening staff indicates that transgender and intersex inmates

are not housed at Glenn Dyer Detention facility. At Santa Rita, Transgender and intersex inmates are reassessed twice a year per policy.

115.42(e) – Policy 12.03 Classification PREA Requirements 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 indicates that transgender and intersex inmates are only housed at the Santa Rita Jail facility. Classification considers inmates’ own views to his or her own safety.

115.42(f) – Since 11/10/13 GDDG has only accepted male arrestees. 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. Interview with PREA Compliance Manager and risk screening staff indicates that transgender and intersex inmates are only housed at the Santa Rita Jail facility. Majority of housing units at Santa Rita provide for single showers which provide for inmates to shower in privacy.

115.42(g) – Since 11/10/13 GDDG has only accepted male arrestees. 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. Policy 12.01 Intake Classification mandates that inmates who identify as lesbian, gay, bisexual, transgender or intersex shall not be housed in a dedicated unit based solely on such identification. The inmate’s own views with respect to his/her own safety shall also be taken into consideration when making the decision as to where they shall be housed. Interview with PREA Compliance Manager and risk screening staff indicates that transgender and intersex inmates are only housed at the Santa Rita Jail facility. Neither Glenn Dyer Detention facility or the Santa Rita Jail possesses any housing units or dedicated facilities which house LGBTI inmates.

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

## Standard 115.43: Protective Custody

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

### 115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?  Yes  No
  
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?  Yes  No

#### 115.43 (b)

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

#### 115.43 (c)

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

#### 115.43 (d)

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

#### 115.43 (e)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.43(a) – Policy 12.03 Classification PREA Requirements mandates that 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 determination has been made that there is no available alternative means of separation from likely abusers. In the past 12 months there have been no inmates at risk of sexual victimization who were held in involuntary segregated housing for one to 24 hours awaiting completion of assessment per the agency PAQ. Interview with Facility Commander indicates agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers.

115.43(b) – Policy 12.03 Classification PREA Requirements mandates that inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If restrictions are in place inhibiting access to programs, privileges, education, or work opportunities, the following shall be documented in the Classification file:

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

Interview with staff who supervises inmates in segregated housing indicates that inmates housed under circumstances for this purpose absolutely have access to programs. If programs are restricted in any way, the reasons for the restrictions are documented. 2 inmates housed in segregated housing for risk of sexual victimization were interviewed by auditor. The first inmate indicated has no access to programs. He has been in segregated housing since September 2018 as he refuses to be rehoused in general population. He indicates that he has his own cell, it is quiet and Classification sees him regularly to ask if he wishes to be rehoused. The second inmate indicates that he has access to programs such as education, library, counseling and church. He has been housed in segregated housing recently.

115.43(c) – Policy 12.03 Classification PREA Requirements mandates that involuntary housing in Administrative Isolation (A/I) due to risk of sexual victimization shall be minimized and every effort shall

be made to not exceed 30 days. All involuntary housing of inmates who present a risk of sexual victimization shall clearly document the following:

- a) The basis for concern for the inmate's safety; and
- b) The reason(s) why no alternative means of separation can be arranged.

Agency indicates in PAQ that over the past 12 months, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. Interview with Facility Commander, staff who supervise inmates in segregated housing and inmates housed in segregated housing indicates the facility works diligently to rehouse inmates within 24-hours of segregated housing placement. Inmates currently housed in segregated housing indicate Classification has face to face meeting with them weekly to determine their current status and if they wish to be rehoused in general population.

115.43(d) – Policy 12.03 Classification PREA Requirements mandates that involuntary housing in Administrative Isolation (A/I) due to risk of sexual victimization shall be minimized and every effort shall be made to not exceed 30 days. All involuntary housing of inmates who present a risk of sexual victimization shall clearly document the following:

- a) The basis for concern for the inmate's safety; and
- b) The reason(s) why no alternative means of separation can be arranged.

Agency indicates in PAQ that over the past 12 months, there were no inmates at risk of sexual victimization who were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. Review of inmates housed in involuntary segregated housing indicates that only one has been housed beyond 30 days. He has been seen regularly by Classification staff and refuses to be rehoused in general population. All meetings with classification are documented in the Jail Management System classification notes.

115.43(e) – Policy 12.03 Classification PREA Requirements mandates that a classification unit A/I deputy will review the status of at-risk inmate in Administration Isolation (A/I) every 7 days for the first 2 months and at least every 30 days thereafter. During each review, the following A/I deputy shall document in the file and ensure:

- a) An assessment of all current available alternative has been made and;
- b) There are no available alternative means of separation from likely abusers.

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

# REPORTING

## Standard 115.51: Inmate reporting

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

#### 115.51 (a)

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

#### 115.51 (b)

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

#### 115.51 (c)

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

#### 115.51 (d)

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

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.51(a) – Policy 13.07 Sexual Assaults in Custody mandates that Inmates who believe they are victims, may report sexual abuse or sexual harassment in the following ways:

1. To any sworn staff member.
2. To any civilian staff member, including medical staff, mental health staff, clergy, recreation staff, contractor, etc.
3. To any third party, including, but not limited to an agency not affiliated with the Sheriff's Office, such as the Sexual Assault Crisis line, which any inmate can access by dialing \*89 on any inmate telephone. These lines are not recorded and reports are confidential at the inmate's request. Signage shall be posted advising inmates these calls are not monitored. Inmates may also call Highland Hospital Sexual Assault Hotline (510) 534-9290, which accepts collect calls from inmates. Inmates may also contact Social Services by calling 211, which is toll free. Inmates who have been assaulted may request anonymity at any time. Trained crisis line workers will answer the calls and have the capability to arrange three-party conference calls with a translator or social worker.
4. Inmates may also report sexual harassment or abuse via message request, grievance, letter or any other medium.
5. Staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous.

Policy 1.23 PREA mandates Inmates may report sexual harassment, abuse, or assault, retaliation for reporting, or staff indifference to any employee, volunteer or contractor. All staff have a continuing affirmative duty to disclose any knowledge of sexual abuse or sexual harassment of inmates. Interview with a random sample of 12 staff and 19 inmates indicates that there are a multitude for inmates to report allegations of sexual abuse and sexual harassment such as to staff, medical and mental health providers, AHS hotline, friends and family, contractors and volunteers.

115.51(b) – The agency provides at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, such as Bay Area Women Against Rape (BAWAR), Highland Sexual Assault Center (HSAC) and Tri-Valley Haven (which serves Santa Rita Jail). HSAC MOU expires in 2020 and Tri-Valley MOU expires in June 2019. The BAWAR MOU which will expire on July 2019, has been signed by BAWAR and awaiting Alameda County Sheriff’s Office signature. Auditor awaiting update from agency to see if MOU has been renewed.

Policy 1.24 Communication with Immigration Authorities mandates that under no circumstances shall a person be detained or arrested by Sheriff’s Office members based solely on his or her immigration status whether known or unknown.

The Trust Act provides that a person may not be held in custody solely on the basis of a request for notification and/or detainer if he or she is otherwise eligible to be released from custody. “Eligible for release from custody” means that the individual may be released from custody because one of the following conditions has occurred:

1. All criminal charges against the individual have been dropped or dismissed.
2. The individual has been acquitted of all criminal charges.
3. The individual has served all the time required for their sentence.
4. The individual has posted a bond.
5. The individual is otherwise eligible for release under state or local law.

Interview with the PREA Compliance Manager and random sample of 19 inmates indicate that the BAWAR and HSAC MOU serves Glenn Dyer Detention Facility. The Tri-Valley MOU serves Santa Rita Jail. Inmates indicate that the PREA posters in the facility, PREA brochure and inmate handbook has the phone number for BAWAR and hotline for HSAC. This was observed by auditor during the physical plant review. Alameda County does not hold inmates solely for immigration purposes per the Trust Act.

115.51(c) – Policy 13.07 Sexual Assaults in Custody mandates that staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous. Interview with the PREA Compliance Manager and random sample of 19 inmates indicate inmates can report allegations of sexual abuse through 3<sup>rd</sup> party, in writing, anonymously and verbally. Staff are mandated to accept reports in this manner and immediately document any verbal reports.

115.51(d) – Policy 13.07 Sexual Assaults in Custody mandates that staff who becomes aware of sexual abuse or harassment by another staff member are expected to report the abuse or harassment immediately. Furthermore, all staff shall report immediately any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Failure to do so is akin to committing the act and subjects the staff member with knowledge of the act to discipline. Staff may report these acts in the following ways:

1. Verbally to a supervisor or Watch Commander
2. In writing via memorandum to the Captain of Internal Affairs.
3. Verbally via telephone, to Internal Affairs.

Interview with random sample of 12 staff indicate they can privately report sexual abuse and sexual harassment of inmates to local law enforcement, Internal Affairs, Human Resources or Chief of Corrections. Staff are informed of these methods through their immediate supervisor during muster training or electronic memorandums.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.51(b) and corrective action is required.

**Corrective Action Recommended:**

1. Agency to provide auditor with a copy of the 2018 – 2019 BAWAR MOU agreement signed by both BAWAR and the Alameda County Sheriff’s Office.
2. If unable to have the agreement signed prior to the 180-day corrective action period, agency to provide auditor with documented discussion between BAWAR and the Alameda County Sheriff’s Office which explains why the agreement cannot be completed.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 2/21/19:**

On 2/21/19, the auditor attended an onsite corrective action recommendation conference. Attendees were the Facility Commander, Facility Executive Officer, PREA Compliance Managers for both Glenn Dyer Detention Facility and Santa Rita Jail, and the agency-wide PREA Coordinator. Auditor was provided a copy of the Memorandum of Understanding (MOU) between BAWAR and the Alameda County Sheriff’s Office. The MOU term is from 8/1/17 to 7/31/19. If an inmate calls BAWAR, makes an allegation of sexual abuse but wishes to remain anonymous, BAWAR will contact the facility Watch Commander to inform that they received an allegation of sexual abuse from the facility, but will not provide the inmate’s name.

The agency/facility has met the requirements of Standard provision(s) 115.51(b) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.51.

**Standard 115.52: Exhaustion of administrative remedies**

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

**115.52 (a)**

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

**115.52 (b)**

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)  Yes  No  NA

#### 115.52 (c)

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

#### 115.52 (d)

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

#### 115.52 (e)

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

### 115.52 (f)

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

### 115.52 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

115.52(a) – Policy 16.03 Inmate Grievance Procedure is the administrative procedure for dealing with inmate grievances regarding sexual abuse.

115.52(b) – Policy 16.03 Inmate Grievance Procedure mandates that an inmate to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. Agency does not require an inmate to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse. Grievance submission procedures are outlined in the Inmate Rulebook provided by agency to auditor. During the physical plant review, auditor questioned housing unit deputies as to the procedures utilized for an inmate to obtain and submit a grievance. Staff informed the auditor that inmates must obtain a grievance form from the housing deputy. The deputy attempts to resolve the grievance at the lowest level. If unresolved, deputies provide inmates with a tracking number, provide them with a copy of the grievance and accepts the grievance form for response. This process does not allow inmates to obtain or submit a grievance anonymously.

115.52(c) – Policy 16.03 Inmate Grievance Procedure mandates that an inmate is not required to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Policy mandates that an inmate grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Grievance submission procedures are outlined in the Inmate Rulebook provided by agency to auditor.

115.52(d) – Policy 16.03 Inmate Grievance Procedure mandates that as with Standard Grievances, all grievances pertaining to sexual assault or harassment shall be resolved as soon as reasonably possible within 90 days. Extensions to grievances pertaining to sexual assault/harassment may be granted for up to 70 days after the initial 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. Agency reports that in the past 12 months no grievances were filed that alleged sexual abuse. Grievance submission procedures are outlined in the Inmate Rulebook provided by agency to auditor.

115.52(e) – Policy 16.03 Inmate Grievance Procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Agency reports that no grievances alleging sexual abuse filed by inmates in the past 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline.

115.52(f) – Policy 16.03 Inmate Grievance Procedure mandates that when receiving an emergency grievance, the deputy receiving the grievance shall take immediate action to ensure the inmates safety. The grievance section of this policy does not address substantial risk of imminent sexual abuse, nor is there any initial response time limit indicated for this type of PREA violation. Agency reports there have been no emergency grievances over the past 12 months.

115.52(g) – Policy 16.03 Inmate Grievance Procedure mandates that 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. There are no documented disciplinary actions which meets this standard provision for discussion

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

**Corrective Action Recommended:**

1. Agency to create a system which allows inmates to obtain and submit grievances anonymously without acquiring or submitting grievance to housing staff should the grievance involve a sexual abuse, sexual harassment or retaliation issue.
2. Agency to train both staff and inmates of the new grievance procedures put in place and provide auditor with training verification.
3. Agency to amend policy 16.03 to address substantial risk of imminent sexual abuse and initial response time-limit indicated for this type of 1<sup>st</sup> Responder action or PREA protection.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 5/13/19 :**

1. A grievance box was created and placed in every dayroom. Photo verification reviewed by auditor. Deputies will be trained by the release of a revised grievance policy 16.03 Pg. 2 section A-2 & B and Pg. 3 section C-3-G. New inmates are educated at Intake via the PREA Intake Form and newly revised Inmate Rules book. Current inmates will be educated with the release of the revised Inmate Rules book covered on Pg. 2 and 22.

On 5/15/19, auditor conducted the 180-day onsite review to determine if agency completed the remaining Corrective Actions. Auditor was onsite to verify that the grievance system update mandated by the Corrective Action recommendations were implemented. Auditor visited the South 4C housing unit and interviewed a floor inmate. He indicates that the grievance process is available on the housing unit TV screen and is played on Saturdays and Sundays along with the PREA video. The floor deputy was interviewed regarding actions once an inmate requests a grievance form. The deputy indicates that the grievance forms are available either from a deputy or available from the top of the grievance box. Auditor viewed the locked grievance boxes in a number of units and verified that all grievance boxes had grievance forms available. The deputy indicates that the shift supervisor has the keys to the lock box and checks every shift. Grievance form procedures are taped to the windows of each housing POD for inmate information. Auditor verified that these procedures are available to inmates on floors 4 and 5, the only floors housing inmates. Auditor also interviewed two floor deputies on the 4<sup>th</sup> floor and they provided me with the same information as provided by deputy on the 5<sup>th</sup> floor. Grievance information was taped to the POD windows and floor deputies were knowledgeable about the grievance procedures. Agency provided auditor with a copy of the inmate rules handbook. Auditor verified the grievance procedures are provided in English and Spanish for inmate information and education.

2. On 5/13/19, agency PREA Coordinator provided auditor with the ratified policy 16.03 this addresses this issue on pg 2-3, Section C-2 Emergency Grievance. The policy language states that:

“Upon a staff member receiving an emergency grievance alleging an inmate is in substantial risk of imminent sexual abuse they shall immediately forward the grievance to a level of review at which immediate corrective action may be taken. Staff shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days.

The initial response and final agency decision shall document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

The staff member receiving the grievance shall take immediate action to ensure the inmate is not in immediate danger.”

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

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

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

### 115.53 (a)

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

### 115.53 (b)

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

### 115.53 (c)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.53(a) – Policy 1.23 PREA provides that all victims shall be afforded the opportunity to have a Victims Rights Advocate made available to them during the investigation, at the earliest possible time and at no cost to the inmate. The Alameda County Sheriff's Office has Memorandums of Understanding with the following Victim's Rights agencies. Based upon the location of the assault, the following agency should be contacted:

1. Bay Area Women Against Rape (BAWAR). 510-845-7273. Assaults occurring at Eden Township Substation or any courthouse except for Pleasanton.
2. Tri Valley Haven. 925-449-5845. Assaults occurring at Santa Rita Jail, Pleasanton Court, or the tri valley area within the Sheriff's Office jurisdictional area.
3. Highland Hospital Sexual Assault Center. 510-437-4688. Assaults occurring at Glenn E. Dyer Detention Facility.
4. Inmates at Santa Rita Jail can contact Tri Valley Haven confidentially by dialing \*89 on any inmate telephone. These calls are not monitored and considered confidential.
5. Inmates at Glenn Dyer Detention Facility can contact BAWAR confidentially by dialing \*89. These calls are not monitored and considered confidential.

Agency does not detain inmates solely for civil immigration purposes per the Trust Act. Interview with random sample of 19 inmates and 2 inmates who reported sexual abuse indicates that outside victim advocates for emotional support are provided through the PREA hotline located on the PREA posters in each housing unit and areas accessed to inmates and staff throughout the facility to include phone

numbers provided in the PREA brochure given to each inmate during intake/booking. The PREA posters and PREA brochure state that the contact numbers are confidential, toll free and not monitored by the facility. During the onsite physical plant review, auditor tested the hotline to see if it was operational. The first test resulted in the respondent hanging up, the second test resulted in the respondent putting me on hold for 20 minutes before I hung up. The third test resulted in a long explanation to the respondent as to why I was calling. The respondent happened to be a call center for Alameda County Health advocacy. The respondent connected me to an advocate who I interviewed. The auditor informed the advocate of the incident involving the first two calls and the advocate indicated he would inform his superiors of the issues. During an interview with the Alameda County Health advocacy coordinator, he was also informed of the call test issues and he indicated he would connect with Glenn Dyer Detention facility administration to discuss how they can address the issue so it would not happen again. Inmates in crisis should not be subjected to being put on hold or being unable to reach an advocate.

115.53(b) – Policy 1.23 PREA Rape Crisis Counselors, medical and mental health staff are considered mandated reporters. Subsequently, they shall, as required by law, report all of the following disclosures made by inmates.

1. Any threat to kill or injure themselves.
2. Any threat to kill or injure another.
3. Any threat of sexual violence toward another

The inmate handout and Inmate Rulebook provides victim support counselors and medical/mental health staff limits of confidentiality and mandatory reporting. Interview with a random sample of 19 inmates and 2 inmates who reported sexual abuse indicate that PREA posters throughout the facility and inmate brochures provided at intake state confidentiality, limits of that confidentiality as it relates to California mandatory reporting laws.

115.53(c) – Agency reports via PAQ that the agency maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide inmates with emotional support services related to sexual abuse. Review of the Bay Area Women Against Rape (BAWAR), Highland Sexual Assault Center (HSAC) and Tri-Valley Haven advocacy agencies find that 2 of the MOU's expires in either 2019 or 2020. Agency provided auditor with an unsigned BAWAR agreement. The BAWAR representative signed the agreement and it is not awaiting signature from the Sheriff's Office representative. Auditor is awaiting update from the agency to see if BAWAR MOU has been renewed.

Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.53(a) and 115.53(c) and corrective action is required.

**Corrective Action Recommended:**

1. Agency to work with Alameda County Health advocacy coordinator to repair the phone connection between the hotline, call center and AHS.
2. Agency to correct the Alameda Health Services hotline protocol so an inmate who calls the hotline for sexual abuse reporting is immediately referred to an advocate.
3. Agency to provide auditor with a copy of the 2018 – 2019 BAWAR MOU agreement signed by both BAWAR and the Alameda County Sheriff's Office.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

### **Corrective Action Completion 2/21/19:**

1. On 5/15/19, auditor conducted the 180-day onsite review to determine if agency completed the remaining Corrective Actions. During the onsite review, auditor checked the Alameda Health Services Hotline in one of the intake holding tanks and determined the hotline was in fact working.
2. Upon calling the hotline, auditor's call was met with contact through the AHS call center. The call center put me through to an Alameda Health Services advocate after 5 minutes had passed. The advocate indicates that they are available on-call. Sometimes it takes a minute to locate the advocate depending on where the call originated. The advocate indicates that he needs approval from the inmate before providing the Jail with victim information. The calls are confidential and not recorded.
3. On 2/21/19, the auditor attended an onsite corrective action recommendation conference. Attendees were the Facility Commander, Facility Executive Officer, PREA Compliance Managers for both Glenn Dyer Detention Facility and Santa Rita Jail, and the agency-wide PREA Coordinator. Auditor was provided a copy of the Memorandum of Understanding (MOU) between BAWAR and the Alameda County Sheriff's Office. The MOU term is from 8/1/17 to 7/31/19.

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

## **Standard 115.54: Third-party reporting**

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

#### **115.54 (a)**

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

### **Auditor Overall Compliance Determination**

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

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

### Instructions for Overall Compliance Determination Narrative

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

115.54(a) – Policy 1.23 PREA mandates allegations of sexual abuse, sexual harassment or retaliation can be made verbally or in writing through message requests, grievances, letters, or any other medium. Additionally, these reports can be made by third parties on behalf of the inmate. Grievances shall be addressed according to Detention and Corrections Policy and Procedure 16.03. Policy 13.07 Sexual Assaults in Custody mandates that staff shall accept all forms of reports, to include, but not limited to; verbally, in writing, anonymous and from third parties. All reports shall be documented without delay, regardless of whether or not the inmate requests to remain anonymous. Auditor has verified that 3<sup>rd</sup> Party reporting procedure and information is provided on the agency website for public access. The public PREA brochure is available in the Jail lobby in both English and Spanish. Agency has also included PREA 3<sup>rd</sup> party posters in the elevators which is the only public access to the inmate non-contact visiting booths.

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

## OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

### Standard 115.61: Staff and agency reporting duties

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

#### 115.61 (a)

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

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?  
 Yes  No

#### 115.61 (b)

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

#### 115.61 (c)

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

#### 115.61 (d)

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

#### 115.61 (e)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.61(a) – Policy 1.23 PREA mandates that all staff have an affirmative duty to report all allegations or knowledge of sexual abuse, harassment, or any sexual misconduct involving inmates that takes place

within any Sheriff's Office facility. Failure to report is akin to committing the act and punishable as such. Staff who suspect sexual harassment or abuse of an inmate by other staff shall immediately notify their supervisor. This notification may be made in private, but shall occur immediately upon obtaining the knowledge.

Policy 13.07 Sexual Assaults in Custody mandates that staff who becomes aware of sexual abuse or harassment by another staff member are expected to report the abuse or harassment immediately. Furthermore, all staff shall report immediately any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Failure to do so is akin to committing the act and subjects the staff member with knowledge of the act to discipline. Interview with random sample of 12 staff indicate they are all required to immediately report any knowledge, suspicion, or information received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is a part of the agency.

115.61(b) – As with any other criminal investigation, information related to cases of sexual assault or harassment are of a confidential nature and shall only be discussed with those involved in the case. Information about the sexual assault is sensitive and as with all medical information, is confidential and only given staff directly involved in the investigation or providing direct services to the inmate. Interview with random sample of 12 staff indicate they are aware that any information related to a sexual abuse report shall be imparted only to those staff who have a need to know, such as administration, medical, mental health or classification.

115.61(c) – Policy 13.07 Sexual Assaults in Custody and CFMG Policy B04 Rape and Sexual Assault Detection and Prevention mandates Adult Forensic Behavioral Health (AFBH) and medical staff are required to inform inmates of their duty to report, and the limitations of confidentiality at the initiation of any services provided. Agency also provided auditor with the blank CMG PREA Screening Tool which provides a statement asking the practitioner if he/she informed the patient that they have a duty to report any knowledge, suspicion, or information, regarding an incident of sexual abuse or sexual harassment that occurred in a facility. Patient must sign the bottom of the consent form to verify acknowledgement and knowledge of the response. Interview with medical and mental health staff indicates that at the initiation of services, practitioners must disclose their limitations of confidentiality. They are required by policy and law to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it in accordance with their initial PREA training and refresher training. Auditor reviewed 3 allegation of sexual abuse incidents where the inmates had reported to medical staff and the incident was acted upon immediately.

115.61(d) – Policy 9.05 Juvenile In-Custody mandates that no one under the age of 18 will be housed in Sheriff's Office jails. Youthful offenders are not housed at Glenn Dyer Detention facility. Policy 1.23 PREA mandates that 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 Alameda County Adult Protective Services. Interview with the Facility Commander and the PREA Coordinator indicates that Glenn Dyer does not house inmates under the age of 18 years. Those individuals who meet that criteria are housed at Juvenile Hall. Vulnerable adult victims who suffer sexual abuse have their cases immediately investigated the same as any other sexual abuse case. Alameda County Adult Protective Services are immediately informed of the incident for their follow-up and independent investigation.

115.61(e) – Policy 1.23 PREA mandates that employees shall accept reports made verbally, in writing, anonymously and from third 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 the Facility Commander indicates that sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

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

## Standard 115.62: Agency protection duties

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

#### 115.62 (a)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.62(a) – Policy 16.05 Protection from Harm mandates that if any staff member 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 to property. Per the PAQ, agency reports there has been no determination that an inmate was subject to substantial risk of imminent sexual abuse over the past 12 months. Interview with Agency Head designee, Facility Commander and random sample of 12 staff indicates that when an inmate is subject to substantial risk of imminent sexual abuse, he/she is immediately removed from the situation and placed in a safe environment. Random staff interviews indicate that the inmate is rendered safe, supervisor and classification is contacted and the recommendation is to rehouse either the victim or the perpetrator pending investigation based upon the victim's recommendations which is given priority.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 116.62.

## Standard 115.63: Reporting to other confinement facilities

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

#### 115.63 (a)

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

#### 115.63 (b)

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

#### 115.63 (c)

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

#### 115.63 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.63(a) – Policy 12.01 Intake Classification mandates that if an inmate is being transferred into an ACSO Jail facility from another agency, and reports he/she was the victim of a sexual assault or harassment while in custody of another agency, the deputy receiving the inmate file shall write an incident report and then notify the PREA Coordinator who will prepare the notification letter for the Captain's signature.

Policy 12.05 Classification Records mandates that if during intake interview, an inmate reveals he/she

was victim of a sexual assault at another facility, the Classification Deputy shall:

- a) Immediately contact that agency to ascertain if the claim has been investigated
- b) In the event the claim has not been investigated and is a new complaint, the Classification Deputy shall write an incident report outlining the general circumstances of the inmate's report to him/her. This report shall be forwarded to the appropriate investigating agency.
- c) Notify the Facility Commanding Officer via memorandum of his/her findings.
- d) The Facility Commanding Officer shall notify the outside agency Facility Commanding Officer, in writing, of the report within 72 hours of receiving the report.
- e) A copy of the memorandum, report, and letter to outside agency shall be forwarded to the PREA Manager at the facility as well as the PREA Coordinator.

The PAQ indicates that over the past 12 months, 2 allegations of sexual abuse were received by agency that an inmate was abused while confined at another facility. Agency provided auditor with blank sample of letter to be sent from the Facility Commanding Officer. Agency provided auditor with blank sample of letter to be sent from the Facility Commanding Officer. Auditor received copy of notification letters for both cases authored by the Glenn Dyer Detention Facility Commander to the Warden and Facility Commander of the facility where the incident occurred.

115.63(b) – Policy 12.05 Classification Records mandates the facility Commanding Officer shall notify the outside agency Facility Commanding Officer, in writing, of the report within 72 hours of receiving the report. The first allegation received by the agency of sexual abuse that occurred in an outside facility in 2017 involved the agency investigator verbally contacting the Criminal Investigative Unit where the incident occurred on the same date as the allegation. The notification letter was sent by the Facility Commander to the head of the facility where the incident occurred 26 days after the allegation was made to Glenn Dyer Detention facility staff along with the initial investigation report. In 2018, agency received another allegation of sexual abuse which occurred in another facility. The notification letter from the Glenn Dyer Detention Facility Commander to the Warden of the facility where the incident occurred. The notification letter was dated 1-day after Glenn Dyer staff received the allegation along with a copy of the initial investigative report in 2018. Agency has corrected their notification procedures learned from the 2017 error.

115.63(c) – Policy 12.05 Classification Records mandates that A copy of the memorandum, report, and letter to outside agency shall be forwarded to the PREA Manager at the facility as well as the PREA Coordinator. Auditor received a copy of the letter from the Glenn Dyer Detention Facility Commander to the Warden of the facility where the incident occurred. Auditor received copy of notification letters for both cases authored by the Glenn Dyer Detention Facility Commander to the Warden and Facility Commander of the facility where the incident occurred.

115.63(d) – The PAQ indicates that the agency or facility requires that allegations received from other facilities or agencies are investigated in accordance with the PREA standards. In the past 12 months no allegations of sexual abuse were received from other facilities. Interview with Agency Head designee and Facility Commander indicated that when the facility receives an allegation from another facility or agency that an incident of sexual abuse or sexual occurred in their facility, the case is immediately turned over to the investigative unit for investigation. The PREA Coordinator is notified of the findings.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 116.63.

## Standard 115.64: Staff first responder duties

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

#### 115.64 (a)

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

#### 115.64 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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115.64(a) – Policy 13.07 Sexual Assaults in Custody outlines the security 1<sup>st</sup> responder responsibilities as mandated criteria in standard provision 115.64. In the PAQ, agency reports that over the past 12 months, 1 allegation of sexual abuse was received by the facility. The incident did not involve a first security staff member to respond to the report separated the alleged victim and abuser nor was a staff member notified within a time period that still allowed for the collection of physical evidence. Interview with security and non-security staff 1<sup>st</sup> responders indicate they both are aware of their 1<sup>st</sup> responder responsibilities and recited them for auditor during the interview. They both cited their training. The 1 inmate who alleged sexual abuse over the past 12 months could not be interviewed as he was no longer housed at Glenn Dyer Detention facility.

115.64(b) – Policy 13.07 Sexual Assaults in Custody mandates that if the 1<sup>st</sup> responder is non-custody staff, they contact the Sergeant immediately, ascertain that inmate’s physical well-being, contact medical staff as needed, keep inmate under observation until deputy arrives; ensuring inmate doesn’t change clothes, use toilet, wash or shower, eat or drink. Interview with security and non-security staff 1<sup>st</sup> responders indicate they both are aware of their 1<sup>st</sup> responder responsibilities and recited them for auditor during the interview. They both cited their training. The 1 inmate who alleged sexual abuse over the past 12 months could not be interviewed as he was no longer housed at Glenn Dyer Detention facility.

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

## Standard 115.65: Coordinated response

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

#### 115.65 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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115.65(a) – Agency provided auditor with a written institutional plan, which is facility specific, and coordinates actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

The plan discusses the following topics and responses:

1. Deputies (which includes the Watch Commander and PREA Coordinator)
2. Investigators
3. Non-Sworn Civilian Staff and Volunteers
4. Medical Staff (CFMG)
5. Advocacy Groups
6. Adult Forensic Behavior Health (AFBH)
7. Protection from Retaliation
8. Facility Review

Interview with Facility Commander indicates that the institutional, facility specific Coordinated Response Plan includes deputies, medical and mental health staff, Alameda Health Services for forensic and advocacy services, to include investigations and administrative/command staff, all who work together in a collaborative effort in the event a sexual abuse incident occurs.

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

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

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

### **115.66 (a)**

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

### **115.66 (b)**

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.66(a) – Agency failed to provide auditor with copy of MOUs for both Deputy Sheriff's association 2012 – 2020, Service Employees International Union Local 1021 from 2006 to 2015 and MOU with Safety Supervisory and Management Employees' Union 2018-2021.

There are no limitations placed upon the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation. Agency provided auditor with an updated MOU with Service Employees International Union Local 1021 – 2015-2019, latest MOU with Safety Supervisory and Management Employees' Union 2018-2021, Deputy Sheriff's Association MOU 2012-2020 and Alameda County Employees Association (Sheriff's Non-Sworn) MOU 2017-2023. Interview with Agency Head designee indicates that the agency has entered into collective bargaining agreements with a few Sheriff's and Management collective bargaining associations. None of the agreements restrict the agency from removing alleged staff sexual abusers from contact with any inmate pending an investigation or a determination of whether and to what extent discipline is warranted.

115.66(b) – N/A – Auditor is not required to audit standard provision 115.66(b) per DOJ.

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

## Standard 115.67: Agency protection against retaliation

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

#### 115.67 (a)

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

- Has the agency designated which staff members or departments are charged with monitoring retaliation?  Yes  No

#### 115.67 (b)

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

#### 115.67 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?  Yes  No

#### 115.67 (d)

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

#### 115.67 (e)

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

#### 115.67 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.67(a) – Policy 1.23 PREA mandates that the facility will employ protective measures for Inmates who are the victims of retaliation or in fear of retaliation, including housing locations changes, or facilities if necessary, and emotional support services. 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. Agency has designated the PREA Compliance Manager to be responsible with retaliation monitoring.

115.67(b) – Policy 1.23 PREA mandates that the facility will employ protective measures for Inmates who are the victims of retaliation or in fear of retaliation, including housing locations changes, or facilities if necessary, and emotional support services

115.67(c) – Policy 12.03 Classification PREA Requirements mandates that 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. There has been no record of retaliation over the past 12 months. Interview with Facility Commander and designated retaliation monitor indicates that victims in need of retaliation monitoring are monitored for an initial 90-days with periodic face to face contact. There can be continued monitoring past the 90-days if needed. Monitoring is accompanied by reviewing disciplinary reports, information from mental health and medical practitioners, housing staff as to an inmate's behavior, requests for rehousing and demeanor. Staff are monitored via sick calls, demeanor, behavior and requests for different staff positions.

115.67(d) – Policy 12.03 Classification PREA Requirements mandates that 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 to be unfounded. This will include periodic face to face discussions with the inmate. Interview with Facility Commander and designated retaliation monitor indicates that victims in need of retaliation monitoring are monitored for an initial 90-days with periodic face to face contact.

115.67(e) – Policy 1.23 PREA mandates that Reports of retaliation by staff against other staff or inmates shall be documented by the PREA facility manager, in a memorandum addressed to the Division Commander via the Chain of Command, who shall forward the memorandum to Internal Affairs for investigation. The facility PREA Manager shall contact the affected staff member and monitor them for further retaliation for a minimum of 90 days. If necessary, reassignment of the suspect or victim shall be considered/offered, to include housing location changes, or facilities if necessary, and emotional support services.

115.67(f) – N/A – Auditor is not required to audit standards provision 115.67(f) per DOJ.

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

## Standard 115.68: Post-allegation protective custody

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

#### 115.68 (a)

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

#### Auditor Overall Compliance Determination

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

## Instructions for Overall Compliance Determination Narrative

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

115.68(a) – Policy 9.03 Protective Custody Inmates/Gang Dropout Inmates mandates that Protective Custody should be used when an inmate needs long term protection and the facts are well documented. When an inmate is placed in PC, it shall be warranted and fully documented; and when no reasonable alternatives are available. An inmate may, at any time, request re-assignment to the general inmate population. Agency reports via PAQ that no inmates who allege to have suffered sexual abuse were held in involuntary segregated housing in the past 12 months for one to 24 hours awaiting completion of assessment. In the past 12 months, no of inmates who allege to have suffered sexual abuse were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement. If an involuntary segregated housing assignment is made, the facility affords each such inmate reviews twice during the first month and at least every 30 days thereafter with the goal of terminating the special housing assignment as soon as possible. Interview with Facility Commander and staff who supervise inmates in segregated housing indicates that should an inmate be placed in segregated housing for risk of victimization, they are placed there only if there is no housing available and maintained there until alternate housing is made available. Inmates have access to programming and are rehoused within 24 hours. Alameda County Jail has two facilities so inmates in that situation can be transferred to another facility should alternative housing cannot be located.

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

## INVESTIGATIONS

### Standard 115.71: Criminal and administrative agency investigations

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

#### 115.71 (a)

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

#### 115.71 (b)

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

#### 115.71 (c)

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

#### 115.71 (d)

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

#### 115.71 (e)

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

#### 115.71 (f)

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

#### 115.71 (g)

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

#### 115.71 (h)

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

#### 115.71 (i)

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

#### 115.71 (j)

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

#### 115.71 (k)

- Auditor is not required to audit this provision.

#### 115.71 (l)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.71(a) – Policy 3.07 Commendations, Discipline and Personal Complaints mandates that all complaints made against the Agency or its employees, including those made anonymously, will be investigated. Investigations pertaining to violations of the Prison Rape Elimination Act, which may include allegations of sexual harassment or sexual abuse, shall follow the guidelines set forth in General Order 1.23 entitled Prison Rape Elimination Act (PREA).

General Order 1.23 entitled Prison Rape Elimination Act (PREA) mandates that 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 115.34. Interview with Investigative staff indicates that an investigation is initiated promptly and immediate. All allegations of sexual abuse, sexual harassment and retaliation, no matter how the allegations are received, are investigated in the same manner with the same due diligence. Review of 8 investigations which occurred over the last 12 months indicated that each investigation was initiated on the same day the allegation was received.

115.71(b) – General Order 1.23 entitled Prison Rape Elimination Act (PREA) mandates that 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 115.34. Interview with Investigative staff indicates that all custody staff have received NIC training in order to conduct sexual harassment investigations and initial reporting of sexual abuse allegations. Criminal investigations are conducted by Eden Township sexual assault investigators. Agency PAQ indicates there are 71 investigators assigned to Glenn Dyer Detention Facility which includes all sworn personnel, who completed the NIC course for special investigations in a confinement setting. Agency provided auditor with the 71 NIC certificates. The two sexual assault investigators assigned to Eden Township who investigate sexual assault cases for the Sheriff's Office. Provided the NIC certificates to verify compliance. Interview with the two Eden Township sexual assault investigators indicate they completed the NIC Investigation in a Confinement Setting Course.

115.71(c) – Policy 5.24 Collection of Evidence mandates that Alameda County Sheriff's Office members shall thoroughly search, and examine crime scenes for physical evidence in a manner that ensures the proper collection of evidence, and generate a written report to document the crime scene, physical evidence, and events that occurred during the crime scene examination. Policy 1.23 PREA mandates that investigators shall conduct complete and thorough investigations, using all evidence, interviews with victims, suspects, and witnesses, as well as review prior complaints and reports of sexual abuse involving the suspect. Interview with the two Eden Township sexual assault investigators indicate they gather forensic evidence, circumstantial evidence, physical evidence from crime scene, electronic monitoring data, interviews from victim, witnesses, suspected perpetrators and any additional reports or information that may arise from the investigation. All this information is recorded in the investigative report.

115.71(d) – Policy 1.23 PREA mandates that if, 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 indicates that when evidence is discovered which indicates a prosecutable crime may have taken place, they consult with prosecutors before conducting any compelled interviews. Investigators are in contact with the DA's office from the initiation of the investigation.

115.71(e) – Policy 14.03 PREA – Response to Sexual Assaults mandates that the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an inmate or staff. Inmates who allege sexual abuse shall not be required to submit to a polygraph examination or other truth-telling devices as a condition for proceeding with the investigations. Interview with Investigative staff indicates that the outcome of the investigation determines credibility of an alleged victim, suspect or witness.

115.71(f) – Policy 3.07 Commendations, Discipline and Personal Complaints mandates that

Investigation reports shall include evidence pertaining to the allegations, the statements of witnesses and involved parties, and the conclusion and finding of the investigator. Investigation reports will also include the expert opinion of any employee, as it pertains to any factual information in the report. Investigators shall make every effort to determine whether staff actions or failure to act contributed to the policy violation and summarized utilizing one of the following dispositions:

- a. Unfounded: The allegation has no basis of fact or has been disproved through the investigation.
- b. Not Sustained: The allegation can neither be proved nor disproved and no further action is to be considered.
- c. Exonerated: The alleged act or failure to act is found to be true; however, such act or failure to act is permitted, or at least not prohibited, by this Agency or was appropriate under the circumstances in this case.
- d. Sustained: The allegation is found to be true and in violation of the rules, regulations, policies, procedures or orders of the Agency.

Interview with Investigative staff indicates that administrative investigations include efforts to determine whether staff actions or failures to act contributed to sexual abuse and all administrative investigations are documented in written reports which include a complete description of the investigative assessment, facts and findings.

115.71(g) – Interview with Investigative staff indicates that criminal investigations are documented in a written report and contains complete description of the investigative assessment, facts and findings. Review of the 8 investigations that occurred over the past 12 months indicated that only 3 investigations were sexual abuse allegations, two of which occurred at previous correctional institutions. The 3<sup>rd</sup> allegation occurred at Santa Rita CJ and the inmate recanted his allegation during the initial report prior to the allegation being forwarded to Eden Township for sexual abuse investigation.

115.71(h) – Policy 1.23 PREA mandates that all substantiated allegations of conduct that appear to be criminal shall be referred to the District Attorney's Office for consideration of criminal complaint.

115.71(i) – Policy 1.23 PREA mandates that All reports, criminal and administrative, shall be retained by the agency for an additional five years after the employee's departure from the agency or the employee's release from incarceration. Review of the 8 investigations that occurred over the past 12 months indicated all investigative documentation and written reports is maintained.

115.71(j) – Policy 1.23 PREA mandates that in the event the inmate victim or staff member who is under investigation for sexual abuse is either released from custody or leaves the agency, the investigation shall continue until a final determination is reached. Interview with Investigative staff indicates that departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation. The criminal and/or administrative investigations continue until there is a finding.

115.71(k) – N/A – Auditor is not required to audit standard provision 115.71(k) per DOJ.

115.71(l) – Interview with Investigative staff, Facility Commander, PREA Coordinator and PREA Compliance Manager all indicate that primary investigators and PREA Coordinator complies with outside investigators and assists with their requests. They also maintain contact with the outside agency investigators to maintain status updates on the investigations.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.71.

## Standard 115.72: Evidentiary standard for administrative investigations

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

#### 115.72 (a)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.72(a) – Policy 1.23 PREA mandates that The Prison Rape Elimination Act mandates specific actions for investigators, both criminal and administrative as well as for violations of the law. The standard of proof for determining if a violation of the Prison Rape Elimination Act has occurred shall be no higher than a preponderance of evidence. Interview with Investigative staff indicates they utilized preponderance of the evidence as their required standard of evidence to substantiate allegations of sexual abuse or sexual harassment.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.72.

## Standard 115.73: Reporting to inmates

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

### 115.73 (a)

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

### 115.73 (b)

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

### 115.73 (c)

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

### 115.73 (d)

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

### 115.73 (e)

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

### 115.73 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.73(a) – Per the PAQ, agency requires that any inmate who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. Auditor been provided copies of inmate notification letters submitted to inmate victims of sexual abuse over the past 12 months. PAQ indicates that over the past 12 months 8 sexual abuse allegation investigations was completed over the past 12 months and all 8 were notified of the results of the investigation. Interview with Investigative staff and Facility Commander indicates that victims of sexual abuse shall be informed as to the outcome of the investigation. Interview with 2 inmates who reported a sexual abuse indicate they had not received a copy of the notification which provided information as to the outcome of the investigation. Review notification documentation from the PREA Coordinator's office verifies that documented notification letters were provided to both inmates in December 2018, after the onsite audit.

115.73(b) – N/A – Agency/facility is responsible for conducting administrative and criminal investigations.

115.73(c) – Policy 1.23 PREA mandates that following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency/facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever:

- The staff member is no longer posted within the inmate's unit;
- The staff member is no longer employed at the facility;
- The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the staff member has been convicted on a charge related to sexual

- abuse within the facility
- This notification shall be made via a letter to the victim
- Per the PAQ, agency indicate there has been no substantiated or unsubstantiated complaint of sexual abuse by a staff member against an inmate in an agency/facility in the past 12 months.

115.73(d) – Policy 1.23 PREA mandates that following an inmate’s allegation that he or she has been sexually abused by another inmate in an agency facility, the agency subsequently informs the alleged victim whenever:

- The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- This notification shall be made via a letter to the victim

Review of the 8 investigations determines that none of them involved a perpetrator who was indicted or charged involving the 3 sexual abuse investigations where 2 incidents occurred at an outside correctional institution and the other was deemed to be unfounded when the inmate recanted his allegation.

115.73(e) – Policy 1.23 PREA mandates that all notifications are documented and submitted to the victim. Agency indicates that over the past 12 months 8 notifications to inmates were provided pursuant to this standard provision. All notifications were documented. Auditor has been provided copies of inmate notification letters submitted to inmate victims of sexual abuse over the past 12 months. All notifications to the inmates of the 8 allegations sexual abuse and sexual harassment investigations that occurred over the past 12 months were documented.

115.73(f) – N/A – Auditor is not required to audit standard provision 115.73(f) per DOJ. Based upon the analysis of evidence, the auditor finds the facility is not fully compliant with Standard provision(s) 115.73(a) and corrective action is required.

**Corrective Action Recommended:**

1. Agency to provide auditor with a copy of all sexual abuse investigation reports of investigations that occurred between 2/1/19 and 5/2/19, to include inmate notification documentation for each report in order for auditor to verify compliance with standard provision 115.73.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Correction 2/21/19:**

1. On 2/21/19, auditor determined that all 8 of sexual abuse and sexual harassment investigations that occurred over the past 12 months resulted in notification letters. Auditor was provided copies of the investigations and notification letters. Corrective Action Recommendation was issued by the auditor in error.

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

## DISCIPLINE

### Standard 115.76: Disciplinary sanctions for staff

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

#### 115.76 (a)

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

#### 115.76 (b)

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

#### 115.76 (c)

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

#### 115.76 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

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

115.76(a) – Policy 3.07 Commendations, Discipline and Personnel Complaints mandate that All complaints made against the Agency or its employees, including those made anonymously, will be investigated. Should misconduct be sustained, appropriate disciplinary measures will be initiated? Negative discipline is that which is intended to modify poor working habits or unacceptable conduct. Negative discipling includes:

- Written Reprimand
- Suspension (leave without pay or loss of compensatory time)
- Reduction in pay
- Demotion
- Dismissal

Policy 1.23 PREA mandates that those contracted, employed or volunteering for the agency are subject to disciplinary actions up to and including termination for violation of the agency zero-tolerance policy. All staff are subject to disciplinary action for violations of the Prison Rape Elimination Act, up to and including termination. In cases involving sexual abuse or assault by staff upon inmates, termination shall be the presumptive disciplinary action.

115.76(b) – Policy 1.23 PREA mandates that those contracted, employed or volunteering for the agency are subject to disciplinary actions up to and including termination for violation of the agency zero-tolerance policy. Agency reports via PAQ that no staff from the facility violated agency sexual abuse or sexual harassment policies over the past 12 months.

115.76(c) – Policy 1.23 PREA mandates that 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. In the past 12 months, no staff from the facility who have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

115.76(d) – Policy 1.23 PREA 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. Per PAQ, agency indicates that in the past 12 months, no staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies

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

## Standard 115.77: Corrective action for contractors and volunteers

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

#### 115.77 (a)

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

#### 115.77 (b)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.77(a) – Policy 1.23 PREA mandates that Contractors or volunteers who have been found to have participated in any abuse or harassment of an inmate shall have their site clearance revoked and will not be allowed on the property in any capacity.

Per the PAQ, agency mandates that contractor or volunteer who engages in sexual abuse be prohibited from contact with inmates. In the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.

115.77(b) – Policy 1.23 PREA mandates that Contractors or volunteers who have been found to have participated in any abuse or harassment of an inmate shall have their site clearance revoked and will not be allowed on the property in any capacity. Interview with the Facility Commander indicates that

should a contractor or volunteer be in violation of agency's sexual abuse or sexual harassment policies, they will be suspended from entering the facility, site clearance suspended pending the outcome of the investigation.

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

## Standard 115.78: Disciplinary sanctions for inmates

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

#### 115.78 (a)

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

#### 115.78 (b)

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

#### 115.78 (c)

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

#### 115.78 (d)

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

#### 115.78 (e)

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

#### 115.78 (f)

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

## 115.78 (g)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.78(a) – Policy 16.01 Disciplinary Procedure mandates that the agency/facility set forth an inmate disciplinary procedure and provide fair and impartial hearings and corrective dispositions for inmates found guilty of violating facility rules and regulations pursuant to Minimum Jail Standard Article 7, “Discipline.” The Sheriff is responsible for the safety, well-being and conduct of all inmates held in detention facilities operated by the Alameda County Sheriff’s Office. Discipline and the inmate rules and regulations will be fairly and impartially enforced. Disciplinary decisions are based solely on information obtained in the hearing process, including staff reports, the statements of the inmate charged, and the evidence derived from witnesses and documents. Per PAQ, agency indicates that no administrative or criminal findings of inmate on inmate sexual abuse occurred in the facility over the past 12 months.

115.78(b) – Policy 1.23 PREA mandates that 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.

115.78(c) – Policy 16.01 Disciplinary Procedures mandates that whether an inmate’s **mental illness or developmental disabilities** contributed to his or her behavior shall be considered when determining what type of sanction, if any, should be imposed. Interview with the Facility Commander indicated that mental disability or mental illness is considered when determining sanction to be imposed. Review of the 8 investigations of sexual abuse and sexual harassment determined that all were either found to be unsubstantiated or unfounded. No disciplinary hearings were conducted on any of the cases.

115.78(d) – Per the PAQ, the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. Interview with medical and

mental health staff indicates that they provide outside referrals regarding therapy, counseling or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse.

115.78(e) – Policy 1.23 PREA 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. Over the past 12 months there has been no inmate on staff sexual contact at Glenn Dyer Detention facility.

115.78(f) – Policy 16.03 Inmate Grievance Procedure mandates that 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.

115.78(g) – Policy 1.23 PREA mandates that 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. This is not only a Rules Violation which is documented in the Inmate Rulebook, but also a misdemeanor identified in the California Penal Code.

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

**Corrective Action Recommended:**

1. Agency to amend Policy 1.23 page 11 H-4 to replace narrative “the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories” with “**the inmate’s disciplinary history and sanctions imposed for comparable offenses by other inmates with similar histories**”

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 4/13/19:**

On 4/13/19, the facility PREA Compliance Manager provided auditor with amended Policy 1.23 pg. 14 Section S-7, which reads:

“Sanctions shall be commensurate with the nature and circumstances of the sexual abuse committed, the inmate’s disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories.”

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

## MEDICAL AND MENTAL CARE

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

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

#### 115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  
 Yes  No  NA

#### 115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)  Yes  No  NA

#### 115.81 (c)

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

#### 115.81 (d)

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

#### 115.81 (e)

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

### Auditor Overall Compliance Determination

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

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

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

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

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

115.81(a) – Policy 13.24 PREA Mandated Medical and Mental Health Services mandates that during this screening process, all inmates will be asked specifically if they have ever:

1. Perpetrated any type of sexual abuse or;
2. Suffered from sexual victimization, in or out of custody.

Inmates who provide an affirmative response to either question shall be offered an evaluation with a medical and/or mental health practitioner with 14 days, at no cost to the inmate and shall be consistent with the level of care provided in the community. For those who request mental health assistance, the intake nurse shall be responsible for completing a Mental Health Referral Form and forwarded to Adult Forensic Behavioral Health (AFBH).

Per the PAQ, agency reports that in the past 12 months, there is no record of inmates who disclosed prior victimization during screening who were offered a follow up meeting with a medical or mental health practitioner. Prior to onsite audit, auditor requested names of inmates who reported history of sexual abuse during screening. One inmate was identified and included in the targeted list of inmates to be interviewed. Interview of the identified inmate found that the inmate disclosed sexual harassment at an outside correctional institution during risk screening. Inmate indicated that he was not referred to mental health or medical when he disclosed at intake. Since his disclosure involved sexual harassment instead of sexual abuse, mental health referral is not required under this standard provision.

115.81(b) – N/A – Facility is a jail and standard provision 115.81(b) does not apply.

115.81(c) – Policy 13.24 PREA Mandated Medical and Mental Health Services mandates that during this screening process, all inmates will be asked specifically if they have ever:

1. Perpetrated any type of sexual abuse or;
2. Suffered from sexual victimization, in or out of custody.

Inmates who provide an affirmative response to either question shall be offered an evaluation with a medical and/or mental health practitioner with 14 days, at no cost to the inmate and shall be consistent with the level of care provided in the community. For those who request mental health assistance, the intake nurse shall be responsible for completing a Mental Health Referral Form and forwarded to Adult Forensic Behavioral Health (AFBH).

Per the PAQ, agency reports that in the past 12 months, there is no record of inmates who disclosed prior victimization during screening who were offered a follow up meeting with a

medical or mental health practitioner. Prior to onsite audit, auditor requested names of inmates who reported history of sexual abuse during screening. One inmate was identified and included in the targeted list of inmates to be interviewed. Interview of the identified inmate found that the inmate disclosed sexual harassment at an outside correctional institution during risk screening. Inmate indicated that he was not referred to mental health or medical when he disclosed at intake. Since his disclosure involved sexual harassment instead of sexual abuse, mental health referral is not required under this standard provision.

115.81(d) – Policy 13.24 PREA Mandated Medical and Mental Health Services mandates that any information related to sexual victimization or abusiveness that occurred in any correctional facility shall be limited to medical, mental health practitioners, and classification staff. During onsite physical plant review, auditor observed both the clinical records area and the intake medical office. Records are maintained electronically as it relates to screening with medical, mental health and classification having access. All other access is need to know due to HIPPA laws.

115.81(e) – Policy 13.24 PREA Mandated Medical and Mental Health Services mandates that Medical and mental health staff shall obtain informed consent from inmates before reporting information about prior sexual victimization in the community. Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that AFBH staff 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.

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

## **Standard 115.82: Access to emergency medical and mental health services**

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

#### **115.82 (a)**

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

#### **115.82 (b)**

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

### 115.82 (c)

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

### 115.82 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.82(a) – Policy 13.24 PREA Mandated Medical and Mental Health Services mandates that inmates who are sexually abused while in Sheriff's Office custody shall be provided timely information about and access to, emergency contraception, pregnancy tests, and sexually transmitted infections prevention and testing, as appropriate. Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Interview with medical and mental health staff and inmate who reported sexual abuse indicates that inmates receive timely, unimpeded access to emergency medical treatment and crisis intervention services. Nature and scope of services is determined by the medical and mental health practitioners according to their professional judgement. Interview with inmate who reported sexual abuse indicated that he refused to see medical and mental health as the perpetrator was moved from the housing unit and he felt there was no need.

115.82(b) – Agency reports that if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.

Policy B-21d Adult Forensic Behavior Health (AFBH) 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 first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately

notify the appropriate medical and mental health practitioners.

Interview with security and non-security staff 1<sup>st</sup> responders indicate that in a sexual abuse situation, once the allegation is made, the 1<sup>st</sup> responder protocol goes into immediate effect and the victim is protected and moved to a safe environment. Supervisor is notified and he/she notifies medical and mental health staff.

115.82(c) – Policy 13.24 PREA Mandated Medical and Mental Health Services mandates that inmates who are sexually abused while in Sheriff's Office custody shall be provided timely information about and access to, emergency contraception, pregnancy tests, and sexually transmitted infections prevention and testing, as appropriate.

Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

115.82(d) – Policy 13.24 PREA Mandated Medical and Mental Health Services mandates that all treatment for inmates who have been abused in custody shall be at no cost to the inmate, regardless of their level of cooperation in the investigation.

Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that 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.

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

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

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

#### **115.83 (a)**

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

#### **115.83 (b)**

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

#### **115.83 (c)**

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

### 115.83 (d)

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

### 115.83 (e)

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

### 115.83 (f)

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

### 115.83 (g)

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

### 115.83 (h)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.83(a) – Policy 13.07 Sexual Assaults in Custody mandates that all inmates of sexual assault will

be referred to the jail medical staff for evaluation and referral for services.

Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that the facility can refer inmates to AFBH for mental health evaluation and, as treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

115.83(b) – Policy 13.07 Sexual Assaults in Custody mandates that jail medical staff will perform all follow-up VDRL and pregnancy testing. Detention and Corrections facilities' medical staff, psychiatric staff, **AFBH**, and the sexual assault worker should coordinate delivery of follow-up services required during the remainder of the jail sentence or stay. The primary concern is for the inmate's continued protection and providing counseling and medical follow-up for the post-trauma stages of the assault. Post incident emotional support services shall be made available for all victims to include those who fear retaliation for reporting or cooperating with the investigation.

Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. Interview with medical and mental health staff indicates that the evaluation and treatment of inmates who have been victimized entails a physical exam, past history of sexual abuse, reason for their visit, determine the level of treatment and the level of victimization to include stabilizing the victim. We also evaluate emerging problems prior to forensic transport. Interview with medical and mental health staff indicates that the evaluation and treatment of inmates who have been victimized entails a physical exam, past history of sexual abuse, reason for their visit, determine the level of treatment and the and the level of victimization to include stabilizing the victim. We also evaluate emerging problems prior to forensic transport.

115.83(c) – Policy 13.24 PREA mandated Medical and Mental Health Services mandates that It is the policy of the Sheriff's Office, medical staff and **AFBH** Services to provide prompt, effective, quality care to those in custody at all Sheriff's Office facilities.

Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that FBH will provide such victims with mental health services consistent with the community level of care. Interview with medical and mental health staff indicates that treatment provided is consistent with the community level of care and, in most instances, well beyond the community level of care.

115.83(d) – N/A – Glenn Dyer Detention Facility is an all-male facility. Standard provision 115.83(d) does not apply.

115.83(e) – N/A – Glenn Dyer Facility is an all-male facility. Standard provision 115.83(e) does not apply.

115.83(f) – Policy 13.07 Sexual Assaults in Custody mandates that inmate victims of sexual abuse shall be provided STD information, testing and treatment.

Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

115.83(g) – Policy 13.07 Sexual Assaults in Custody mandates that the inmate may not want to report the name of the assailant(s), or cooperate with the investigation, but he/she is, nevertheless, entitled to protection as well as medical and mental health treatment and support services, at no cost to them. The reporting deputy shall document in their report the offer for medical and mental health services and the inmate's response.

Policy B-21d Adult Forensic Behavior Health (AFBH) mandates that treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or

cooperates with any investigation arising out of the incident. Interview with inmate who reported sexual abuse indicated his case did not include forensic treatment and he declined medical and mental health services even though they were offered at no cost.

115.83(h) – N/A – Facility is a jail and standard provision 115.83(h) does not apply.

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

## DATA COLLECTION AND REVIEW

### Standard 115.86: Sexual abuse incident reviews

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

#### 115.86 (a)

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

#### 115.86 (b)

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

#### 115.86 (c)

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

#### 115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.86 (e)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.86(a) – Policy 1.23 PREA mandates that each facility shall conduct an incident review following every sexual abuse incident involving those in the Sheriff's Office custody, unless the allegation has been determined to be unfounded. Per PAQ, agency indicates that in the past 12 months, there have been no criminal and/or administrative investigations of alleged sexual abuse completed at the facility, excluding only "unfounded" incidents. Review of the 3 sexual abuse investigations which occurred over the last 12 months, two occurred at an outside correctional institution, were determined as unsubstantiated by those agencies; and the third case was determined to be unfounded. Agency provided auditor memos which dictate that from 12/31/16 to 12/31/18, there were no substantiated investigations of sexual abuse.

115.86(b) – Policy 1.23 PREA mandates that every attempt will be made to ensure the review occurs within 30 days of the conclusion of the investigation. Per PAQ, agency reports that in the past 12 months, there is no record of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

115.86(c) – Policy 1.23 PREA mandates that the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or

mental health practitioners. Interview with the Facility Commander indicates that the facility does not possess a sexual abuse incident review team and stated “that is something that the facility leadership will need to coordinate.”

115.86(d) – Policy 1.23 PREA mandates that the review team shall:

- 1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- 2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
- 3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
- 4) Assess the adequacy of staffing levels in that area during different shifts;
- 5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
- 6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Interview with the PREA Compliance Manager indicates that the facility is supposed to conduct incident reviews, however, Glenn Dyer Detention facility has not experienced any substantiated or unsubstantiated investigation of sexual abuse. If a sexual abuse case was substantiated or unsubstantiated, I would take steps to implement the recommendations of the Incident Review Team with the assistance of the PREA Coordinator. Interview with designated members of the Incident Review Team indicates all 6 factors outlined in standard provision 115.86(d) are considered by the Incident Review Team. They examine video footage, take a review of the physical plant and area where incident occurred and review documented evidence. They assess adequacy of staffing levels and monitoring technology. Agency staff continues to identify weaknesses and look for areas to modify the electronic monitoring system.

The Incident Review information sexual harassment memorandums provided auditor as support for conducting incident reviews is only a summary of the incident report for each investigation. The reviews provided were memos from the PREA Compliance Manager to the Facility Commander summarizing the investigation and finding. The documented investigation was attached.

115.86(e) – Policy 1.23 PREA mandates that the review team “shall prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.”

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

**Recommendation:** Agency should create an Incident Review template which outlines the 6 consideration criteria outlined in standard provision 115.86(d), to include an area for improvement recommendations and comments section for the date recommendations were implemented or reasons why said recommendations were not implemented.

**Corrective Action Recommended:**

1. Agency to provide auditor with the list of designated Incident Review Team members.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

#### **Corrective Action Completion 2/21/19:**

On 2/21/19, the auditor attended an onsite corrective action recommendation conference. Attendees were the Facility Commander, Facility Executive Lieutenant, PREA Compliance Managers for both Glenn Dyer Detention Facility and Santa Rita Jail, and the agency-wide PREA Coordinator. It was indicated that the Glenn Dyer facility does in fact possess an Incident Review Team comprised of the Facility Commander, Facility Executive Lieutenant, agency wide PREA Coordinator, Facility PREA Compliance Manager, Investigations representative and supervising registered nurse. Copy of the list was provided by the Facility Executive Officer to the auditor.

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

### **Standard 115.87: Data collection**

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

##### **115.87 (a)**

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

##### **115.87 (b)**

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

##### **115.87 (c)**

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

##### **115.87 (d)**

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

##### **115.87 (e)**

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

#### 115.87 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.87(a) – Policy 1.23 PREA mandates that the Sheriff's Office shall compile all information pertaining to assaults, abuse, and harassment on inmates, annually. This information shall be submitted to the USDOJ BJS using form [SSV-3](#). This form shall be submitted to the USDOJ BJS electronically. A copy of the SSV-3 as well as copies of all reports included in the SSV-3 shall be forwarded to the Commander of Detentions and Corrections and a copy of the packet maintained in the agency file for no less than ten years. Agency has not provided auditor with the copy of the SSV-3 form with the 2016 data which was used to create the 2017 Annual Report. Agency provided auditor with a blank copy of the SSV-1 and SSV-3 they use as the standardized instrument. Agency has not provided auditor with a set of definitions as required for compliance with standard provision 115.87(a)/(c).

115.87(b) – Per the PAQ, agency indicates that they aggregate the incident-based sexual abuse data at least annually. Policy 1.23 PREA mandates that the agency PREA Coordinator shall create an annual report using the data collected during the previous year and submit it to the Sheriff. This report shall be placed on the Agency web site for public viewing. Names of all involved parties shall not be disclosed. Auditor reviewed the 2017 Annual Report which is published on the agency website for public review. The Annual Report discloses aggregate incident-based sexual abuse data for facilities under its control.

115.87(c) – Policy 1.23 PREA mandates that the Sheriff's Office shall compile all information pertaining to assaults, abuse, and harassment on inmates, annually. This information shall be submitted to the USDOJ BJS using form [SSV-3](#). This form shall be submitted to the USDOJ BJS electronically. A copy

of the SSV-3 as well as copies of all reports included in the SSV-3 shall be forwarded to the Commander of Detentions and Corrections and a copy of the packet maintained in the agency file for no less than ten years. Agency has not provided auditor with the copy of the SSV-3 form with the 2016 data which was used to create the 2017 Annual Report. Agency provided auditor with a blank copy of the SSV-1 and SSV-3 they use as the standardized instrument. Agency has not provided auditor with a set of definitions as required for compliance with standard provision 115.87(a)/(c).

115.87(d) – Policy 1.23 PREA mandates that the Sheriff’s Office shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control.

115.87(e) – N/A – Agency does not contract for the confinement of its inmates. Standard provision 115.87(e) does not apply.

115.87(f) – N/A – DOJ did not request agency to provide such data from the previous calendar year. Standard provision 115.87(f) does not apply.

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

**Corrective Action Recommended:**

1. Agency to provide auditor with a copy of the SSV-3 form used to compile data for the 2017 Annual Report.
2. Agency to provide auditor with a copy of the list of definitions that was not included in the 2017 Annual Report.

Auditor will conduct a 90-day status review on 5/2/19 to determine if corrective actions have been implemented and are institutionalized. Corrective action recommendations must be implemented by the end of the 180-day Corrective Action Period: 7/31/19.

**Corrective Action Completion 2/21/19:**

1&2. On 2/21/19, the auditor attended an onsite corrective action recommendation conference. Attendees were the Facility Commander, Facility Executive Officer, PREA Compliance Managers for both Glenn Dyer Detention Facility and Santa Rita Jail, and the agency-wide PREA Coordinator. Auditor was provided a copy of the 2016 Survey of Sexual Victimization form used to complete the 2017 Annual report. List of definitions is a component of the SSV form.

The agency/facility has met the requirements of Standard provision(s) 115.87(b) completed during the corrective action period. The auditor has determined that the agency/facility has met all standard provisions and complies with Standard 115.87.

**Standard 115.88: Data review for corrective action**

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

**115.88 (a)**

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

#### 115.88 (b)

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

#### 115.88 (c)

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

#### 115.88 (d)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

115.88(a) – Policy 1.23 PREA mandates that 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 web site. Interview with Agency Head designee, PREA Coordinator and PREA Compliance manager indicates that data outlines trends occurring in facilities and agency wide to include corrective actions taken. The PREA Compliance Manager and facility staff analyzes and reviews aggregated data and corrective actions. The PREA Coordinator indicates that he maintains an active spreadsheet which documents current sexual abuse and sexual harassment trends. Behavioral Health and CFMG meet annually and provide a breakdown of occurrences during the year. He would like to expand this meeting to occur quarterly and provide leadership with a quarterly internal report.

115.88(b) – Policy 1.23 PREA mandates that 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 web site. Review of the 2017 Annual Report provides a comparison of the current year’s data and corrective actions with those from prior years using both a table of aggregated data but also a narrative explanation of the trends.

115.88(c) – Policy 1.23 PREA mandates that 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 web site. Interview with Agency Head designee indicates the Sheriff approves the Annual Report prior to posting on the agency website. Review of the 2017 Annual Report on the agency website verifies the Sheriff’s signature and approval.

115.88(d) – Policy 1.23 PREA mandates that this data shall be made public, after proper redaction pursuant to Penal Code 293, on the Sheriff’s Office web site. Auditor reviewed the 2017 Annual Report on the Sheriff’s website. Interview with the PREA Coordinator indicates that personal identifying information of staff or inmates are redacted to maintain confidentiality.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.88.

## **Standard 115.89: Data storage, publication, and destruction**

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

### **115.89 (a)**

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

### 115.89 (b)

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

### 115.89 (c)

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

### 115.89 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

115.89(a) – Policy 1.23 PREA mandates that all documents pertaining to investigations shall be securely retained by the agency PREA Coordinator for no less than ten (10) years. Interview with the PREA Coordinator indicates that all incident related data is securely retained in his office.

115.89(b) – Policy 1.23 PREA mandates that 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 web site. Review of the 2017 Annual Report on the agency website verifies the Sheriff's signature and approval.

115.89(c) – Policy 1.23 PREA mandates that this data shall be made public, after proper redaction pursuant to Penal Code 293, on the Sheriff's Office web site. Auditor reviewed the 2017 Annual Report on the Sheriff's website.

115.89(d) – Policy 1.23 PREA mandates that all documents pertaining to investigations shall be securely retained by the agency PREA Coordinator for no less than ten (10) years. Policy 1.23 PREA mandates that all documents pertaining to investigations shall be securely retained by the agency PREA Coordinator for no less than ten (10) years.

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

### 115.401 (m)

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

### 115.401 (n)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once. Agency has two correctional facilities. Both were audited in 2016. Glenn Dyer Detention Facility onsite audit was in December 2018 and Santa Rita Jail is scheduled to be audited in August 2019. This is the 3<sup>rd</sup> year of the current audit cycle.

The auditor was provided access to all areas of the physical plant to include areas where inmates are prohibited from entering or they do not have access to due to area security. Auditor requested and received copies of all relevant documents to include electronically stored information. The agency made available rooms where the auditor conducted private interviews with inmates. Auditor received confidential correspondence from one inmate during the pre-audit phase. Auditor scheduled that inmate for an interview while onsite. Inmate was interviewed and discussed his issues and also the compliant method in which his written correspondence was handled.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.401.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

#### Instructions for Overall Compliance Determination Narrative

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

The 2016 Final PREA Audit Summary for Glenn Dyer Detention Facility and the 2016 Final PREA Audit Summary for Santa Rita Detention Facility is posted on the agency's website.

Based upon the final analysis of evidence, the auditor finds the facility is fully compliant with Standard 115.403.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

ERIC WOODFORD

5/21/19

**Auditor Signature**

**Date**

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

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